

2005 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE
MINISTRY OF HEALTH

IDENTIFICATION	
PLACE NAME _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
REGION	
LARGE CITY/SMALL CITY/TOWN/RURAL	
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)	
MEN'S QUESTIONNAIRE (YES=1, NO=2)	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div> YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	RESULT <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE WOMEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE MEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

HEALTH TECHNICIAN VISITS				
DATE	_____	_____	_____	BIOMARKER RESULT <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NOTES:				

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME	_____	NAME	_____		
DATE	_____	DATE	_____		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	01	01	01
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	02	02	02
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	03	03	03
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	04	04	04
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	05	05	05
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	06	06	06
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	07	07	07
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	08	08	08
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	09	09	09
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	10	10	10

* CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD	11 = OTHER RELATIVE
02 = WIFE OR HUSBAND	12 = ADOPTED/FOSTER/STEPCHILD
03 = SON OR DAUGHTER	13 = NOT RELATED
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	98 = DON'T KNOW
05 = GRANDCHILD	
06 = PARENT	
07 = PARENT-IN-LAW	
08 = BROTHER OR SISTER	

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGISTRATION
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS				IF AGE 0-4	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade/class (NAME) completed at that level?***	Did (NAME) attend school at any time during the 2005 - 2006 school year?	During that school year, what level and grade/class was (NAME) attending?***	Did (NAME) attend school at any time during the previous school year, that is, 2004 - 2005?	During that school year, what level and grade/class did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? ****
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
01	Y N DK 1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	YES NO 1 2 NEXT LINE	LEVEL GRADE <input type="text"/> 1 2 GO TO 18	YES NO 1 2 GO TO 18	LEVEL GRADE <input type="text"/> 1 2 GO TO 18	YES NO 1 2 NEXT LINE	LEVEL GRADE <input type="text"/> 1 2 NEXT LINE	C R N DK 1 2 3 8
02	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
03	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
04	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
05	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
06	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
07	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
08	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
09	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8
10	1 2 8 ↓ GO TO 12	<input type="text"/> 1 2 8 ↓ GO TO 12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 NEXT LINE	<input type="text"/> 1 2 GO TO 18	1 2 GO TO 18	<input type="text"/> 1 2 GO TO 18	1 2 NEXT LINE	<input type="text"/> 1 2 NEXT LINE	1 2 3 8

**Qs. 11 AND 13
RECORD '00' IF PARENT NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 17 AND 19
EDUCATION LEVEL:
1 = PRIMARY/SECONDARY (1-10)
2 = SECONDARY-SPECIAL
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
(FOR Q. 15 ONLY. THIS CODE IS
NOT ALLOWED FOR Qs. 17 AND 19.)
98 = DON'T KNOW

****CODES FOR Q.20
C = CERTIFICATE
R = REGISTRATION
N = NEITHER
DK = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
11		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20

*CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

**Qs.11 AND 13
RECORD '00' IF
PARENT NOT
LISTED IN THE
HOUSEHOLD
SCHEDULE.

***CODES FOR Qs.15, 17, AND 19
EDUCATION LEVEL:
1 = PRIMARY/SECONDARY (1-10)
2 = SECONDARY-SPECIAL
3 = HIGHER
8 = DON'T KNOW
EDUCATION GRADE:
00 = LESS THAN 1 YEAR
COMPLETED
(FOR Q. 15 ONLY. THIS
CODE IS NOT ALLOWED
FOR Qs. 17 AND 19.)
98 = DON'T KNOW

****CODES FOR Q.20
C = CERTIFICATE
R = REGISTRATION
N = NEITHER
DK = DON'T KNOW

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGISTRATION	
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					IF AGE 0-4
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade/class (NAME) completed at that level?***	Did (NAME) attend school at any time during the 2005 - 2006 school year?	During that school year, what level and grade/class was (NAME) attending?***	Did (NAME) attend school at any time during the previous school year, that is, 2004 - 2005?	During that school year, what level and grade/class did (NAME) attend?***		Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? ****
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
11	Y N DK 1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	YES NO 1 2 NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 GO TO 18	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	C R N DK 1 2 3 8	
12	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
13	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
14	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
15	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
16	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
17	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
18	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
19	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	
20	1 2 8 GO TO 12	<input type="text"/> <input type="text"/>	1 2 8 GO TO 14	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 GO TO 18	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 3 8	

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete household listing:

- Are there any other persons such as small children or infants that we have not listed? YES ☐ ENTER EACH IN TABLE NO ☐
- Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ ENTER EACH IN TABLE NO ☐
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ ENTER EACH IN TABLE NO ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28	What kind of toilet facility do members of your household <u>usually</u> use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 31
29	Do you share this toilet facility with other households?	YES 1 NO 2	→ 31
30	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <div><div>0</div><div></div></div> 10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW 98	
31	Does your household have: Electricity? A radio? A black and white television? A color television? A washing machine? A vacuum cleaner? A computer? A mobile telephone? A non-mobile telephone? A refrigerator? A camera?	<div>YESNO</div> <div>ELECTRICITY 12</div> <div>RADIO 12</div> <div>B&W TELEVISION 12</div> <div>COLOR TV 12</div> <div>WASHING MACHINE 12</div> <div>VACUUM CLEANER 12</div> <div>COMPUTER 12</div> <div>MOBILE TELEPHONE 12</div> <div>NON-MOBILE TELEPHONE ... 12</div> <div>REFRIGERATOR 12</div> <div>CAMERA 12</div>	
32	What type of fuel does your household <u>mainly</u> use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD/TWIGS 08 ANIMAL DUNG 11 OTHER 96 (SPECIFY)	→ 34
33	In this household, is food cooked on a stove or an open fire? PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD 2 CLOSED STOVE WITH CHIMNEY ... 3 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
34	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 36																					
35	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																						
36	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 UNFINISHED FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR LINOLEUM 32 CERAMIC/MARBLE TILES ... 33 CEMENT 34 OTHER 96 (SPECIFY)																						
40	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
41	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																						
WATCH	1	2																						
BICYCLE	1	2																						
MOTORCYCLE/SCOOTER ...	1	2																						
ANIMAL-DRAWN CART	1	2																						
CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
42	Does any member of this household <u>own</u> any land that can be used for agriculture?	YES 1 NO 2	→ 44																					
43	How many hectares of agricultural land do members of this household <u>own</u> ?	HECTARES <input type="text"/> <input type="text"/> 95 OR MORE HECTARES ... 95 DON'T KNOW 98																						
44	Does this household <u>own</u> any livestock, herds, or farm animals?	YES 1 NO 2	→ 46																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
45	<p>How many of the following animals does this household own?</p> <p>Cattle, i.e. cows, bulls and etc.?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Fowl?</p> <p>Pigs?</p> <p>Rabbits?</p> <p>IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.</p>	<table border="1"> <tr><td>CATTLE</td><td></td><td></td></tr> <tr><td>HORSES/DONKEYS/MULES</td><td></td><td></td></tr> <tr><td>GOATS</td><td></td><td></td></tr> <tr><td>SHEEP</td><td></td><td></td></tr> <tr><td>FOWL</td><td></td><td></td></tr> <tr><td>PIGS</td><td></td><td></td></tr> <tr><td>RABBITS</td><td></td><td></td></tr> </table>	CATTLE			HORSES/DONKEYS/MULES			GOATS			SHEEP			FOWL			PIGS			RABBITS			
CATTLE																								
HORSES/DONKEYS/MULES																								
GOATS																								
SHEEP																								
FOWL																								
PIGS																								
RABBITS																								
46	Does any member of this household have a bank account, irrespective of amount, opened since 1991?	YES 1 NO 2																						
46A	During the last year, did you or any members of your household go on a vacation of at least one week?	YES 1 NO 2																						
46B	If you consider your current income, are you and your household able to make ends meet with: great difficulty, some difficulty, a little difficulty, fairly easily, easily, or very easily?	GREAT DIFFICULTY 1 SOME DIFFICULTY 2 A LITTLE DIFFICULTY 3 FAIRLY EASILY 4 EASILY 5 VERY EASILY 6 DON'T KNOW 8																						
46C	Has your household had problems paying the bill for electricity or gas during the last 12 months?	YES 1 NO 2 DON'T KNOW 8																						
46D	During the last 12 months, have you or your household been forced to borrow money from friends or relatives to make ends meet?	YES 1 NO 2 DON'T KNOW 8																						
46E	If you were in a situation where you had to get 30,000 drams in one week, would you manage to do that?	YES 1 NO 2 DON'T KNOW 8	<div> <div></div> <div>→ 49</div> </div>																					
46F	<p>How?</p> <p>RECORD ALL MENTIONED.</p>	OWN SAVINGS A BORROW FROM FAMILY B BORROW FROM FRIENDS/NEIGHBORS RELATIVES C BORROW FROM BANK D BY WORKING E OTHER X (SPECIFY)																						
49	<p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.</p> <p>RECORD PPM (PARTS PER MILLION)</p>	0 PPM (NO IODINE) 1 <15 PPM 2 >15 PPM 3 NO SALT IN HH 5 SALT NOT TESTED 6 (SPECIFY REASON)																						

