

2015 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY/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: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD NUMBER				<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
NAME AND LINE NUMBER OF WOMAN _____														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY MONTH YEAR INT. NO. RESULT*										
INTERVIEWER'S NAME	_____	_____	_____	<table border="1" style="width: 100px; height: 20px;"> <tr><td>2</td><td>0</td><td>1</td></tr> </table>	2	0	1							
2	0	1												
RESULT*	_____	_____	_____	<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS										
TIME	_____	_____			<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>									
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____														
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		TRANSLATOR USED										
<table border="1" style="width: 60px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table>		0	1	<table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table> (YES = 1, NO = 2)						
0	1													
LANGUAGE OF QUESTIONNAIRE**		**LANGUAGE CODES:												
ENGLISH		01 ENGLISH 02 KISWAHILI												
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR										
NAME	<table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER					NAME	<table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER		
				KEYED BY										
				<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER										

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the National Bureau of Statistics. We are conducting a survey about health and other topics 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 the research 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 MORNING 1 AFTERNOON 2 EVENING 3	
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 KATAVI 23 SIMIYU 24 GEITA 25 KASKAZINI UNGUJA 26 KUSINI UNGUJA 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 YEAR9998	
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?	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: CODES '0', '1', '2', '3', '4' OR '8' CIRCLED <input type="checkbox"/> CODES '5', '6' OR '7' CIRCLED <input type="checkbox"/>		→ 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' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 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/listen to 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	
117A	Do you use your mobile phone for any health related issues?	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	→ 118C
118A	Is the account shared with someone else?	YES 1 NO 2	→ 118C
118B	Whom do you share the account with?	HUSBAND/PARTNE 1 PARENTS 2 RELATIVE 3 OTHER 6 (SPECIFY)	
118C	Do you use VICOBA for any financial transaction?	YES 1 NO 2	
119	Have you ever used the internet (including e-mails, social media like Facebook, Twitter, Blogs, or instant messaging such as WhatsApp, Viber?)	YES 1 NO 2	→ 124
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	→ 124
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	
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" data-bbox="1175 302 1289 394" 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" data-bbox="1175 394 1289 487" 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" data-bbox="1175 508 1289 600" 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" data-bbox="1175 600 1289 693" 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" data-bbox="1175 802 1289 894" 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" data-bbox="1175 894 1289 987" 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" data-bbox="1175 938 1289 1031" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
209	<p>CHECK 208:</p> <p>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> <p align="center"> YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. </p>										
210	<p>CHECK 208:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> → 226 </p>										

SECTION 2. REPRODUCTION

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.										
212	213	214	215	216	217	218	219	220	220A	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? 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.	In what month and year did (NAME) die?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.					
BIRTH HISTORY NUMBER.										
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	220A IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? 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.	In what month and year did (NAME) die?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

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 NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
223A	CHECK 220A: ANY DEATHS IN JANUARY 2010 OR LATER? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 224		
223B	CHECK 220: ENTER THE NUMBER OF DEATHS THAT HAPPENED IN DAYS, MONTHS AND 2-4 YEARS (LESS THAN 5 YEARS). <input type="text"/>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010-2016	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226	
225	C FOR EACH BIRTH IN 2010-2016, 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 → 230 NO 2	
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> 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: LAST PREGNANCY ENDED IN 2010-2016 <input type="checkbox"/> → 234 LAST PREGNANCY ENDED IN 2009 OR EARLIER <input type="checkbox"/> → 239		
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 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		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	
236	C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2010-2016 OR LATER, ENTER 'T' 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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	IUCD. 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 years.	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	YES 1 NO 2	
07	Male 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 to five 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? IF YES, PROBE: Which method?	YES, MODERN METHOD _____ (SPECIFY) _____ YES, TRADITIONAL METHOD _____ (SPECIFY) _____ NO	1 2 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 IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOI K RHYTHM/CALENDAR 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.	MICROGYNON 01 LOFEMINAL 02 MICROLUT 03 MACROVAL 04 FLEXI PILLS 05 FAMILIA PILLS 06 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/SPECIALISED HOSPITAL 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL 13 DISTRICT HOSPITAL 14 HEALTH CENTRE 15 DISPENSARY 16 CLINIC 17 RELIGIOUS VOLUNTARY REFERAL/SPECIALISED HOSPITAL 21 DISTRICT HOSPITAL 22 HOSPITAL 23 HEALTH CENTRE 24 DISPENSARY 25 CLINIC 26 PRIVATE SPECIALISED HOSPITAL 31 HOSPITAL 32 HEALTH CENTRE 33 DISPENSARY 34 CLINIC 35 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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
308A	Did you pay for sterilization?	YES 1 NO 2	→ 310
308B	How much did you pay for sterilization?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99999998	→ 310
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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 NO <input type="checkbox"/> 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 TERMINATION).		

SECTION 3. CONTRACEPTION

<p>311</p>	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">YEAR IS 2010-2016 <input type="checkbox"/></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 style="text-align: center;">THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p style="text-align: center;">YEAR IS 2010 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 .</p> <p style="text-align: right;">THEN ↓ (SKIP TO 324)</p> </div> </div>
<p>312</p>	<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"> a) When was the last time you used a method? Which method was that? b) When did you start using that method? How long after the birth of (NAME)? c) 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>C 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"> d) 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? e) 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 / QUESTION NOT ASKED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM/CALENDAR 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 NATIONAL/ZONAL/SPEC.HOSPITAL 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL 13 DISTRICT HOSPITAL 14 HEALTH CENTRE 15 DISPENSARY 16 CLINIC 17 CHW 18 RELIGIOUS/VOLUNTARY REFERAL SPECIALISED HOSPITAL 21 DISTRICT HOSPITAL 22 HOSPITAL 23 HEALTH CENTRE 24 DISPENSARY 25 CLINIC 26 PRIVATE MEDICAL SECTOR SPECIALISED HOSPITAL 31 HOSPITAL 32 HEALTH CENTRE 33 DISPENSARY 34 CLINIC 35 OTHER PHARMACY 41 ACREDITED DRUG DISPENSING OUTLET (ADDC) 42 NGO 43 VCT CENTRE 44 SHOP/KIOSK 45 BAR 46 GUEST HOUSE/HOTEL 47 FRIEND/RELATIVE/NEIGHBOUR 48 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323
318	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321
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	CHECK 318 AND 319: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="border-left: 1px dashed black; padding-left: 10px;"> NO <input type="checkbox"/> NOT ASKED <input type="checkbox"/> ↓ ↓ </div> </div> a) At that time, were you told about other methods of family planning that you could use? 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?	YES 1 NO 2	→ 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	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	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	→ 327 → 327 → 327

