

2015 TANZANIA DEMOGRAPHIC AND HEALTH SURVEYS/MALARIA INDICATOR SURVEY
WOMAN'S QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS

IDENTIFICATION																				
PLACE NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER				<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
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NAME AND LINE NUMBER OF WOMAN _____																				
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MONTH <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEAR <table border="1" style="width: 60px; height: 20px; margin: 0 auto;"> <tr><td>2</td><td>0</td><td>1</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>									2	0	1					
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INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																
TIME	_____	_____		_____																
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____																				
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td>0</td><td>1</td></tr> </table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table>					0	1														
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LANGUAGE OF QUESTIONNAIRE** ENGLISH <div style="float: right; text-align: right; font-size: small;"> **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 KISWAHILI 04 LANGUAGE 4 06 LANGUAGE 6 </div>																				
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY																
_____ NAME <table border="1" style="width: 60px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> </table> NUMBER				_____ NAME <table border="1" style="width: 60px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> </table> NUMBER					_____ NUMBER <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table>			_____ NUMBER <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table>								

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the National Bureau of Statistics. We are conducting a survey about health all over the United Republic of Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 45 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which REGION did you live in?	DODOMA 01 ARUSH 02 KILIMANJARO 03 TANGA 04 MOROGORO 05 PWANI 06 DAR ES SALAAM 07 LINDI 08 MTWARA 09 RUVUMA 10 IRINGA 11 MBEYA 12 SINGIDA 13 TABORA 14 RUKWA 15 KIGOMA 16 SHINYANGA 17 KAGERA 18 MWANZA 19 MARA 20 MANYARA 21 NJOMBE 22 KATAWI 23 SIMIYU 24 GEITA 25 KASKAZINI UNGUJA 26 KUSINI UNGUYA 27 MJINI MAGHARIBI 28 KASKAZINI PEMBA 29 KUSINI PEMBA 30 OUTSIDE OF TANZANIA 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRE-PRIMARY 0 PRIMARY 1 POST PRIMARY TRAINING 2 SECONDARY 'O' LEVEL 3 POST SECONDARY 'O' LEVEL TRAINING 4 SECONDARY 'A' LEVEL 5 POST SECONDARY 'A' LEVEL TRAINING 6 UNIVERSITY 7 DON'T KNOW 8	
109	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY (CODES 0-4,8) ↓	HIGHER <input type="checkbox"/> (CODES 5-7)	→ 113
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' <input type="checkbox"/> CIRCLED	→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121A	Do you use social media like Facebook or Twitter at least once per week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 226 </div> </div>										

SECTION 2. REPRODUCTION

<p>211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.</p>									
<p>212</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER.</p>	<p>213</p> <p>Is (NAME) a boy or a girl?</p>	<p>214</p> <p>Were any of these births twins?</p>	<p>215</p> <p>In what day, month, and year was (NAME) born?</p>	<p>216</p> <p>Is (NAME) still alive?</p>	<p>217</p> <p>IF ALIVE:</p> <p>How old was (NAME) at (NAME)'s last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>218</p> <p>IF ALIVE:</p> <p>Is (NAME) living with you?</p>	<p>219</p> <p>IF ALIVE:</p> <p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>220</p> <p>IF DEAD:</p> <p>How old was (NAME) when (he/she) died?</p> <p>IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday?</p> <p>THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<p>221</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?</p>
01	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(NEXT BIRTH)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	
02	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>
03	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>
04	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>
05	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div>NUMBERS ARE SAME <input type="checkbox"/></div> <div>NUMBERS ARE DIFFERENT <input type="checkbox"/></div> </div> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010-2015	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2010-2015, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE <input type="checkbox"/></div> <div>NONE <input type="checkbox"/></div> </div> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 239
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: <div style="display: flex; justify-content: space-between;"> <div>LAST PREGNANCY ENDED IN 2010-2015 <input type="checkbox"/></div> <div>→ 234</div> </div> <div style="display: flex; justify-content: space-between;"> <div>LAST PREGNANCY ENDED IN 2009 OR EARLIER <input type="checkbox"/></div> <div>→ 239</div> </div>		
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 (1) Since January 2010, have you had any other pregnancies that did not result in a live birth?

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
01		<div> <div></div> <div></div> </div> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<div> <div></div> <div></div> </div> MONTH <div> <div></div> <div></div> <div></div> <div></div> </div> YEAR	<div> <div></div> <div></div> </div> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<div> <div></div> <div></div> </div> MONTH <div> <div></div> <div></div> <div></div> <div></div> </div> YEAR	<div> <div></div> <div></div> </div> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<div> <div></div> <div></div> </div> MONTH <div> <div></div> <div></div> <div></div> <div></div> </div> YEAR	<div> <div></div> <div></div> </div> NUMBER OF MONTHS	YES 1 NO 2	→ 236
236	C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2010-2015 OR LATER, ENTER 'I' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2010?	YES 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2010 end?	MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>		
239	When did your last menstrual period start?	DAYS AGO 1 <div><div></div><div></div></div> WEEKS AGO 2 <div><div></div><div></div></div> MONTHS AGO 3 <div><div></div><div></div></div> YEARS AGO 4 <div><div></div><div></div></div> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996		
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8		→ 242
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8		
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8		

SECTION 3. CONTRACEPTION






301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ 1 (SPECIFY) YES, TRADITIONAL METHOD _____ 2 (SPECIFY) NO 3

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 312
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOI K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 309 → 306 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNC 01 LOFEMANAL 02 SAFE PLAN 03 MACROVAL .. . 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SALAMA 01 MSD 02 DUME 03 ROUGH RIDER 05 FAMILIA 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	GOVERNMENT OR PARASTATAL NATIONAL/ZONAL/REFERAL/ SPECIALISED HOSPIT... 11 REGIONAL HOSPITAL ... 12 DISTRICT HOSPITA... 13 HEALTH CENTR... 14 DISPENSAR'.. . 15 RELIGIOUS VOLUNTARY NATIONAL/ZONAL/REFERAL/ SPECIALISED HOSPITAL 21 DISTRICT HOSPITAL 22 HEALTH CENTRE 23 DISPENSARY 24 PRIVATE SPECIALISED HOSPITAL 31 HOSPITAL 32 HEALTH CENTRE 33 DISPENSARY 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
308	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									<div style="border-left: 1px solid black; height: 20px; width: 10px; margin-left: 5px;"></div> → 310
308A	Did you pay for sterilization?	YES 1 NO 2 <div style="text-align: right;">309 ←</div>	<div style="border-left: 1px solid black; height: 20px; width: 10px; margin-left: 5px;"></div>								
308B	How much did you pay for steralization?	TSHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 98									
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> YES <input type="checkbox"/> GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY) ← </div> </div>										