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL MEN AND WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

MEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF MEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
		YEARS					
<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"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
		YEARS					
<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"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

* COPY MONTH AND YEAR FROM 215 IN THE MOTHER'S BIRTH HISTORY AND ASK DAY. FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH, AND YEAR.

*** CONSENT STATEMENT**

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 2000 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment. As another part of this survey, we are measuring blood pressure among women and men. This will be an easy test. The results of both the anemia and blood pressure tests will be given to you immediately. The results will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia test. Also I will ask you participate in the blood pressure measurement. However, if you decide not to have the tests done, it is your right and we will respect your decision. Now please tell me if you agree to have the tests done.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (52):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)**	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(58)	(59)	(60)	(61)	(62)	(63)
AGE 15-17 AGE 18-49 1 2 GO TO 60 ←	<input type="text"/> <input type="text"/>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>	YES NO/DK 1 2	<input type="text"/>
1 2 GO TO 60 ←	<input type="text"/> <input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 60 ←	<input type="text"/> <input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER					
CHECK COLUMN (53): BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS OTHER	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
1 2 NEXT CHILD	<input type="text"/> <input type="text"/>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 NEXT CHILD	<input type="text"/> <input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 NEXT CHILD	<input type="text"/> <input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 NEXT CHILD	<input type="text"/> <input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 NEXT CHILD	<input type="text"/> <input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
1 2 NEXT CHILD	<input type="text"/> <input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>

** For women age 15-17, circle code '1' (granted) only if both the respondent and the parents/responsible adult agree that the minor can be treated.

Note: In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimates can be adjusted appropriately.

64	<p>CHECK 61 AND 62:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE <input type="checkbox"/></p> <p>↓</p> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 65.**</p> </div> <div style="text-align: center;"> <p>NONE <input type="checkbox"/></p> <p>↓</p> <p>GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END INTERVIEW.</p> </div> </div>		
65	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>		
NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT		NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49			
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
WOMEN AGE 15-17 AND CHILDREN			
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2
		YES	1
		NO	2

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and for women who are not pregnant (or who don't know if they are pregnant).

** If more than one woman or child is below the cutoff point, read the statement in Q.65 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.

2005 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

Republic of Armenia
National Statistical Service
Ministry of Health

IDENTIFICATION																			
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
REGION																			
LARGE CITY/SMALL CITY/TOWN/RURAL																			
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																			
NAME AND LINE NUMBER OF WOMAN _____																			

INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																				
<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">ARMENIAN</td> <td style="text-align: center;">RUSSIAN</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td>LANGUAGE OF INTERVIEW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NATIVE LANGUAGE OF RESPONDENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TRANSLATOR USED?</td> <td style="text-align: center;">YES 1</td> <td style="text-align: center;">NO 2</td> <td></td> </tr> </table>						ARMENIAN	RUSSIAN	OTHER	LANGUAGE OF INTERVIEW	1	2	3	NATIVE LANGUAGE OF RESPONDENT	1	2	3	TRANSLATOR USED?	YES 1	NO 2	
	ARMENIAN	RUSSIAN	OTHER																	
LANGUAGE OF INTERVIEW	1	2	3																	
NATIVE LANGUAGE OF RESPONDENT	1	2	3																	
TRANSLATOR USED?	YES 1	NO 2																		
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with RA NSS and RA MOH. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The interview will take some time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 113
107	What is the highest level of school you attended: primary/secondary, secondary special, or higher?	PRIMARY/SECONDARY (1-10) 1 SECONDARY SPECIAL 2 HIGHER 3	
108	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Do you read a newspaper or magazine 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	
114	Do you listen to the radio 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	
115	Do you watch television 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	
116	Now I would like to talk about the term "Quality of life," the definition of which is an individual's perception of their position in life in the context of their goals, expectations and physical health. How would you rate your quality of life?	VERY POOR 1 POOR 2 NEITHER POOR NOR GOOD 3 GOOD 4 VERY GOOD 5	
117	How satisfied are you with your health?	VERY DISSATISFIED 1 DISSATISFIED 2 NEITHER SATISFIED NOR DISSATISFIED 3 SATISFIED 4 VERY SATISFIED 5	
118	Do you have enough energy for everyday life?	NOT AT ALL 1 A LITTLE 2 MODERATELY 3 MOSTLY 4 COMPLETELY 5	
119	How satisfied are you with your ability to perform your daily living activities?	VERY DISSATISFIED 1 DISSATISFIED 2 NEITHER SATISFIED NOR DISSATISFIED 3 SATISFIED 4 VERY SATISFIED 5	
120	Have you enough money to meet your needs?	NOT AT ALL 1 A LITTLE 2 MODERATELY 3 MOSTLY 4 COMPLETELY 5	
121	How satisfied are you with the conditions of your living space?	VERY DISSATISFIED 1 DISSATISFIED 2 NEITHER SATISFIED NOR DISSATISFIED 3 SATISFIED 4 VERY SATISFIED 5	