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> <hr/> <p align="center">(NAME OF PLACE)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>NATIONAL/ZONAL/SPEC.HOSPITAL 11</p> <p>REGIONAL REFERRAL HOSPITAL 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITAL 14</p> <p>HEALTH CENTRE 15</p> <p>DISPENSARY 16</p> <p>CLINIC 17</p> <p>CHW 18</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL SPEC.HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>PRIVATE</p> <p>SPECIALIZED HOSPITAL 31</p> <p>HOSPITAL 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY 34</p> <p>CLINIC 35</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>ADDO 42</p> <p>NGO 43</p> <p>VCT CENTRE 44</p> <p>SHOP/KIOSK 45</p> <p>BAR 46</p> <p>GUEST HOUSE/HOTEL 47</p> <p>FRIEND/RELATIVE/NEIGHBOL 48</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</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 align="center">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? 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:	<div style="display: flex; justify-content: space-between; align-items: center;"> ONE OR MORE BIRTHS IN 2010-2016 <input type="checkbox"/> NO BIRTHS IN 2010-2016 <input type="checkbox"/> → 648 </div>	
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2010-2016. 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).		
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: ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children? b) Did you want to have a baby later on, or did you not want any more children?	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	HEALTH PERSONNEL DOCTOR/AMO A CLINICAL OFFICER B ASS. CLINICAL OFFICER ... C NURSE/MIDWIFE D ASS. NURSE E MCH AID! F OTHER PERSON COMMUNITY HEALTH WORKI G TRAINED TBA/TBA H OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH												
		NAME _____	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 A SPECIALISED HOSPITAL B REGIONAL REFERRAL HOSPITAL C REGIONAL HOSPITAL D DISTRICT HOSPITAL E HEALTH CENTRE F DISPENSARY G CLINIC H CHW I</p> <p>RELIGIOUS VOLUNTARY REFERAL/SPECIALISED HOSP J DISTRICT HOSPITAL K HOSPITAL L HEALTH CENTRE M DISPENSARY N CLINIC O</p> <p>PRIVATE SPECIALISED HOSPITAL P HOSPITAL Q HEALTH CENTRE R DISPENSARY S CLINIC T</p> <p>OTHER _____ X (SPECIFY)</p>													
410A	Did you pay for antenatal care?	YES 1 NO 2 (SKIP TO 411) ←													
410B	How much did you pay for Antenatal care?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98													
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98													
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98													
412A	During this pregnancy, did your husband did any of the following?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Stopped you from receiving ANC?</td> <td>a) STOP 1</td> <td>2</td> </tr> <tr> <td>b) Encouraged you to receive ANC?</td> <td>b) ENCOURAGE .. 1</td> <td>2</td> </tr> <tr> <td>c) Had no interest in you receiving ANC?</td> <td>c) NO INTEREST .. 1</td> <td>2</td> </tr> </table>		YES	NO	a) Stopped you from receiving ANC?	a) STOP 1	2	b) Encouraged you to receive ANC?	b) ENCOURAGE .. 1	2	c) Had no interest in you receiving ANC?	c) NO INTEREST .. 1	2	
	YES	NO													
a) Stopped you from receiving ANC?	a) STOP 1	2													
b) Encouraged you to receive ANC?	b) ENCOURAGE .. 1	2													
c) Had no interest in you receiving ANC?	c) NO INTEREST .. 1	2													
413	As part of your antenatal care during this pregnancy, were any of the following done at least once:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Was your blood pressure measured?</td> <td>a) BP 1</td> <td>2</td> </tr> <tr> <td>b) Did you give a urine sample?</td> <td>b) URINE 1</td> <td>2</td> </tr> <tr> <td>c) Did you give a blood sample?</td> <td>c) BLOOD 1</td> <td>2</td> </tr> </table>		YES	NO	a) Was your blood pressure measured?	a) BP 1	2	b) Did you give a urine sample?	b) URINE 1	2	c) Did you give a blood sample?	c) BLOOD 1	2	
	YES	NO													
a) Was your blood pressure measured?	a) BP 1	2													
b) Did you give a urine sample?	b) URINE 1	2													
c) Did you give a blood sample?	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 (SKIP TO 417) ← DON'T KNOW 8													
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/>	OTHER <input type="checkbox"/>		
		(SKIP TO 420) ←	↓		
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?	TIMES <input type="text"/>			
	IF 7 OR MORE TIMES, RECORD '7'.	DON'T KNOW 8			
419	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/>			
		DON'T KNOW 8			
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES 1	NO 2		
	SHOW TABLETS/SYRUP.	(SKIP TO 422) ←	↓		
		DON'T KNOW 8			
421	During the whole pregnancy, for how many days did you take the tablets or syrup?	DAYS <input type="text"/>			
	IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DON'T KNOW 998			
422	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 prevent 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"/>			
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT 1	ANOTHER FACILITY VISIT 2		
	IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	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	VERY LARGE 1	LARGER THAN AVERAGE 2
		AVERAGE 3	SMALLER THAN AVERAGE 4	AVERAGE 3	SMALLER THAN AVERAGE 4
		VERY SMALL 5	DON'T KNOW 8	VERY SMALL 5	DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1	NO 2	YES 1	NO 2
		(SKIP TO 429) ←	↓	(SKIP TO 429) ←	↓
		DON'T KNOW 8		DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998		
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR/AMO A CLINICAL OFFICER B ASS. CLINICAL OFFICER .. C NURSE/MIDWIFE D ASS. NURSE E MCH AIDE F OTHER PERSON CHW G TRAINED TBA/TBA H RELATIVE/FRIEND I OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR/AMO A CLINICAL OFFICER B ASS. CLINICAL OFFICER .. C NURSE/MIDWIFE D ASS. NURSE E MCH AIDE F OTHER PERSON CHW G TRAINED TBA/TBA H RELATIVE/FRIEND I OTHER _____ X (SPECIFY) NO ONE ASSISTED Y		
429A	Did you have a companion during labor and delivery of (NAME)?	YES 1 NO 2	YES 1 NO 2		
429B	Did you pay for delivery of (NAME)?	YES 1 NO 2 (SKIP TO 430) ←	YES 1 NO 2 (SKIP TO 430) ←		
429C	How much did you pay for delivery of (NAME)?	TSHS <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"/> DON'T KNOW 99999998	TSHS <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"/> DON'T KNOW 99999998		
430	Where did you give birth to (NAME)? 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)	HOME HER HOME 11 OTHER HOME 12 (SKIP TO 434) ← TBA PREMISES 13 GOVERNMENT OR PARASTATAL NATIONAL/ZONAL/ SPECIALISED HOSPITAL ... 21 REGIONAL REFERRAL HOSPITAL 22 REGIONAL HOSPITAL 23 DISTRICT HOSPITAL 24 HEALTH CENTRE 25 DISPENSARY 26 CLINIC 27 RELIGIOUS VOLUNTARY REFERRAL/SPECIALIZE HOSPITAL 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPITAL 41 HOSPITAL 42 HEALTH CENTRE 43 DISPENSARY 44 CLINIC 45 OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←	HOME HER HOME 11 OTHER HOME 12 (SKIP TO 434) ← TBA PREMISES 13 GOVERNMENT OR PARASTATAL NATIONAL/ZONAL/ SPECIALISED HOSPITAL ... 21 REGIONAL REFERRAL HOSPITAL 22 REGIONAL HOSPITAL 23 DISTRICT HOSPITAL 24 HEALTH CENTRE 25 DISPENSARY 26 CLINIC 27 RELIGIOUS VOLUNTARY REFERRAL/SPECIALIZE HOSPITAL 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPITAL 41 HOSPITAL 42 HEALTH CENTRE 43 DISPENSARY 44 CLINIC 45 OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←		