311	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR IS 2010-2015 </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE </p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>YEAR IS 2009 OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 .</p> <p>THEN </p> <p>(SKIP TO 324) </p> </div> </div>
312	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2010. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> When was the last time you used a method? Which method was that? When did you start using that method? How long after the birth of (NAME)? How long did you use the method then? <p>C IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315						
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326						
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323						
316	You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	GOVERNMENT/PARASTATAL REFERRAL/SPEC.HOSPIT. 11 REGIONAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTR 14 DISPENSARY 15 CHW/CBD WORKER 16 RELIGIOUS/VOLUNTARY REFERAL SPEC.HOSPITAL 21 DISTRICT HOSP. 22 HEALTH CENTRE 23 DISPENSARY 24 PRIVATE HOSPITA 31 HEALTH CENTR 32 DISPENSARY 33 OTHER PHARMACY 41 NGO 42 VCT CENTRE 43 SHOP/KIOSK 44 BAR 45 GUEST HOUSE/HOTEL 46 FRIEND/RELATIVE/NEIGHBOL 47 OTHER (SPECIFY) 96							
316A	Did you pay for current method?	YES 1 NO 2	→ 317						
316B	How much did you pay for current method?	TSHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW 98							
317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323						

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
318	At that time, were you told about side effects or problems you might have with the method?	YES	1	→ 321
		NO	2	→ 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES	1	→ 321
		NO	2	
320	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES	1	
		NO	2	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES	1	
		NO	2	
322	<p>CHECK 318 AND 319:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ANY <input type="checkbox"/></p> <p>'YES' ↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>↓</p> <p>b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?</p> </div> </div>	<p>YES</p> <p>NO</p>	<p>1</p> <p>2</p>	→ 324
323	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES	1	
		NO	2	
324	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION</p> <p>MALE STERILIZATION</p> <p>IUD</p> <p>INJECTABLES</p> <p>IMPLANTS</p> <p>PILL</p> <p>CONDOM</p> <p>FEMALE CONDOM</p> <p>EMERGENCY CONTRACEPTION</p> <p>STANDARD DAYS METHOD</p> <p>LACTATIONAL AMENORRHEA METHOD</p> <p>RHYTHM METHOD</p> <p>WITHDRAWAL</p> <p>OTHER MODERN METHOD</p> <p>OTHER TRADITIONAL METHOD</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> <p>09</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>95</p> <p>96</p>	<p>→ 327</p> <p>→ 325</p> <p>→ 325</p> <p>→ 327</p> <p>→ 327</p>
324A	Does your current husband/partner know that you are using a method of family planning?	YES	1	
		NO	2	
324B	Has/did your current husband/partner refused to use methods or tried to stop you from using method to avoid getting pregnant?	YES	1	→ 327
		NO	2	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERRAL/SPEC.HOSPIT..... 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTR 14</p> <p>DISPENSARY 15</p> <p>CHW/CBD WORKER 16</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL SPEC.HOSPITAL 21</p> <p>DISTRICT HOSPITA. 22</p> <p>HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>HOSPITA 31</p> <p>HEALTH CENTR 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>SHOP/KIOSK 44</p> <p>BAR 45</p> <p>GUEST HOUSE/HOTEL 46</p> <p>FRIEND/RELATIVE/NEIGHBOL 47</p> <p>OTHER _____</p> <p align="right">(SPECIFY) 96</p>	
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
327	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:	ONE OR MORE <input type="checkbox"/> BIRTHS IN 2010-2015	NO BIRTHS IN <input type="checkbox"/> 2010-2015	648
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
404	FROM 212 AND 216:	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 426) ← NO 2	
406	CHECK 208: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ONLY <input type="checkbox"/> ONE BIRTH a) Did you want to have a baby later on, or did you not want any children? </div> <div style="width: 45%;"> MORE <input type="checkbox"/> THAN ONE BIRTH b) Did you want to have a baby later on, or did you not want any more children? </div> </div>	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←	
407	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL	<div> HEALTH PERSONNEL DOCTOR/AMO A CLINICAL OFFICER B ASS. CLINICAL OFFICER C NURSE/MIDWIFE D MCH AIDE E OTHER PERSON VILLAGE HEALTH WORKER F TRAINED TBA/TH G OTHER X (SPECIFY) </div>		