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	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons do not live with you? How many daughters do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
207A	Were there any other children who were born alive, but who died within a few minutes, hours, or days?	YES 1 NO 2	→ 208								
207B	CORRECT 207 AND THEN CONTINUE WITH QUESTION 208.										
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	Women sometimes have pregnancies which do not result in a live born child. That is, a pregnancy can be ended early by an induced abortion, a spontaneous miscarriage, or a stillbirth. In total, how many abortions have you had?	TOTAL ABORTIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209B	How many miscarriages?	TOTAL MISCARRIAGES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209C	How many stillbirths?	TOTAL STILLBIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209D	SUM ANSWERS TO 208, 209A, 209B, AND 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209D: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> → 226										

211	Now I want to talk to you about each of your pregnancies, including those which ended in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your last pregnancy, please tell me the following information. RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 14 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE).																						
212	Did your (last/ next-to-last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	213	In what month and year was (this child born/ did this pregnancy end)?	214	Were there any other pregnancies between this and the pregnancy we were just talking about?	214A	CHECK 212: RECORD SAME RESPONSE.	215	Was this a single or a multiple birth?	216	What name was given to this child?	217	Is (NAME) a boy or a girl?	218	Is (NAME) still alive?	219	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	220	IF ALIVE: Is (NAME) living with you?	221	IF ALIVE: RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	222	IF DEAD: How old was (NAME) when he/she died? IF '1' YR., PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR			LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3										
02	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR		YES ... 1 NO ... 2	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3										
03	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR		YES ... 1 NO ... 2	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3										
04	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR		YES ... 1 NO ... 2	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3										
05	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR		YES ... 1 NO ... 2	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3										