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH					
		NAME _____	NAME _____	NAME _____	NAME _____				
431	How long after (NAME) was delivered did you stay there? 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							
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	CHECK Q430:	CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 11, 12, 13 or 96 (SKIP TO 449) ←		CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 11, 12,13 or 96 (SKIP TO 459) ←					
434B	After you delivered, did the health facility give you a birth notification form for (NAME)?	YES 1 NO 2 (SKIP TO 435) ←		YES 1 NO 2 (SKIP TO 459) ←					
434C	Did you get a birth notification from any other place?	YES 1 NO 2		YES 1 NO 2					
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/MIDWIFI 14 ASS. NURSE 15 MCH AID 16 OTHER PERSON CHW 21 TRAINED TBA/TA 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
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" data-bbox="915 390 1013 428"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="915 428 1013 466"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="915 466 1013 504"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/AMO 11 CLINICAL OFFICER 12 ASS. CLINICAL OFFICER .. 13 NURSE/MIDWIFI..... 14 ASS. NURSE 15 MCH AID!..... 16 OTHER PERSON CHW 21 TRAINED TBA/TBA 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)							
441	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?	YES 1 NO 2 (SKIP TO 445) ←							
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="915 970 1013 1008"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="915 1008 1013 1045"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="915 1045 1013 1083"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
443	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/MIDWIFI..... 14 ASS. NURSE 15 MCH AID!..... 16 OTHER PERSON CHW 21 TRAINED TBA/TI..... 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	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>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>TBA PREMISES 13</p> <p>GOVERNMENT/PARASTATAL</p> <p>ZONAL/REFERAL/SPEC.HI... 21</p> <p>REFERAL REGIONAL HOSP... 22</p> <p>REGIONAL HOSPITAL 23</p> <p>DISTRICT HOSPITAL 24</p> <p>HEALTH CENTRE 25</p> <p>DISPENSARY 26</p> <p>CLINIC 27</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 31</p> <p>DISTRICT HOSPITA 32</p> <p>HOSPITAL 33</p> <p>HEALTH CENTRE 34</p> <p>DISPENSARY 35</p> <p>CLINIC 36</p> <p>PRIVATE</p> <p>SPECIALISED HOSPITAL 41</p> <p>HOSPITAL 42</p> <p>HEALTH CENTRE 43</p> <p>DISPENSARY 44</p> <p>CLINIC 45</p> <p>OTHER _____ 96 (SPECIFY)</p>			
444A	Did you pay for your health check at that time?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 444C) ←</p>			
444B	How much did you pay for the health check?	<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 999998</p>			
444C	<p>Among other checks after delivery, did any health care provider do the following:</p> <p>a) Check or ask about vaginal bleeding?</p> <p>b) Examine your abdomen i.e uterine contraction, fundal height ?</p> <p>c) Check your blood pressure?</p>	<p>YES NO DK</p> <p>a) VAG. BLEEDING 1 2 8</p> <p>b) ABDOMEN 1 2 8</p> <p>c) BP 1 2 8</p>			
444D	In total, how many times was your health checked after delivery	NBRE CHECKS <input type="text"/> <input type="text"/>			
445	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>YES 1</p> <p>NO 2</p> <p>DIED AT THE FACIL..... 3</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 457) ←</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 <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 _____								
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/AMO 11 CLINICAL OFFICER 12 ASS. CLINICAL OFFICER ... 13 NURSE/MIDWIFE 14 ASS.NURSE 15 MCH AIDE 16</p> <p>OTHER PERSON CHW 21 TRAINED TBA/TBA 22 RELATIVE/FRIEND 23</p> <p>OTHER _____ 96 (SPECIFY)</p>									
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>(NAME OF PLACE)</p>	<p>HOME HER HOME 11 OTHER HOME 12 TBA PREMISES 13</p> <p>GOVERNMENT/PARASTATAL ZONAL/SPEC.HOSPITAL 21 REFERRAL REGIONAL HOSP. 22 REGIONAL HOSPITAL 23 DISTRICT HOSPITAL 24 HEALTH CENTRE 25 DISPENSARY 26 CLINIC 27</p> <p>RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSPITAL 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36</p> <p>PRIVATE SPECIALISED HOSPITAL ... 41 HOSPITAL 42 HEALTH CENTRE 43 DISPENSARY 44 CLINIC 45</p> <p>OTHER _____ 96 (SPECIFY)</p>									
448A	Did you pay for the health checks of (NAME)?	YES 1 NO 2 (SKIP TO 457) ←									
448B	How much did you pay for the health checks?	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> DON'T KNOW 999998 (SKIP TO 457) ←									
449	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)?	YES 1 NO 2 (SKIP TO 453) ←									
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"> <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> </table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> DON'T KNOW 999998									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																
		NAME _____	NAME _____																
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/AMO 11 CLINICAL OFFICER 12 ASS. CLINICAL OFFICE 13 NURSE/MIDWIFE 14 ASS. NURSE 15 MCH AID 16 OTHER PERSON CHW 21 TRAINED TBA/TBA 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)																	
452	Where did this first check 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)	HOME HER HOME 11 OTHER HOME 12 TBA PREMISES 13 GOVERNMENT/PARASTATAL ZONAL/REFERAL/SPEC.HOSI 21 REFERAL REGIONAL HOSP. 22 REGIONAL HOSPITAL 23 DISTRICT HOSPITAL 24 HEALTH CENTRE 25 DISPENSARY 26 CLINIC 27 RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPITAL ... 41 HOSPITAL 42 HEALTH CENTRE 43 DISPENSARY 44 CLINIC 45 OTHER _____ 96 (SPECIFY)																	
452A	Did you pay for this first check of your health?	YES 1 NO 2 (SKIP TO 452C) ←																	
452B	How much did you pay for the health check?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998																	
452C	Among other checks after delivery, did any health care provider do the following: a) Check or ask about vaginal bleeding? b) Examine your abdomen i.e uterine contraction, fundal height? c) Check your blood pressure?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) VAG. BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ABDOMEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) VAG. BLEEDING	1	2	8	b) ABDOMEN	1	2	8	c) BP	1	2	8	
	YES	NO	DK																
a) VAG. BLEEDING	1	2	8																
b) ABDOMEN	1	2	8																
c) BP	1	2	8																
452D	In total, how many times was your health checked after delivery?	NBRE CHECKS ... <input type="text"/> <input type="text"/>																	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH						
		NAME _____		NAME _____						
453	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?	YES	1	NO	2					
		(SKIP TO 457) ←								
		DON'T KNOW	8							
454	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH	1							
		DAYS AFTER BIRTH	2							
		WEEKS AFTER BIRTH	3							
		DON'T KNOW	998							
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL								
		DOCTOR/AMO								
		CLINICAL OFFICER								
		ASS. CLINICAL OFFICER ..								
		NURSE/MIDWIFI								
		ASS. NURSE								
		MCH AID!								
		OTHER PERSON								
		CHW								
		TRAINED TBA/TBA								
		RELATIVE/FRIEND								
		OTHER _____ 96								
		(SPECIFY)								
456	Where did this first check of (NAME) 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)	HOME								
		HER HOME								
		OTHER HOME								
		TBA PREMISES								
		GOVERNMENT/PARASTATAL								
		ZONAL/REFERAL/SPEC.HOSP! 21								
		REFERAL REGIONAL HOSP. 22								
		REGIONAL HOSPITAL								
		DISTRICT HOSPITAL								
		HEALTH CENTRE								
		DISPENSARY								
		CLINIC								
		RELIGIOUS/VOLUNTARY								
		REFERAL/SPEC. HOSPITAL 31								
		DISTRICT HOSPITAL								
		HOSPITAL								
		HEALTH CENTRE								
		DISPENSARY								
		CLINIC								
		PRIVATE								
		SPECIALISED HOSPITAL ... 41								
		HOSPITAL								
		HEALTH CENTRE								
		DISPENSARY								
		CLINIC								
		OTHER _____ 96								
		(SPECIFY)								
456A	Did you pay for your health check at that time?	YES	1	NO	2					
		(SKIP TO 457) ←								
456B	How much did you pay for the health check?	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								
		999998								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?		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				
457A	After (NAME) was born, were you given or did you buy any iron and folic acid tablets or syrup?	YES	1	NO	2		
458	Has your menstrual period returned since the birth of (NAME)?	YES	1	NO	2		
			(SKIP TO 460)		(SKIP TO 461)		
459	Did your period return between the birth of (NAME) and your next pregnancy?	YES	1	NO	2		
			(SKIP TO 463)				
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS	<input type="text"/> <input type="text"/>	MONTHS	<input type="text"/> <input type="text"/>		
		DON'T KNOW	98	DON'T KNOW	98		
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT	<input type="checkbox"/>	PREGNANT OR UNSURE	<input type="checkbox"/>		
			(SKIP TO 463)				
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"/>	MONTHS	<input type="text"/> <input type="text"/>		
		DON'T KNOW	98	DON'T KNOW	98		
464	Did you ever breastfeed (NAME)?	YES	1	NO	2	YES	1
			(SKIP TO 466)			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		