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>GOVERNMENT OR PARASTATAL NATIONAL/ZONAL/REFERAL/ SPECIALISED HOSPITAL A REGIONAL HOSPITAL B DISTRICT HOSPITAL C HEALTH CENTR D DISPENSAR' E CHWCBD F</p> <p>RELIGIOUS VOLUNTARY NATIONAL/ZONAL/REFERAL/ SPECIALISED HOSPITAL G DISTRICT HOSPITAL H HEALTH CENTRE I DISPENSARY J</p> <p>PRIVATE SPECIALISED HOSPITAL K HOSPITAL L HEALTH CENTR M DISPENSAR' O</p> <p>OTHER X (SPECIFY)</p>													
410A	Did you pay for Antenatal care?	YES 1 NO 2 <div style="text-align: right;">411 ←</div>													
410B	How much did you pay for Antenatal care?	TSHS <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> DON'T KNOW 98													
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> DON'T KNOW 98													
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> DON'T KNOW 98													
412A	Did your husband/partner do any of the following in receiving Antenatal care during the pregnancy? a) Stop you b) Encourage you c) Have no interest	<table border="0" style="width: 100%;"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) STOP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) ENCOURAGE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) NO INTEREST</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) STOP	1	2	b) ENCOURAGE	1	2	c) NO INTEREST	1	2	
	YES	NO													
a) STOP	1	2													
b) ENCOURAGE	1	2													
c) NO INTEREST	1	2													
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample?	<table border="0" style="width: 100%;"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	
	YES	NO													
a) BP	1	2													
b) URINE	1	2													
c) BLOOD	1	2													
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 <div style="text-align: right;">(SKIP TO 417) ←</div> DON'T KNOW 8													
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> DON'T KNOW 8													
416	CHECK 415:	2 OR MORE TIMES <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> (SKIP TO 420) ← <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> OTHER <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> </div>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/> DON'T KNOW 8	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
422 (6)	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	
424	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>
429	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/AMO A</p> <p>CLINICAL OFFICER B</p> <p>ASS. CLINICAL OFFICER C</p> <p>NURSE/MIDWIFE D</p> <p>MCH AIDE E</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKER F</p> <p>TRAINED TBA/T G</p> <p>RELATIVE/FRIEND H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/AMO A</p> <p>CLINICAL OFFICER B</p> <p>ASS. CLINICAL OFFICER C</p> <p>NURSE/MIDWIFE D</p> <p>MCH AIDE E</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKER F</p> <p>TRAINED TBA/T G</p> <p>RELATIVE/FRIEND H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 449) ←</p> <p>OTHER HOME 12</p> <p>GOVERNMENT OR PARASTATAL</p> <p>NATIONAL/ZONAL/REFERAL/</p> <p>SPECIALISED HOSPITAL 21</p> <p>REGIONAL HOSPITAL 22</p> <p>DISTRICT HOSPITAL 23</p> <p>HEALTH CENTR 24</p> <p>DISPENSAR' 25</p> <p>CHW/CBL 26</p> <p>RELIGIOUS VOLUNTARY</p> <p>NATIONAL/ZONAL/REFERAL/</p> <p>SPECIALISED HOSPITAL 31</p> <p>DISTRICT HOSPITAL 32</p> <p>HEALTH CENTR 33</p> <p>DISPENSAR' 34</p> <p>PRIVATE</p> <p>SPECIALISED HOSPITAL 41</p> <p>HEALTH CENTR 42</p> <p>DISPENSAR' 43</p> <p>TRADITIONAL HEALER</p> <p>/ALTERNATIVE MEDICAL</p> <p>PRACTITIONER 44</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 449) ←</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 459) ←</p> <p>OTHER HOME 12</p> <p>GOVERNMENT OR PARASTATAL</p> <p>NATIONAL/ZONAL/REFERAL/</p> <p>SPECIALISED HOSPITAL 21</p> <p>REGIONAL HOSPITAL 22</p> <p>DISTRICT HOSPITAL 23</p> <p>HEALTH CENTR 24</p> <p>DISPENSAR' 25</p> <p>CHW/CBL 26</p> <p>RELIGIOUS VOLUNTARY</p> <p>NATIONAL/ZONAL/REFERAL/</p> <p>SPECIALISED HOSPITAL 31</p> <p>DISTRICT HOSPITAL 32</p> <p>HEALTH CENTR 33</p> <p>DISPENSAR' 34</p> <p>PRIVATE</p> <p>SPECIALISED HOSPITAL 41</p> <p>HEALTH CENTR 42</p> <p>DISPENSAR' 43</p> <p>TRADITIONAL HEALER</p> <p>/ALTERNATIVE MEDICAL</p> <p>PRACTITIONER 44</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 459) ←</p>
430A	<p>Did you pay for delivery?</p>	<p>YES 1</p> <p>NO 2</p> <p>431 ←</p>	
430B	<p>How much did you pay for delivery?</p>	<p>TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH												
		NAME _____	NAME _____												
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←												
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2												
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8												
434A	After you delivered, did the health facility give you a birth notification form for (NAME)?	YES 1 (SKIP TO 434C) ← NO 2 DON'T KNOW 8	YES 1 (SKIP TO 434C) ← NO 2 DON'T KNOW 8												
434B	Did you get birth notification from any other place?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8												
434C	Do you have birth certificate for (NAME) ASK TO SEE CERTIFICATE	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8												
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←													
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998													
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/AMO 11 CLINICAL OFFICER 12 ASS. CLINICAL OFFICER 13 NURSE/MIDWIFE 14 MCH AIDE 15 OTHER PERSON VILLAGE HEALTH WORKER 21 TRAINED TBA/TA 22 RELATIVE/FRIEND 23 OTHER 96 (SPECIFY)													
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8													
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
440 (2)	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICER 13</p> <p>NURSE/MIDWIFE 14</p> <p>MCH AIDE 15</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKER 21</p> <p>TRAINED TBA/TI..... 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
441	<p>Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 445) ←</p>	
442	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICER 13</p> <p>NURSE/MIDWIFE 14</p> <p>MCH AIDE 15</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKER 21</p> <p>TRAINED TBA/TI..... 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC.HOSPITA... 21</p> <p>REGIIONAL HOSPITAL 22</p> <p>DISTRICT HOSPITA 23</p> <p>HEALTH CENTR 24</p> <p>DISPENSAR\ 25</p> <p>CHW/CBD WORKER 26</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITA... 31</p> <p>DISTRICT HOSPITA 32</p> <p>HEALTH CENTR 33</p> <p>DISPENSAR\ 34</p> <p>PRIVATE</p> <p>SPECIALISED HOSPIT/..... 41</p> <p>DISTRICT HOSPITA 42</p> <p>HEALTH CENTR 43</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>													
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 457) ←</p> <p>DONT KNOW 8</p>													
445A	<p>Did you pay for health checks of (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">446 ←</p>													
445B	<p>How much did you pay for health checks?</p>	<p>TSHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>DONT KNOW 98</p>													
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DONT KNOW 998</p>													
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICER 13</p> <p>NURSE/MIDWIFE 14</p> <p>MCH AIDE 15</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKER 21</p> <p>TRAINED TBA/TI 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC.HOSPITA... 21</p> <p>REGIIONAL HOSPITA..... 22</p> <p>DISTRICT HOSPITA..... 23</p> <p>HEALTH CENTR..... 24</p> <p>DIK POST 25</p> <p>CHW/CBD WORKER ... 26</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITA... 31</p> <p>DISTRICT HOSPITA..... 32</p> <p>HEALTH CENTR..... 33</p> <p>DISPENSAR\..... 34</p> <p>PRIVATE</p> <p>SPECIALISED HOSPIT..... 41</p> <p>DISTRICT HOSPITA..... 42</p> <p>HEALTH CENTR..... 43</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p align="right">(SKIP TO 457) ←</p>	
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 453) ←</p>	
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICE..... 13</p> <p>NURSE/MIDWIFE 14</p> <p>MCH AID\..... 15</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKE... 21</p> <p>TRAINED TBA/TI..... 22</p> <p>RELATIVE/FRIET..... 23</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____									
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC.HOSPITA... 21</p> <p>REGIIONAL HOSPITA..... 22</p> <p>DISTRICT HOSPITA..... 23</p> <p>HEALTH CENTR..... 24</p> <p>DIK POST 25</p> <p>CHW/CBD WORKER ... 26</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITA... 31</p> <p>DISTRICT HOSPITA..... 32</p> <p>HEALTH CENTR..... 33</p> <p>DISPENSAR\..... 34</p> <p>PRIVATE</p> <p>SPECIALISED HOSPIT..... 41</p> <p>DISTRICT HOSPITA..... 42</p> <p>HEALTH CENTR..... 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>										
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 457) ←</p> <p>DONT KNOW 8</p>										
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER</p> <p>BIRTH 1</p> <p>DAYS AFTER</p> <p>BIRTH 2</p> <p>WEEKS AFTER</p> <p>BIRTH 3</p> <p>DONT KNOW 998</p>	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>									
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICE..... 13</p> <p>NURSE/MIDWIFE 14</p> <p>MCH AID\..... 15</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKE... 21</p> <p>TRAINED TBA/TI..... 22</p> <p>RELATIVE/FRIET..... 23</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>										