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
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	How old was (NAME) when she/he was first fed something other than breast milk? INCLUDES: JUICE, COW'S MILK, WATER, SUGAR, SOLID FOODS OR ANYTHING ELSE IF LESS THAN ONE MONTH, RECORD 00	MONTHS <input type="text"/> <input type="text"/> NOT STARTED GIVING ANYTHING 96 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	
470A	Do you have birth certificate for (NAME)? ASK TO SEE CERTIFICATE	YES, OBSERVED 1 YES, NOT OBSERVED 2 NO 3		YES, OBSERVED 1 YES, NOT OBSERVED 2 NO 3	
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 2012-2016? ONE OR MORE BIRTHS IN 2012-2016 <input type="checkbox"/> NO BIRTHS IN 2012-2016 <input type="checkbox"/>	→ 601	
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2016. 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

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																							
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																																																																																																								
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SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	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	→ 524A1
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the right shoulder that usually causes a scar?	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 left 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 right 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"/>	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>													
521A	Has (NAME) ever received a rotavirus vaccination, that is, a white 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 left shoulder or thigh to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 524A1												
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>													
524A1	Did you pay for any vaccination for (NAME)?	YES 1 NO 2	→ 525A												
524A2	How much did you pay for the vaccination?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998													
525A	In the last 7 days was (NAME) given: a) Virutubishi vya nyongeza? b) Chakula dawa?	<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) VIR.NYONGEZA</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) CHAKULA DAWA</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) VIR.NYONGEZA	1	2	8	b) CHAKULA DAWA	1	2	8	
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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 2012-2016? MORE BIRTHS IN 2012-2016 <input type="checkbox"/> NO MORE BIRTHS IN 2012-2016 <input type="checkbox"/>		601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2016. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	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: CODE '2' CIRCLED <input type="checkbox"/>	CODE '4' CIRCLED <input type="checkbox"/>	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)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																				
	NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																																																																						
508B	<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" data-bbox="812 273 1266 955"> <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>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>[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				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				[MEASLES CONTAINING VACCINE] 1				[MEASLES CONTAINING VACCINE] 2				VITAMIN A (MOST RECENT)					
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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"/>													
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, a white liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DONT 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 left shoulder or thigh to prevent measles?	YES 1 NO 2 DONT KNOW 8	→ 524B1												
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>													
524B1	Did you pay for any vaccination for [ANME]?	YES 1 NO 2	→ 525B												
524B2	How much did you pay for the vaccination?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 999998													
525B	In the last 7 days was (NAME) given: a) Virutubishi vya nyongeza? b) Chakula dawa?	<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) VIR.NYONGEZA</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) CHAKULA DAWA</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) VIR.NYONGEZA	1	2	8	b) CHAKULA DAWA	1	2	8	
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526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2016? MORE BIRTHS IN 2012-2016 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2012-2016 <input type="checkbox"/> →	601												

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:		
	ONE OR MORE BIRTHS IN 2010-2016 <input type="checkbox"/>	NO BIRTHS IN 2010-2016 <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 2010-2016. 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 14 days? PROBE: Did (NAME) had at least 3 loose or liquid stools per day?	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 NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	CHECK 464: EVER BREASFD? 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) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	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 ZON/REFERRAL/SPEC.HOSPI A REFERRAL REGIONAL HOSP B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F CLINIC G CHW H RELIGIOUS/VOLUNTARY REFERRAL SPEC.HOSPITAL... I DISTRICT HOSPITAL J HOSPITAL K HEALTH CENTRE L DISPENSARY M CLINIC N PRIVATE SPECIALISED HOSPITAL O HOSPITAL P HEALTH CENTRE Q DISPENSARY R CLINIC S OTHER PHARMACY T ADDO U NGO V OTHER _____ X (SPECIFY)		GOVERNMENT/PARASTATAL ZON/REFERRAL/SPEC.HOSPI A REFERRAL REGIONAL HOSP B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F CLINIC G CHW H RELIGIOUS/VOLUNTARY REFERRAL SPEC.HOSPITAL... I DISTRICT HOSPITAL J HOSPITAL K HEALTH CENTRE L DISPENSARY M CLINIC N PRIVATE SPECIALISED HOSPITAL O HOSPITAL P HEALTH CENTRE Q DISPENSARY R CLINIC S OTHER PHARMACY T ADDO U NGO V OTHER _____ X (SPECIFY)	
612A	Did you pay for advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 613) ←		YES 1 NO 2 (SKIP TO 613) ←	
612B	How much did you pay?	TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998		TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
613	CHECK 612:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←		TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←	
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="text"/>		FIRST PLACE <input type="text"/>	
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 MA-ORAL? 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' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/> 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> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea? b) What was given to treat the diarrhea?</p> <p>Anything else? Anything else?</p> <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 (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 (SPECIFY)</p>		
618	Has (NAME) been ill with a fever at any time in the last 14 days?	<p>YES 1</p> <p>NO 2 (SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (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 14 days?	<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 14 days?	<p>YES 1</p> <p>NO 2 (SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (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 (SPECIFY)</p> <p>DON'T KNOW 8 (SKIP TO 624) ←</p>	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8 (SKIP TO 624) ←</p>		
623	CHECK 618: HAD FEVER?	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p>(SKIP TO 646) ←</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p>(SKIP TO 646) ←</p>		
624	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2 (SKIP TO 629) ←</p>	<p>YES 1</p> <p>NO 2 (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>ZON/REFERRAL/SPEC.HOSPI A REFERRAL REGIONAL HOSP B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F CLINIC G CHW H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL SPEC.HOSPITAL... I DISTRICT HOSPITAL J HOSPITAL K HEALTH CENTRE L DISPENSARY M CLINIC N</p> <p>PRIVATE</p> <p>SPECIALISED HOSPITAL O HOSPITAL P HEALTH CENTRE Q DISPENSARY R CLINIC S</p> <p>OTHER</p> <p>PHARMACY T ADDO U NGO V OTHER _____ X (SPECIFY)</p>	<p>GOVERNMENT/PARASTATAL</p> <p>ZON/REFERRAL/SPEC.HOSPI A REFERRAL REGIONAL HOSP. B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F CLINIC G CHW H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL SPEC.HOSPITAL... I DISTRICT HOSPITAL J HOSPITAL K HEALTH CENTRE L DISPENSARY M CLINIC N</p> <p>PRIVATE</p> <p>SPECIALISED HOSPITAL O HOSPITAL P HEALTH CENTRE Q DISPENSARY R CLINIC S</p> <p>OTHER</p> <p>PHARMACY T ADDO U NGO V OTHER _____ X (SPECIFY)</p>
625A	<p>Did you pay for the advice or treatment for this illness?</p>	<p>YES 1 NO 2 (SKIP TO 626) ←</p>	<p>YES 1 NO 2 (SKIP TO 626) ←</p>
625B	<p>How much did you pay?</p>	<p>TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 999998</p>	<p>TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 999998</p>
626	<p>CHECK 625:</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>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 628) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 646) ←	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 646) ←
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 AMOXICILLIN 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 AMOXICILLIN L OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z		
630A	Where did you get these drugs from? 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 ZON/REFERRAL/SPEC.HOSP I REFERRAL REGIONAL HOSP B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F CLINIC G CHW H RELIGIOUS/VOLUNTARY REFERAL SPEC.HOSPITAL... I DISTRICT HOSPITAL J HOSPITAL K HEALTH CENTRE L DISPENSARY M CLINIC N PRIVATE SPECIALISED HOSPITAL O HOSPITAL P HEALTH CENTRE Q DISPENSARY R CLINIC S OTHER PHARMACY T ADDO U NGO V OTHER _____ X (SPECIFY)	GOVERNMENT/PARASTATAL ZON/REFERRAL/SPEC.HOSP I REFERRAL REGIONAL HOSP B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F CLINIC G CHW H RELIGIOUS/VOLUNTARY REFERAL SPEC.HOSPITAL... I DISTRICT HOSPITAL J HOSPITAL K HEALTH CENTRE L DISPENSARY M CLINIC N PRIVATE SPECIALISED HOSPITAL O HOSPITAL P HEALTH CENTRE Q DISPENSARY R CLINIC S OTHER PHARMACY T ADDO U NGO V OTHER _____ X (SPECIFY)		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
631	CHECK 630: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> ↓ (SKIP TO 645A) ←	YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> ↓ (SKIP TO 645A) ←
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
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 <input type="checkbox"/> ↓ (SKIP TO 636) ←	CODE 'B' NOT CIRCLED <input type="checkbox"/>	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 636) ←	CODE 'B' NOT CIRCLED <input type="checkbox"/>
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 <input type="checkbox"/> ↓ (SKIP TO 638) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/>	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/>
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' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 640) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/>	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 640) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/>
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' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/>	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/>
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	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
642	CHECK 630: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 644) ←	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'G' OR 'H' NOT 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	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' CIRCLED <input type="checkbox"/> ↓	CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 645A) ←	CODE 'I' CIRCLED <input type="checkbox"/> ↓	CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 645A) ←
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	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
645A	CHECK 630: AMOXICILLIN ('L') GIVEN	CODE 'L' CIRCLED <input type="checkbox"/> ↓	CODE 'L' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←	CODE 'L' CIRCLED <input type="checkbox"/> ↓	CODE 'L' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←
645B	CHECK 622	CODE '1' OR '3' CIRCLED <input type="checkbox"/> ↓	CODE '2', '6' OR '8' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←	CODE '1' OR '3' CIRCLED <input type="checkbox"/> ↓	CODE '2', '6' OR '8' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←
645C	How long after the fast, short, rapid breaths or difficulty breathing did (NAME) take Amoxicillin?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER SYMPTOMS 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER SYMPTOMS 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER SYMPTOMS 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER SYMPTOMS 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
645D	For how many days did (NAME) take Amoxicillin?	NBRE DAYS <input type="text"/> <input type="text"/>	NBRE DAYS <input type="text"/> <input type="text"/>	NBRE DAYS <input type="text"/> <input type="text"/>	NBRE DAYS <input type="text"/> <input type="text"/>
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 646A.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 646A.		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
646A	Who usually makes decisions about health care for your child/children: 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	
647	CHECK 615(a) AND 615(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	→ 649
648	Have you ever heard of a special product called MA-ORAL you can get for the treatment of diarrhea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2016 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> ↓ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/>	→ 701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	<p>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.</p> <p>a) Plain water?</p> <p>b) Juice or juice drinks?</p> <p>c) Clear soup?</p> <p>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'.</p> <p>e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>f) Any other liquids?</p> <p>g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>h) Cerelac and Unga wa lishe?</p> <p>i) Bread, rice, spaghetti/noodles, chapati, mandazi, porridge, or other foods made from grains?</p> <p>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>k) White potatoes, white yams, manioc, cassava, cocoyams, white sweet potatoes, plantains or any other foods made from roots?</p> <p>l) Any dark green, leafy vegetables such as amaranth, cassava leaves, sweet potato leaves, beans leaves, chinese cabbage and spinach?</p> <p>m) Ripe mangoes, papayas, water melon, red quava?</p> <p>n) Any other fruits or vegetables?</p> <p>o) Liver, kidney, heart, or other organ meats?</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>q) Eggs?</p> <p>r) Fresh or dried fish or shellfish?</p> <p>s) Any foods made from beans, peas, lentils, or nuts?</p> <p>t) Cheese or other food made from milk?</p> <p>u) Any other solid, semi-solid, or soft food?</p>	<p align="center">YES NO DK</p> <p>a) 1 2 8</p> <p>b) 1 2 8</p> <p>c) 1 2 8</p> <p>d) 1 2 8</p> <p align="center">NUMBER OF TIMES DRANK <input type="text"/></p> <p>e) 1 2 8</p> <p align="center">NUMBER OF TIMES DRANK <input type="text"/></p> <p>f) 1 2 8</p> <p>g) 1 2 8</p> <p align="center">NUMBER OF TIMES ATE <input type="text"/></p> <p>h) 1 2 8</p> <p>i) 1 2 8</p> <p>j) 1 2 8</p> <p>k) 1 2 8</p> <p>l) 1 2 8</p> <p>m) 1 2 8</p> <p>n) 1 2 8</p> <p>o) 1 2 8</p> <p>p) 1 2 8</p> <p>q) 1 2 8</p> <p>r) 1 2 8</p> <p>s) 1 2 8</p> <p>t) 1 2 8</p> <p>u) 1 2 8</p>	
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'u'):</p> <p align="center">NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>		<p align="right">→ 653</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	