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																								
456	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC.HOSPITA... 21</p> <p>REGIIONAL HOSPITA..... 22</p> <p>DISTRICT HOSPITA..... 23</p> <p>HEALTH CENTR..... 24</p> <p>DIK POST 25</p> <p>CHW/CBD WORKER ... 26</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITA... 31</p> <p>DISTRICT HOSPITA..... 32</p> <p>HEALTH CENTR..... 33</p> <p>DISPENSAR\..... 34</p> <p>PRIVATE</p> <p>SPECIALISED HOSPIT..... 41</p> <p>DISTRICT HOSPITA..... 42</p> <p>HEALTH CENTR..... 43</p> <p>OTHER 96</p> <p align="center">SPECIFY</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) CORD.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) TEMP.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) SIGNS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) COUNSEL BREAST-FEED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) OBSERVE BREAST-FEED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) CORD.....	1	2	8	b) TEMP.	1	2	8	c) SIGNS	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8	
	YES	NO	DK																								
a) CORD.....	1	2	8																								
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d) COUNSEL BREAST-FEED	1	2	8																								
e) OBSERVE BREAST-FEED	1	2	8																								
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p align="center">(SKIP TO 460) ←</p> <p>NO 2</p> <p align="center">(SKIP TO 461) ←</p>																									
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 463) ←</p>																								
460	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																								
461	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/></p> <p align="center">(SKIP TO 463) ←</p>																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 466) ← NO 2	YES 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (GO TO 471) ←	
466	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 471) ←
469	Are you still breastfeeding (NAME)?	YES 1 NO 2	
469A	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
469B	How old was (NAME) when she/he was first fed something other than breast milk? INCLUDES: JUICE, COW'S MILK, WATER, ANYTHING SUGAR, SOLID FOODS OR ANYTHING ELSE	MONTHS <input type="text"/> <input type="text"/> NO STARTED GIVING 01 DON'T KNOW 98	
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2012-2015? ONE OR MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO BIRTHS IN 2012-2015 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2015. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A

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508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 3</td><td></td><td></td><td></td></tr> <tr><td>[MEASLES CONTAINING VACCINE] 1</td><td></td><td></td><td></td></tr> <tr><td>[MEASLES CONTAINING VACCINE] 2</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				HEPATITIS B AT BIRTH				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				ROTAVIRUS 3				[MEASLES CONTAINING VACCINE] 1				[MEASLES CONTAINING VACCINE] 2				VITAMIN A (MOST RECENT)				
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509A	<p>CHECK 508A: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL RECORDED?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	→ 525A																																																																												
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A) ←</p> <p>(THEN SKIP TO 525A) ←</p> <p>NO 2 DON'T KNOW 8</p> <p>→ 525A</p>																																																																												
511A	<p>Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p>→ 525A</p>																																																																												

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
513A	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES 1 NO 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 524B
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
524B	Did you pay for vaccination?	YES 1 NO 2	→ 317
524C	How much did you pay for vaccination?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98	
525A	In the last 7 days was (NAME) given: a) VIRUTUBISHI VYA NYONGEZA b) CHAKULA DAWA c) UNGA ULIOONGEZA VIRUTUBISHI	YES NO DK a) VIR.NYONGEZA 1 2 8 b) CHAKULA DAWA 1 2 8 c) UNGA 1 2 8	
526A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? <div style="display: flex; justify-content: space-around; align-items: center;"> MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> </div>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2015. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: <div style="display: flex; justify-content: space-around; align-items: center;"> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div>		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: <div style="display: flex; justify-content: space-around; align-items: center;"> CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> </div>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

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508B	COPY DATES FROM THE CARD. 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PNEUMOCOCCAL 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
PNEUMOCOCCAL 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
ROTAVIRUS 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
ROTAVIRUS 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
ROTAVIRUS 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
[MEASLES CONTAINING VACCINE] 1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
[MEASLES CONTAINING VACCINE] 2	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
VITAMIN A (MOST RECENT)	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>																																																																												
509B (9)	CHECK 508B: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL RECORDED? NO <input type="checkbox"/> YES <input type="checkbox"/>		525B																																																																												
510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B) (THEN SKIP TO 525B) NO 2 DON'T KNOW 8	525B																																																																												
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	525B																																																																												
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8																																																																													
513B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES 1 NO 2 DON'T KNOW 8																																																																													

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517B																
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2																	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>																	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519B																
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>																	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521B																
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>																	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523B																
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>																	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525B																
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>																	
524B	Did you pay for vaccination?	YES 1 NO 2	→ 317																
524C	How much did you pay for vaccination?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98																	
525B	In the last 7 days was (NAME) given:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) VIRUTUBISHI VYA NYONGEZA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) CHAKULA DAWA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) UNGA ULIOONGEZA VIRUTUBISHI</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) VIRUTUBISHI VYA NYONGEZA	1	2	8	b) CHAKULA DAWA	1	2	8	c) UNGA ULIOONGEZA VIRUTUBISHI	1	2	8	
	YES	NO	DK																
a) VIRUTUBISHI VYA NYONGEZA	1	2	8																
b) CHAKULA DAWA	1	2	8																
c) UNGA ULIOONGEZA VIRUTUBISHI	1	2	8																
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? <div style="display: flex; justify-content: space-around;"> <div> MORE BIRTHS IN 2012-2015 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) </div> <div> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> → 601 </div> </div>																		

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:	ONE OR MORE BIRTHS <input type="checkbox"/> IN 2010-2015	NO BIRTHS IN 2010- 2015 <input type="checkbox"/>	648
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
604	FROM 212 AND 216:	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646)	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646)	
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 618) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 618) DON'T KNOW 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
609	CHECK 464: EVER BREASTFED? YES <input type="checkbox"/> NO <input type="checkbox"/> a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was	NAME MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	NAME MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH											
		NAME _____		NAME _____											
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8											
611	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 615) ←		YES 1 NO 2 (SKIP TO 615) ←											
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	GOVERNMENT/PARASTATAL REFERRAL/SPEC.HOSPITAL A REGIONAL HOSPIT..... B DISTRICT HOSPITA C HEALTH CENTR D DISPENSAR' E CHW/CBD WOR F RELIGIOUS/VOLUNTARY REFERRAL SPEC.HOSPITA G DISTRICT HOSPITA H HEALTH CENTR I DISPENSAR' J PRIVATE SPECIALISED HOSPIT/ K HEALTH CENTR L DISPENSAR' M OTHER PHARMACY N NGO O OTHER _____ X (SPECIFY)		GOVERNMENT/PARASTATAL REFERRAL/SPEC.HOSPITAL A REGIONAL HOSPIT..... B DISTRICT HOSPITA C HEALTH CENTR D DISPENSAR' E CBD WORKE F RELIGIOUS/VOLUNTARY REFERRAL SPEC.HOSPITA G DISTRICT HOSPITA H HEALTH CENTR I DISPENSAR' J PRIVATE SPECIALISED HOSPIT/ K HEALTH CENTR L DISPENSAR' M OTHER PHARMACY N NGO O OTHER _____ X (SPECIFY)											
612A	Did you pay for advice or treatment for diarrhea?	YES 1 NO 2 → 613		YES 1 NO 2 → 613											
612B	How much did you pay for advice or treatment for diarrhea?	TSHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW 98							TSHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW 98						
613	CHECK 612:	TWO OR MORE CODES CIRCLED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ONLY ONE CODE CIRCLED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> (SKIP TO 615) ←				TWO OR MORE CODES CIRCLED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ONLY ONE CODE CIRCLED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> (SKIP TO 615) ←									
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>			FIRST PLACE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>										
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid? d) Zinc tablets or syrup?	YES NO DK a) FLUID FROM ORS PACKET .. 1 2 8 b) ORS LIQUID .. 1 2 8 c) HOMEMADE FLUID 1 2 8 d) ZINC 1 2 8		YES NO DK a) FLUID FROM ORS PACKET .. 1 2 8 b) ORS LIQUID .. 1 2 8 c) HOMEMADE FLUID 1 2 8 d) ZINC 1 2 8											
616	CHECK 615: ANY 'YES' <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ALL 'NO' OR 'DK' <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> a) Was anything else given to treat the diarrhea? b) Was anything given to treat the diarrhea?			YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←		YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←									