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. <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife/live in partner?	RANK <input type="text"/> <input type="text"/>	
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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	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	→ 712
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
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. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 731
713A	The very first time you had sexual intercourse, would you say that you willingly wanted to have it?	YES 1 NC 2 DON'T KNOW 8	
714	I would like to ask you about your recent sexual activity. 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	→ 731

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2	→ 731
729	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 DUME 02 ROUGH RIDER 03 FAMILIA 04 CARE 05 LADY PEPETA 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
730	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 ZON/REFERRAL/SPEC.HOSPITAL 11 REFERRAL REGIONAL HOSP. 12 REGIONAL HOSPITAL 13 DISTRICT HOSPITAL 14 HEALTH CENTRE 15 DISPENSARY 16 CLINIC 17 CHW 18 RELIGIOUS/VOLUNTARY REFERAL SPEC.HOSPITAL... .. 21 DISTRICT HOSPITAL 22 HOSPITAL 23 HEALTH CENTRE 24 DISPENSARY 25 CLINIC 26 PRIVATE SPECIALISED HOSPITAL 31 HOSPITAL 32 HEALTH CENTRE 33 DISPENSARY 34 CLINIC 35 OTHER PHARMACY 41 ADDO 42 NGO 43 VCT CENTRE 44 SHOP/KIOSK 45 BAR 46 GUEST HOUSE/HOTEL 47 FRIEND/RELATIVE/NEIGHBOI 48 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
731	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 1 2 MALE ADULTS 1 2 FEMALE ADULTS 1 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 OTHER 996 (SPECIFY) 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 714: 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> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</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> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</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> <p>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>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		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> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</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> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	815
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>	<p>BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(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 a poster? f) Seen anything about family planning on a billboard? g) Heard about family planning at community events? h) Seen anything about family planning on a live drama? i) Head about family planning from a doctor or a nurse? j) Head about family planning from a community health worker? k) Read about family planning on internet?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>e) POSTER</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>f) BILLBOARDS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>g) COMMUNITY EVENTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>h) LIVE DRAMA</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>i) DOCTOR/NURSI</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>j) COMMUNITY HEALTH WORK</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>k) INTERNET</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	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 WORK	1	2	k) INTERNET	1	2	
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815A	Have you ever heard or seen the campaign: a) Wazazi nipendeni? b) Fuata nyota ya kijana upate mafanikio? c) Siyo kila homa ni malaria?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) WAZAZI NIPENDENI</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) NYOTA YA KIJANI</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) MALARIA</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) WAZAZI NIPENDENI	1	2	b) NYOTA YA KIJANI	1	2	c) MALARIA	1	2																									
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815B	CHECK 815A (a,b AND c) <div style="text-align: center;"> AT LEAST ONE <input type="checkbox"/> 'YES' ↓ </div>	<div style="text-align: center;"> NOT A <input type="checkbox"/> SINGLE 'YES' → </div>	816																																				
815C	Where did you see or hear the campaign? RECORD ALL RESPONSES MENTIONED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>RADIC</td> <td style="text-align: right;">A</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">B</td> </tr> <tr> <td>POSTER/MAGAZINE/NEWSPAPER/ BILLBOARD ..</td> <td style="text-align: right;">C</td> </tr> <tr> <td>INTERNE</td> <td style="text-align: right;">D</td> </tr> <tr> <td>MOBILE PHONE</td> <td style="text-align: right;">E</td> </tr> <tr> <td>CHW</td> <td style="text-align: right;">F</td> </tr> <tr> <td>FAMILY FRIEND</td> <td style="text-align: right;">G</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">X</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>	RADIC	A	TELEVISION	B	POSTER/MAGAZINE/NEWSPAPER/ BILLBOARD ..	C	INTERNE	D	MOBILE PHONE	E	CHW	F	FAMILY FRIEND	G	OTHER _____	X	(SPECIFY)																				
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816	If you wanted to get information on family planning, who would you like to talk to most.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>CBD WORKER</td> <td style="text-align: right;">01</td> </tr> <tr> <td>CLINC STAFI</td> <td style="text-align: right;">02</td> </tr> <tr> <td>TBA</td> <td style="text-align: right;">03</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td style="text-align: right;">04</td> </tr> <tr> <td>FRIEND</td> <td style="text-align: right;">05</td> </tr> <tr> <td>RELATIVE</td> <td style="text-align: right;">06</td> </tr> <tr> <td>RELIGIOUS LEADERS</td> <td style="text-align: right;">07</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>	CBD WORKER	01	CLINC STAFI	02	TBA	03	HUSBAND/PARTNER	04	FRIEND	05	RELATIVE	06	RELIGIOUS LEADERS	07	OTHER _____	96	(SPECIFY)																				
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816A	If you wanted to get information on family planning, would you like to get the information from: a) The Radio? b) The Television? c) In a newspaper or a magazine?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2																									
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SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN A UNION	→ 901	
818	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY <input type="checkbox"/> USING NOT <input type="checkbox"/> CURRENTLY USING NOT <input type="checkbox"/> ASKED	→ 820 → 822	
818A	CHECK 304: WHAT METHOD? OTHER <input type="checkbox"/> CODE B, G, OR M CIRCLED <input type="checkbox"/>	→ 819	
818B	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2	
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)	
819A	Has your husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES 1 NO 2	→ 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: NEITHER ARE <input type="checkbox"/> STERILIZED HE OR SHE ARE <input type="checkbox"/> STERILIZED	→ 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 ?	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	→ 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"/>	
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"/>	