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
617	<p>CHECK 615:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>Anything else?</p> </div> <div style="width: 45%;"> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</p> </div> </div> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>		
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>		
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>		
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p> <p align="center">(SKIP TO 624) ←</p>	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p> <p align="center">(SKIP TO 624) ←</p>		
623	CHECK 618: HAD FEVER?	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p align="center">(SKIP TO 646) ←</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p align="center">(SKIP TO 646) ←</p>		
624	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 629) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 629) ←</p>		

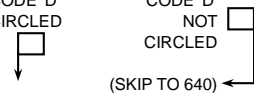
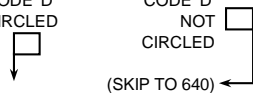
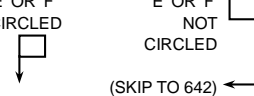
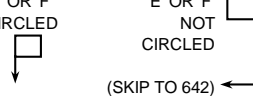
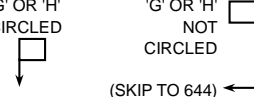
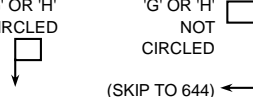
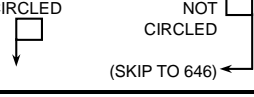
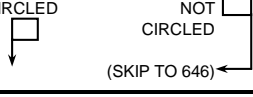
SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH										
		NAME _____	NAME _____										
625	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERRAL/SPEC.HOSPITAL A</p> <p>REGIONAL HOSPIT. B</p> <p>DISTRICT HOSPITA C</p> <p>HEALTH CENTR D</p> <p>DISPENSAR' E</p> <p>CHW/CBD WORKEI F</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL SPEC.HOSPITA ... G</p> <p>DISTRICT HOSPITA H</p> <p>HEALTH CENTRE I</p> <p>DISPENSAR' J</p> <p>PRIVATE</p> <p>SPECIALISED HOSPIT/ K</p> <p>HEALTH CENTR L</p> <p>DISPENSAR' M</p> <p>OTHER</p> <p>PHARMACY N</p> <p>NGO O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERRAL/SPEC.HOSPITAL A</p> <p>REGIONAL HOSPIT. B</p> <p>DISTRICT HOSPITA C</p> <p>HEALTH CENTR D</p> <p>DISPENSAR' E</p> <p>CHW/CBD WOR F</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL SPEC.HOSPITAL G</p> <p>DISTRICT HOSPITAL H</p> <p>HEALTH CENTRE I</p> <p>DISPENSAR' J</p> <p>PRIVATE</p> <p>SPECIALISED HOSPITAL K</p> <p>HEALTH CENTRE L</p> <p>DISPENSAR' M</p> <p>OTHER</p> <p>PHARMACY N</p> <p>NGO O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>										
625A	Did you pay for advice or treatment?	<p>YES 1</p> <p>NO 2 → 626</p>	<p>YES 1</p> <p>NO 2 → 626</p>										
625B	How much did you pay for advice or treatment?	<p>TSHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 98</p>						<p>TSHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 98</p>					
626	CHECK 625:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 628) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 628) ←</p>										
627	Where did you first seek advice or treatment?	FIRST PLACE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						FIRST PLACE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
629	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 646) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 646) ←</p> <p>DON'T KNOW 8</p>										

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K AMOXILIN L OTHER DRUGS ASPIRIN M ACETAMINOPHEN N IBUPROFEN O OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K AMOXILIN L OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z
631	CHECK 630: ANY CODE A-I CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646)	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646)
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 634)	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 634)
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
634	CHECK 630: SP/FANSIDAR ('B') GIVEN	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 636)	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 636)
635	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
636	CHECK 630: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED CODE 'C' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 638)	CODE 'C' CIRCLED CODE 'C' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 638)

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
637	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
638	CHECK 630: AMODIAQUINE ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 640) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 640) ←
639	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CODE 'E' OR 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 642) ←	CODE 'E' OR 'F' CODE 'E' OR 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 642) ←
641	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
642	CHECK 630: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CODE 'G' OR 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 644) ←	CODE 'G' OR 'H' CODE 'G' OR 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 644) ←
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
644	CHECK 630: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CODE 'I' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 646) ←	CODE 'I' CODE 'I' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	<p>CHECK 615(a) AND 615(b), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>→ 649</div> </div>	
648	<p>Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET OR PRE-PACKAGED ORS LIQUID] you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2015 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NONE</p> <input type="checkbox"/> </div> </div> <p>↓</p> <p>_____</p> <p>(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p>↓</p>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>→ 701</div> </div>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.				
		YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Juice or juice drinks?	b) 1	2	8	
	c) Clear soup?	c) 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1	2	8	
		NUMBER OF TIMES DRANK <input type="text"/>			
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1	2	8	
		NUMBER OF TIMES DRANK <input type="text"/>			
	f) Any other liquids?	f) 1	2	8	
	g) Yogurt? IF YES: How many times did (NAME) ate yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1	2	8	
		NUMBER OF TIMES ATE <input type="text"/>			
	h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	h) 1	2	8	
	i) Bread, rice, spaghetti/noodles, chapati, mandazi, porridge, or other foods made from grains?	i) 1	2	8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j) 1	2	8	
	k) White potatoes, white yams, manioc, cassava, cocoyams, white sweet potatoes,	k) 1	2	8	
	l) Any dark green, leafy vegetables such as	l) 1	2	8	
	m) Ripe mangoes, papayas, water melon, red quava, or [INSERT ANY OTHER LOCALLY AVAILABLE	m) 1	2	8	
	n) Any other fruits or vegetables?	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh or dried fish or shellfish?	r) 1	2	8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	
	t) Cheese or other food made from milk?	t) 1	2	8	
	u) Any other solid, semi-solid, or soft food?	u) 1	2	8	
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>	→ 653			

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p align="center">(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p align="center">(THEN CONTINUE TO 653)</p> <p>NO 2</p>	<p>→ 654</p>
653	<p>How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	
654	<p>The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE 01</p> <p>PUT/RINSED INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
655	<p>Who usually makes decisions about health care for your child/children: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?</p>	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENT AND HUSBAND/PARTNER JOINTLY 3</p> <p>SOMEONE ELSE 4</p> <p>OTHER 6</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO.	
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS	→ 732
714	I would like to ask you about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
715	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2	
730	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	SALAMA 01 MSD 02 DUME 03 ROUGH RIDEF 05 FAMILIA 06 OTHER 96 (SPECIFY) DONT KNOW 98	
731	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	GOVERNMENT/PARASTATAL REFERRAL/SPEC.HOSPIT..... 11 REGIONAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTR 14 DISPENSARY 15 CHW/CBD WORKER 16 RELIGIOUS/VOLUNTARY REFERAL SPEC.HOSPITAL 21 DISTRICT HOSP 22 HEALTH CENTRE 23 DISPENSARY 24 PRIVATE HOSPITA 31 HEALTH CEN 32 DISPENSARY 33 OTHER PHARMACY 41 NGO 42 VCT CENTRE 43 SHOP/KIOSK 44 BAR 45 GUEST HOUSE/HOTEL 46 FRIEND/RELATIVE/NEIGHBO 47 OTHER (SPECIFY) DONT KNOW 96	
732	PRESENCE OF OTHERS DURING THIS SECTION.	YES CHILDREN <10 1 MALE ADULTS 1 FEMALE ADULTS 1	NO 2 2 2

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED	→ 813
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE	→ 804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> ↓	
	a) How long would you like to wait from now before the birth of (a/another) child?	b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	
		MONTHS 1 YEARS 2	
		SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995	→ 811 → 813
		OTHER 996 (SPECIFY)	→ 811
		DON'T KNOW 998	
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING	→ 813
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓	NOT <input type="checkbox"/> ASKED ↓	
		'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR	→ 812
809	CHECK 715: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO	→ 811
		NOT <input type="checkbox"/> ASKED	→ 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p>LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT <input type="checkbox"/> ASKED</p> <p>NO, NOT <input type="checkbox"/> CURRENTLY USING</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</p> </div>		813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING <input type="checkbox"/> CHILDREN</p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> </div> <div style="width: 45%;"> <p>NO LIVING <input type="checkbox"/> CHILDREN</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	<p>815</p> <p>815</p>
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> <p>NUMBER .. <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on the Poster? f) Seen anything about family planning on the billboards g) Heard about family planning at the community events h) Seen anything about family planning on the live drama i) Head about family planning from a doctor or nurse j) Head about family planning from a community health worker	<div style="text-align: right;">YES NO</div> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE 1 2 d) MOBILE PHONE 1 2 e) POSTER 1 2 f) BILLBOARDS 1 2 g) COMMUNITY EVENTS 1 2 h) LIVE DRAMA 1 2 i) DOCTOR/NURSI 1 2 j) COMMUNITY HEALTH WORKER 1 2	
816A	If you wanted to get information on family planning, who would you like to talk too most	CBD WORKER 01 CLINC STAFI 02 TBA 03 HUSBAND/PARTENER 04 FRIEND 05 RELATIVE 06 RELIGIOUS LEADERS 07 OTHER 96 (SPECIFY) _____	
816B	If you wanted to get information on family planning, who would you like to talk too most On the Radio? On the Television? In a newspaper or magazine?	<div style="text-align: right;">YES NO</div> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE 1 2	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN</div> <div>NO, <input type="checkbox"/> NOT IN A UNION</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY <input type="checkbox"/> USING</div> <div>NOT <input type="checkbox"/> CURRENTLY USING</div> <div>NOT <input type="checkbox"/> ASKED</div> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY) _____	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY) _____	
821	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PREPRIMAR' 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 3 POST-SECONDARY TRAINING 4 UNIVERSITY 5 DON'T KNOW 8	→ 906
905	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER _____ 6 (SPECIFY)	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)																									
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 928																								
926	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928																								
927	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 931																								
929	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931																								
930	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
930A	Do you have a bank account	YES 1 NO 2	→ 931																								
930B	Is the bank account shared with someone else?	YES 1 NO 2	→ 931																								
930C	Whom do you share with?	HUSBAND/PARTNER 1 PARENTS 2 RELATIVE 3 OTHER 6 (SPECIFY)																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th><th>PRES./ LISTEN.</th><th>PRES./ NOT LISTEN.</th><th>NOT PRES.</th></tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																								
CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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e) BURNS FOOD	1	2	8																								

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1101	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104															
1102	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104															
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1104	Do you currently smoke cigarettes every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1106															
1105	On average, how many cigarettes do you currently smoke each day?	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1108															
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>KRETEKS A</p> <p>PIPES FULL OF TOBACCO B</p> <p>CIGARS, CHEROOTS, OR CIGARILLOS C</p> <p>WATER PIPE D</p> <p>SNUFF BY MOUTH E</p> <p>SNUFF BY NOSE F</p> <p>CHEWING TOBACCO G</p> <p>BETEL QUID WITH TOBACCO H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>																
1108	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th><th align="center">BIG PROBLEM</th><th align="center">NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>b) GETTING MONEY</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>c) DISTANCE</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>d) GO ALONE</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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a) PERMISSION TO GO	1	2																
b) GETTING MONEY	1	2																
c) DISTANCE	1	2																
d) GO ALONE	1	2																
1109	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 1111															
1110	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>																

SECTION 12: FEMALE GENITAL CUTTING MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Have you ever heard of female circumcision?	YES 1 NO 2	→ 1203
1202	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ NEXT SEC.
1203	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1209
1204	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 1206
1205	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
1206	Was your genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
1206	Was your genital area sewn closed? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1208	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/M 22 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	
1209	CHECK 213, 215 AND 216: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2000 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 2000 OR LATER <input type="checkbox"/>	10	→ 1216

FEMALE GENITAL CUTTING MODULE (1)

1209A	<p>CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about your (daughter/daughters).</p>			
1210	<p>BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2000 OR LATER.</p>	<p>YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>NEXT-TO-YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>SECOND-TO-YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
1211	<p>Is (NAME OF DAUGHTER) circumcised?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO GC11 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO GC16)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO GC11 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO GC16)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO GC11 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO GC16)</p>
1212	<p>How old was (NAME OF DAUGHTER) when she was circumcised?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.</p>	<p>AGE IN COMPLE- TED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE IN COMPLE- TED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE IN COMPLE- TED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
1213	<p>Was her genital area sewn closed?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
1214	<p>Who performed the circumcision?</p>	<p>TRADITIONAL</p> <p>TRADITIONAL CIRCUMCISER .. 11</p> <p>TRAD. BIRTH ATTENDANT .. 12</p> <p>OTHER TRAD. _____ 16</p> <p>(SPECIFY)</p> <p>HEALTH PROFESSIONAL</p> <p>DOCTOR 21</p> <p>TRAINED NURSE/MIDWIFE 22</p> <p>OTHER HEALTH PROFESSIONAL _____ 26</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>TRADITIONAL</p> <p>TRADITIONAL CIRCUMCISER .. 11</p> <p>TRAD. BIRTH ATTENDANT .. 12</p> <p>OTHER TRAD. _____ 16</p> <p>(SPECIFY)</p> <p>HEALTH PROFESSIONAL</p> <p>DOCTOR 21</p> <p>TRAINED NURSE/MIDWIFE 22</p> <p>OTHER HEALTH PROFESSIONAL _____ 26</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>TRADITIONAL</p> <p>TRADITIONAL CIRCUMCISER .. 11</p> <p>TRAD. BIRTH ATTENDANT .. 12</p> <p>OTHER TRAD. _____ 16</p> <p>(SPECIFY)</p> <p>HEALTH PROFESSIONAL</p> <p>DOCTOR 21</p> <p>TRAINED NURSE/MIDWIFE 22</p> <p>OTHER HEALTH PROFESSIONAL _____ 26</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>
1215		<p>GO BACK TO 1211 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO GC16.</p>	<p>GO BACK TO 1211 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO GC16.</p>	<p>GO TO 1211 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO GC16.</p>