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"/> ANY OTHER CODE <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 DONT 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	
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	

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																																	
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																																	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td></td> <td align="center">PRES./</td> <td></td> </tr> <tr> <td></td> <td></td> <td align="center">PRES./</td> <td align="center">NOT</td> </tr> <tr> <td></td> <td></td> <td align="center">LISTEN.</td> <td align="center">LISTEN.</td> </tr> <tr> <td></td> <td></td> <td></td> <td align="center">PRES.</td> </tr> <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> </table>			PRES./				PRES./	NOT			LISTEN.	LISTEN.				PRES.	CHILDREN < 10 1	2	3	HUSBAND 1	2	3	OTHER MALES 1	2	3	OTHER FEMALES 1	2	3	
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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="0"> <tr> <td></td> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) GOES OUT</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>c) ARGUES</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>d) REFUSES SEX</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>e) BURNS FOOD</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> </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 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	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	
1002	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	
1003	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 1005
1004	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 CLOSE E USE INSECT REPELLANT F KEEP SURROUNDINGS CLEAN G CUT THE GRASS H REMOVE STANDING WATER I INTERMITTENT PREVENTIVE TREAT- MENT (IPTP) J HOUSE SCREENING K OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z	
1005	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?	YES 1 NO 2 DON'T KNOW 8	
1006A	In the past year, have you seen or heard any messages about malaria prevention?	YES 1 NO 2	
1006B	In the past year, have you seen or heard any messages about malaria treatment?	YES 1 NO 2	

SECTION 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1007	LOCATION OF INTERVIEW: MAINLAND TANZANIA <input type="checkbox"/> ZANZIBAR <input type="checkbox"/>	→ 1008B	
1008A	In the past year, have you ever heard or seen the phrase "Malaria Haikubaliki"?	YES 1 NO 2	→ 1009 → 1010
1008B	In the past year, have you ever heard or seen the phrase "Maliza Malaria"?	YES 1 NO 2	→ 1010
1009	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 UNI' G SCHOOL H HEALTH CARE WORKER I COMMUNITY EVENT/PRESENTATIOI .. J FRIEND/NEIGHBOR/FAMILY MEMBEI .. K OTHER _____ X (SPECIFY) DON'T KNOW Z	
1010	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	YES 1 NO 2	
1011	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.		
1012	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 AGREI 2 SOMEWHAT DISAGREI 3 STRONGLY DISAGREE 4	
1013	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 AGREI 2 SOMEWHAT DISAGREI 3 STRONGLY DISAGREE 4	
1014	I can easily hang my children's mosquito nets. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREI 2 SOMEWHAT DISAGREI 3 STRONGLY DISAGREE 4	
1015	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 AGREI 2 SOMEWHAT DISAGREI 3 STRONGLY DISAGREE 4	
1016	Pregnant women are at high risk of getting malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREI 2 SOMEWHAT DISAGREI 3 STRONGLY DISAGREE 4	
1017	Women should attend antenatal care early in their pregnancy. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREI 2 SOMEWHAT DISAGREI 3 STRONGLY DISAGREE 4	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	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? IF YES: How many injections have you had? 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.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1104
1102	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? 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.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 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?	YES 1 NO 2 DON'T KNOW 8	
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1106
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1107A
1107	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO H OTHER _____ X (SPECIFY)	
1107A	Have you ever consumed a drink that contain alcohol such as beer,wine,spirit,fermented cider or local brewers such as mbege,ulanzi, gongo/chang'aa etc?	YES 1 NO 2	→ 1108
1107B	In the past 12 months, how frequently have you had at least one drink?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN ONCE A MONTH 4 NEVER DRUNK 5	
1108	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: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG NOT A BIG PROBLEM PROBLEM	
	a) Getting permission to go to the doctor?	a) PERMISSION TO GO 1 2	
	b) Getting money needed for advice or treatment?	b) GETTING MONEY 1 2	
	c) The distance to the health facility?	c) DISTANCE 1 2	
	d) Not wanting to go alone?	d) GO ALONE 1 2	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Are you covered by any health insurance?	YES 1 NO 2	→ 1201
1110	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	

SECTION 12: FEMALE GENITAL CUTTING/MUTILATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Now I would like to ask some questions about a practice known as female circumcision. 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	→ 1301
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 DONT KNOW 8	→ 1206
1205	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DONT KNOW 8	
1206	Was your genital area sewn closed?	YES 1 NO 2 DONT KNOW 8	
1207	How old were you when you were circumcised? 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 DONT 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/MIDWIFE 22 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DONT 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"/>		→ 1216

FEMALE GENITAL CUTTING/MUTILATION

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 NO 2</p> <p>(GO TO 1211 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1216)</p>	<p>YES 1 NO 2</p> <p>(GO TO 1211 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1216)</p>	<p>YES 1 NO 2</p> <p>(GO TO 1211 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1216)</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 COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE IN COMPLETED 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 NO 2 DONT KNOW 8</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>YES 1 NO 2 DONT KNOW 8</p>
1214	<p>Who performed the circumcision?</p>	<p>TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. _____ 16 (SPECIFY)</p> <p>HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. _____ 16 (SPECIFY)</p> <p>HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. _____ 16 (SPECIFY)</p> <p>HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY)</p> <p>DON'T KNOW 98</p>
1215		<p>GO BACK TO 1211 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1216.</p>	<p>GO BACK TO 1211 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1216.</p>	<p>GO TO 1211 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1216.</p>

FEMALE GENITAL CUTTING/MUTILATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1216	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
1216A	Do you believe that female circumcision is required by your culture?	YES 1 NO 2 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1301	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"/>						
1302	CHECK 1301: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH <input type="checkbox"/> → 1400 (RESPONDENT ONLY)						
1303	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1304	What was the name given to your (oldest/ next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1305	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	
1306	Is (NAME) still alive?	YES 1 NO 2 GO TO 1308 DK 8 GO TO (2)	YES 1 NO 2 GO TO 1308 DK 8 GO TO (3)	YES 1 NO 2 GO TO 1308 DK 8 GO TO (4)	YES 1 NO 2 GO TO 1308 DK 8 GO TO (5)	YES 1 NO 2 GO TO 1308 DK 8 GO TO (6)	YES 1 NO 2 GO TO 1308 DK 8 GO TO (7)	
1307	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)	
1308	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"/>	
1309	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)	
1310	Was (NAME) pregnant when she died?	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	
1311	Did (NAME) die during childbirth?	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	YES 1 GO TO 1313 NO 2	
1312	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	
1313	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 13. MATERNAL MORTALITY