FEMALE GENITAL CUTTING MODULE (1)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1216 (2)	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
1217	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	

SECTION 13. MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
MM01	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
MM02	CHECK MM01: <div style="display: flex; justify-content: space-around; align-items: center;"> TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> </div>							NEXT SEC.
MM03	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
MM04	What was the name given to your (oldest/ next oldest) brother or sister?	(1) <input type="text"/>	(2) <input type="text"/>	(3) <input type="text"/>	(4) <input type="text"/>	(5) <input type="text"/>	(6) <input type="text"/>	
MM05	Is (NAME) male or female?	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	
MM06	Is (NAME) still alive?	YES 1 NO 2 GO TO MM08 DK 8 GO TO (2)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (3)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (4)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (5)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (6)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (7)	
MM07	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
MM08	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
MM09	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
MM10	Was (NAME) pregnant when she died?	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	
MM11	Did (NAME) die during childbirth?	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	
MM12	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
MM13	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.								

SECTION MM. MATERNAL MORTALITY MODULE

MM04	What was the name given to your (oldest/ next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
MM05	Is (NAME) male or female?	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2	MALE 1 FEMALE . . 2
MM06	Is (NAME) still alive?	YES 1 NO 2 GO TO MM08 DK 8 GO TO (8)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (9)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (10)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (11)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (12)	YES 1 NO 2 GO TO MM08 DK 8 GO TO (13)
MM07	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
MM08	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM09	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
MM10	Was (NAME) pregnant when she died?	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2
MM11	Did (NAME) die during childbirth?	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2	YES 1 GO TO MM13 NO 2
MM12	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
MM13	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																				
1400	CHECK HOUSEHOLD QUESTIONNAIRE, [LOCATION TO BE CHECKED] <div style="display: flex; justify-content: space-around;"> <div>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></div> <div>WOMAN <input type="checkbox"/> NOT SELECTED</div> </div>	NEXT SECT.																																				
1401	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. <div style="display: flex; justify-content: space-around;"> <div>PRIVACY OBTAINED 1 ↓</div> <div>PRIVACY NOT POSSIBLE 2 →</div> </div>	1432																																				
1401A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in [TANZANIA]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.																																					
1402	CHECK 601 AND 602: <div style="display: flex; justify-content: space-around;"> <div>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></div> <div>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/></div> <div>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></div> </div>	1416																																				
1403	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He ignores you and treats you indifferently g) He expects you to ask his permission before seeking health care for yourself	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IGNORES YOU</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>HIS PERMISSION</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	IGNORES YOU	1	2	8	HIS PERMISSION	1	2	8				
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1404	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A. Did your (last) (husband/partner) ever: <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) insult you or make you feel bad about yourself?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→ 1	2	3	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→ 1	2	3	c) insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→ 1	2	3	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) insult you or make you feel bad about yourself?</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	→ 1	2	3	b) threaten to hurt or harm you or someone you care about?	→ 1	2	3	c) insult you or make you feel bad about yourself?	→ 1	2	3
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1405	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																				

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
		EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS
	a) push you, shake you, or throw something at you?	YES 1 NO 2	→ 1	2	3
	b) slap you?	YES 1 NO 2	→ 1	2	3
	c) twist your arm or pull your hair?	YES 1 NO 2	→ 1	2	3
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→ 1	2	3
	e) kick you, drag you, or beat you up?	YES 1 NO 2	→ 1	2	3
	f) try to choke you or burn you on purpose?	YES 1 NO 2	→ 1	2	3
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	→ 1	2	3
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→ 1	2	3
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3
1406	CHECK DV05A (a-j): <div style="display: flex; justify-content: space-between;"> <div>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</div> <div>NOT A SINGLE <input type="checkbox"/> 'YES' →</div> </div>				1409
1407	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.		NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95		
1408	Did the following ever happen as a result of what your (last) (husband/partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2			
1409	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2 → 1411			
1410	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3			

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																			
1411	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	1413																		
1412	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																			
1413	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																			
1414	CHECK 609: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓ MARRIED ONLY <input type="checkbox"/> ONCE →		1416																		
1415	<div style="display: flex;"> <div style="flex: 1;"> <p>A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1 NO 2 ↓</td></tr> <tr> <td>b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</td><td>YES 1 NO 2 ↓</td></tr> </tbody> </table> </div> <div style="flex: 1;"> <p>B. How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th></th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table> </div> </div>		EVER	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a)	1	2	3	b)	1	2	3		
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1416	<p>CHECK 601 AND 602:</p> <div style="display: flex;"> <div style="flex: 1;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓</p> <p>a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </div> <div style="flex: 1;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> ↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </div> </div>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	DV19																		
1417	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND/LIVE-IN PARTNER F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N</p> <p>OTHER _____ X (SPECIFY)</p>																			
1418	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																			

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1419	CHECK 201, 226, AND 230: EVER BEEN PREGNANT <input type="checkbox"/> ('YES' ON 201 OR 226 OR 230) ↓	NEVER BEEN PREGNANT <input type="checkbox"/>	DV22
1420	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	DV22
1421	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/LIVE-IN-PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER X (SPECIFY)	
1422	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓	NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>	1422B
1422A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1423 1424A
1422B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1426
1423	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
1424	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	1425
1424A	<p>CHECK DV05A (h-j) and DV15A(b)</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		1426
1425	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1426	<p>CHECK DV05A (a-j), DV15A (a,b), DV16, DV20, DV22A, AND DV22B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		1430
1427	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	1429
1428	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION K</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
1428A	<p>Did you effectively get help from the person listed above?</p>	<p>YES 1</p> <p>NO 2</p>	1430
1429	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>	
1430	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																
	<p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE I WOULD LIKE TO THANK YOU VERY MUCH FOR HELPING US. I APPRECIATE THE TIME YOU HAVE TAKEN. I REALIZE THAT THESE QUESTIONS MAY HAVE BEEN DIFFICULT FOR YOU TO ANSWER, BUT IT IS ONLY BY HEARING FROM WOMEN THEMSELVES THAT WE CAN REALLY UNDERSTAND ABOUT WOMEN'S HEALTH AND EXPERIENCES IN LIFE.</p> <p>IN CASE YOU EVER HEAR OF ANOTHER WOMAN WHO NEEDS HELP, HERE IS A LIST OF ORGANIZATIONS THAT PROVIDE SUPPORT. LEGAL ADVICE AND COUNSELLING SERVICES TO WOMEN IN STUDY LOCATION. PLEASE DO CONTACT THEM IF YOU OR ANY OF YOUR FRIENDS OR RELATIVES NEEDS HELP. THEIR SERVICES ARE FREE, AND THEY WILL KEEP ANYTHING THAT ANYONE SAYS TO THEM PRIVATE.</p>																	
1431	<p>DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?</p>	<table> <tr> <td></td> <td>YES, ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADUL'</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADUL'	1	2	3	FEMALE ADULT	1	2	3
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FEMALE ADULT	1	2	3															
1432	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.</p> <p>_____</p> <p>_____</p> <p>_____</p>																	
1433	<p>RECORD THE TIME.</p>	<p>HOURS.....</p> <p>MINUTI.....</p> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>																

SECTION 15. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1501	In your opinion, what is the most serious health problem in your community?	HIV/AIDS 01 TUBERCULOSIS 02 MALARIA 03 MALNUTRITION 04 DIABETES 05 CANCER 06 FLU 07 ROAD TRAFFIC ACCIDENTS 08 DIARRHEA 09 HEART DISEASE 10 OTHER 96 (SPECIFY) DON'T KNOW 98	
1502	Can you tell me the signs or symptoms of malaria in a young child? RECORD ALL MENTIONED.	FEVER A FEELING COLD B CHILLS C PERSPIRATION/SWEATING D HEADACHE E BODY ACHES F POOR APPETITE G VOMITING H DIARRHEA I WEAKNESS J COUGHING K OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
1503	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 1505
1504	What are the ways to avoid getting malaria? RECORD ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A USE MOSQUITO COILS B USE INSECTICIDE SPRAY C INDOOR RESIDUAL SPRAYING (IRS) D KEEP DOORS/WINDOWS CLOSED E USE INSECT REPELLANT F KEEP SURROUNDINGS CLEAN G CUT THE GRASS H REMOVE STANDING WATER I INTERMITTENT PREVENTIVE TREATMENT (IPTP) J HOUSE SCREENING K OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
1505	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?	YES 1 NO 2 DON'T KNOW 8	
1506A	In the past year, have you seen or heard any messages about malaria <u>prevention</u> ?	YES 1 NO 2	
1506B	In the past year, have you seen or heard any messages about malaria <u>treatment</u> ?	YES 1 NO 2	
1507	LOCATION OF INTERVIEW: MAINLAND <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> TANZANIA <input type="checkbox"/>		→ 1508B
1508A	In the past year, have you ever heard or seen the phrase "Malaria Haikubaliki"?	YES 1 NO 2	→ 1509 → 1510

1508B	In the past year, have you ever heard or seen the phrase "Maliza Malaria"?	YES 1 NO 2	→ 1510
1509	Where did you hear or see this phrase? RECORD ALL MENTIONED.	RADIO A BILLBOARD B POSTER C T-SHIRT D LEAFLET/FACT SHEET/ BROCHURE E TELEVISION F MOBILE VIDEO UNIT G SCHOOL H HEALTH CARE WORKER I COMMUNITY EVENT/PRESENTATION J FRIEND/NEIGHBOR/FAMILY MEMBER K OTHER X (SPECIFY) DON'T KNOW Z	
1510	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	YES 1 NO 2	
1511	LOCATION OF INTERVIEW: MAINLAND <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> TANZANIA ↓		→ 1514
1512	Have you heard of Hati Punguzo, the voucher programme for buying mosquito nets at a discount?	YES 1 NO 2	→ 1514
1513	Where did you hear about Hati Punguzo? RECORD ALL MENTIONED.	RADIO A POSTER/BROCHURE B NEWSPAPER C TELEVISION D MOBILE VIDEO UNIT E COMMUNITY VOLUNTEER F VILLAGE GOVERNMENT G SHOP H RCH/HEALTH FACILITY I FRIEND/NEIGHBOR/FAMILY MEMBER J OTHER X (SPECIFY) DON'T KNOW Z	
1514	CHECK 224: ONE OR MORE <input type="checkbox"/> BIRTH SINCE 2010 ↓	NO BIRTHS SINCE 2010-2015 <input type="checkbox"/> OR BLANK	→ END
1515	LOCATION OF INTERVIEW: MAINLAND <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> TANZANIA ↓		→ 1519
1516	CHECK 408: ANC RECEIVED <input type="checkbox"/>	NO ANC <input type="checkbox"/>	→ 1519

1517	When you received antenatal care for the pregnancy of (NAME OF YOUNGEST CHILD), did a health care provider give you a Hati Punguzo voucher for buying a mosquito net?	YES 1 NO 2	→ 1519
1518	Did you get the Hati Punguzo for this pregnancy at your first antenatal care visit or a later visit?	FIRST VISIT 1 SECOND VISIT OR LATER 2 DON'T KNOW/DON'T REMEMBER ... 6	
1519	Now I am going to read some statements and I would like you to tell me how much you agree or disagree with them. After I read each statement, please tell me whether you strongly agree with it, somewhat agree with it, somewhat disagree with it or strongly disagree with it.		
1520	I can easily protect myself and my children from malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
1521	I can ensure that my children sleep under a treated net every single night of the year. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4 CHILDREN HAVE NO NET 5	
1522	I can easily hang my children's mosquito nets. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4 CHILDREN HAVE NO NET 5	
1523	It is important to sleep under a net every single night. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
1524	Pregnant women are at high risk of getting malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
1525	Women should attend antenatal care early in their pregnancy. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD

M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS

6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER

_____ (SPECIFY)

Z DON'T KNOW

			COL. 1	COL. 2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
2	09	SEP	04		2
0	08	AUG	05		0
1	07	JUL	06		1
5	06	JUN	07		5
	05	MAY	08		
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
2	09	SEP	16		2
0	08	AUG	17		0
1	07	JUL	18		1
4	06	JUN	19		4
	05	MAY	20		
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
2	09	SEP	28		2
0	08	AUG	29		0
1	07	JUL	30		1
3	06	JUN	31		3
	05	MAY	32		
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
2	09	SEP	40		2
0	08	AUG	41		0
1	07	JUL	42		1
2	06	JUN	43		2
	05	MAY	44		
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
2	09	SEP	52		2
0	08	AUG	53		0
1	07	JUL	54		1
1	06	JUN	55		1
	05	MAY	56		
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
2	09	SEP	64		2
0	08	AUG	65		0
1	07	JUL	66		1
0	06	JUN	67		0
	05	MAY	68		
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