1304	What was the name given to your (oldest/ next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1305	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
1306	Is (NAME) still alive?	YES 1 NO 2 GO TO 1308 ← DK 8 GO TO (8) ←	YES 1 NO 2 GO TO 1308 ← DK 8 GO TO (9) ←	YES 1 NO 2 GO TO 1308 ← DK 8 GO TO (10) ←	YES 1 NO 2 GO TO 1308 ← DK 8 GO TO (11) ←	YES 1 NO 2 GO TO 1308 ← DK 8 GO TO (12) ←	YES 1 NO 2 GO TO 1308 ← DK 8 GO TO (13) ←
1307	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)
1308	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"/>
1309	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)
1310	Was (NAME) pregnant when she died?	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2
1311	Did (NAME) die during childbirth?	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2	YES 1 GO TO 1313 ← NO 2
1312	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
1313	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1400	CHECK HOUSEHOLD QUESTIONNAIRE, Q 313 WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> ↓	WOMAN <input type="checkbox"/> → NOT SELECTED	1433																								
1401	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2 →	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 701 AND 702: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> ↓	FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> ↓	NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → 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?	<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> </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	
	YES	NO	DK																								
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ACCUSES	1	2	8																								
NOT MEET FRIENDS ..	1	2	8																								
NO FAMILY	1	2	8																								
WHERE YOU ARE	1	2	8																								
1404	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A. Did your (last) (husband/partner) ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <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	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3									
EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																								
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YES 1 NO 2 ↓	→ 1	2	3																								

DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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?	
		OFTEN SOME- TIMES NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	→ 1 2 3	
	b) slap you?	→ 1 2 3	
	c) twist your arm or pull your hair?	→ 1 2 3	
	d) punch you with his fist or with something that could hurt you?	→ 1 2 3	
	e) kick you, drag you, or beat you up?	→ 1 2 3	
	f) try to choke you or burn you on purpose?	→ 1 2 3	
	g) threaten or attack you with a knife, gun, or other weapon?	→ 1 2 3	
	h) physically force you to have sexual intercourse with him when you did not want to?	→ 1 2 3	
	i) physically force you to perform any other sexual acts you did not want to?	→ 1 2 3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	→ 1 2 3	
1406	CHECK 1405A (a-j): <div style="display: flex; justify-content: space-around;"> AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A SINGLE <input type="checkbox"/> 'YES' → </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?	YES 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2	
	d) You had thought of ending your life or attempted to end your life?	YES 1 NO 2	
	e) You had an abortion or miscarriage?	YES 1 NO 2 NEVER BEEN PREGNANT 3	
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

DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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 709: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓ MARRIED ONLY <input type="checkbox"/> ONCE		→ 1416
1415	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). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B. How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER YES 1 NO 2 ↓ YES 1 NO 2 ↓	
1416	CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓ NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> ↓ 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? 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?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1419
1417	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	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 OTHER _____ X (SPECIFY)	
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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"/> →	1422
1420	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1422
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 701 AND 702: 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1424	<p>CHECK 701 AND 702:</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>	<p>→ 1425</p>
1424A	<p>CHECK 1405A (h-j) and 1415A(b)</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1426</p>
1425	<p>CHECK 701 AND 702:</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 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 1405A (a-j), 1415A (a,b), 1416, 1420, 1422A, AND 1422B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1430</p>
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>	<p>→ 1429</p>
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>(SPECIFY)</p>	
1428A	<p>Did you effectively get help from the persons listed above?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1430</p>
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	<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</p> <p>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 counseling 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 border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT.....	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT.....	1	2	3																
FEMALE ADULT	1	2	3																
1432	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.</p> <hr/> <hr/> <hr/>																		
1433	<p>CHECK 223B:</p> <p>ONE OR MORE DEATHS <input type="checkbox"/> NO DEATHS <input type="checkbox"/></p>	<p align="right">→</p>	1435																
1434	<p>READ TO THE RESPONDENT:</p> <p>I would like to inform you that detailed information on the circumstances surrounding the deaths of children under the age of 5 years will be collected in the near future so that the federal government of Tanzania can provide health services to help reduce these deaths. If you don't mind, another team will be coming at a later date to interview members of the household about the death (s) you have told me about. Is this okay?</p>	<p>YES 1</p> <p>NO 2</p>																	
1435	<p>RECORD THE TIME.</p>	<p>HOURS <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>MINUTE <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>MORNING 1</p> <p>AFTERNOON 2</p> <p>EVENING 3</p>																	

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

- 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		
2	06	JUN	01		2
0	05	MAY	02		0
1	04	APR	03		1
6	03	MAR	04		6
	02	FEB	05		
	01	JAN	06		
	12	DEC	07		
	11	NOV	08		
	10	OCT	09		
2	09	SEP	10		2
0	08	AUG	11		0
1	07	JUL	12		1
5	06	JUN	13		5
	05	MAY	14		
	04	APR	15		
	03	MAR	16		
	02	FEB	17		
	01	JAN	18		
	12	DEC	19		
	11	NOV	20		
	10	OCT	21		
2	09	SEP	22		2
0	08	AUG	23		0
1	07	JUL	24		1
4	06	JUN	25		4
	05	MAY	26		
	04	APR	27		
	03	MAR	28		
	02	FEB	29		
	01	JAN	30		
	12	DEC	31		
	11	NOV	32		
	10	OCT	33		
2	09	SEP	34		2
0	08	AUG	35		0
1	07	JUL	36		1
3	06	JUN	37		3
	05	MAY	38		
	04	APR	39		
	03	MAR	40		
	02	FEB	41		
	01	JAN	42		
	12	DEC	43		
	11	NOV	44		
	10	OCT	45		
2	09	SEP	46		2
0	08	AUG	47		0
1	07	JUL	48		1
2	06	JUN	49		2
	05	MAY	50		
	04	APR	51		
	03	MAR	52		
	02	FEB	53		
	01	JAN	54		
	12	DEC	55		
	11	NOV	56		
	10	OCT	57		
2	09	SEP	58		2
0	08	AUG	59		0
1	07	JUL	60		1
1	06	JUN	61		1
	05	MAY	62		
	04	APR	63		
	03	MAR	64		
	02	FEB	65		
	01	JAN	66		
	12	DEC	67		
	11	NOV	68		
	10	OCT	69		
2	09	SEP	70		2
0	08	AUG	71		0
1	07	JUL	72		1
0	06	JUN	73		0
	05	MAY	74		
	04	APR	75		
	03	MAR	76		
	02	FEB	77		
	01	JAN	78		

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