212	213	214	214A	215	216	217	218	219	220	221	222
Did your (last/ next-to-last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	In what month and year was (this child born/ did this pregnancy end)?	Were there any other pregnancies between this and the pregnancy we were just talking about?	CHECK 212: RECORD SAME RESPONSE.	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) at his/her 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 '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
06											
LIVE BIRTH ... 1	MONTH	YES ... 1	LIVE BIRTH ... 1	SINGLE ... 1	(NAME)	BOY ... 1	YES ... 1	AGE IN YEARS	YES ... 1	LINE NUMBER	DAYS ... 1
ABORTION ... 2		NO ... 2	ABORTION ... 2	MULTIPLE ... 2		GIRL ... 2	NO ... 2		NO ... 2	(NEXT LINE)	MONTH ... 2
MISCARRIAGE ... 3	YR		STILLBIRTH ... 3								YEARS ... 3
STILLBIRTH ... 4			NEXT PREGNANCY								
07											
LIVE BIRTH ... 1	MONTH	YES ... 1	LIVE BIRTH ... 1	SINGLE ... 1	(NAME)	BOY ... 1	YES ... 1	AGE IN YEARS	YES ... 1	LINE NUMBER	DAYS ... 1
ABORTION ... 2		NO ... 2	ABORTION ... 2	MULTIPLE ... 2		GIRL ... 2	NO ... 2		NO ... 2	(NEXT LINE)	MONTH ... 2
MISCARRIAGE ... 3	YR		STILLBIRTH ... 3								YEARS ... 3
STILLBIRTH ... 4			NEXT PREGNANCY								
08											
LIVE BIRTH ... 1	MONTH	YES ... 1	LIVE BIRTH ... 1	SINGLE ... 1	(NAME)	BOY ... 1	YES ... 1	AGE IN YEARS	YES ... 1	LINE NUMBER	DAYS ... 1
ABORTION ... 2		NO ... 2	ABORTION ... 2	MULTIPLE ... 2		GIRL ... 2	NO ... 2		NO ... 2	(NEXT LINE)	MONTH ... 2
MISCARRIAGE ... 3	YR		STILLBIRTH ... 3								YEARS ... 3
STILLBIRTH ... 4			NEXT PREGNANCY								
09											
LIVE BIRTH ... 1	MONTH	YES ... 1	LIVE BIRTH ... 1	SINGLE ... 1	(NAME)	BOY ... 1	YES ... 1	AGE IN YEARS	YES ... 1	LINE NUMBER	DAYS ... 1
ABORTION ... 2		NO ... 2	ABORTION ... 2	MULTIPLE ... 2		GIRL ... 2	NO ... 2		NO ... 2	(NEXT LINE)	MONTH ... 2
MISCARRIAGE ... 3	YR		STILLBIRTH ... 3								YEARS ... 3
STILLBIRTH ... 4			NEXT PREGNANCY								
10											
LIVE BIRTH ... 1	MONTH	YES ... 1	LIVE BIRTH ... 1	SINGLE ... 1	(NAME)	BOY ... 1	YES ... 1	AGE IN YEARS	YES ... 1	LINE NUMBER	DAYS ... 1
ABORTION ... 2		NO ... 2	ABORTION ... 2	MULTIPLE ... 2		GIRL ... 2	NO ... 2		NO ... 2	(NEXT LINE)	MONTH ... 2
MISCARRIAGE ... 3	YR		STILLBIRTH ... 3								YEARS ... 3
STILLBIRTH ... 4			NEXT PREGNANCY								
11											
LIVE BIRTH ... 1	MONTH	YES ... 1	LIVE BIRTH ... 1	SINGLE ... 1	(NAME)	BOY ... 1	YES ... 1	AGE IN YEARS	YES ... 1	LINE NUMBER	DAYS ... 1
ABORTION ... 2		NO ... 2	ABORTION ... 2	MULTIPLE ... 2		GIRL ... 2	NO ... 2		NO ... 2	(NEXT LINE)	MONTH ... 2
MISCARRIAGE ... 3	YR		STILLBIRTH ... 3								YEARS ... 3
STILLBIRTH ... 4			NEXT PREGNANCY								

212	Did your (last/ next-to-last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	213	In what month and year was (this child born/ did this pregnancy end)?	214	Were there any other pregnancies between this and the pregnancy we were just talking about?	214A	CHECK 212: RECORD SAME RESPONSE.	215	Was this a single or a multiple birth?	216	What name was given to this child?	217	Is (NAME) a boy or a girl?	218	Is (NAME) still alive?	219	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	220	IF ALIVE: Is (NAME) living with you?	221	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	222	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
12	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR	YES ... 1 NO ... 2	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3											
13	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR	YES ... 1 NO ... 2	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3											
14	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4	MONTH YR	YES ... 1 NO ... 2	LIVE BIRTH ... 1 ABORTION ... 2 MISCARRIAGE ... 3 STILLBIRTH ... 4 NEXT PREGNANCY	SINGLE ... 1 MULTIPLE ... 2	(NAME)	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2	AGE IN YEARS	YES ... 1 NO ... 2	LINE NUMBER (NEXT LINE)	DAYS ... 1 MONTH ... 2 YEARS ... 3											
223	COMPARE 209D WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NUMBERS ARE SAME <input type="checkbox"/></div> <div>NUMBERS ARE DIFFERENT <input type="checkbox"/></div> </div> (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR OF BIRTH OR YEAR OF PREGNANCY IS RECORDED (Q.213). FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Q.219). FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED (Q.222). FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q.222).																						
224	CHECK 213 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER (IN 212 CIRCLED CODE "1") IF NONE, RECORD '0'.																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
225	<p>FOR EACH PREGNANCY THAT ENDED IN JANUARY 2000 OR LATER, ENTER THE CODE OF THE PREGNANCY OUTCOME IN THE MONTH THE PREGNANCY ENDED:</p> <ul style="list-style-type: none"> • 'B' FOR LIVE BIRTH, • 'D' FOR INDUCED ABORTION, • 'V' FOR MISCARRIAGE, • 'S' FOR STILLBIRTH, <p>THEN ASK THE NUMBER OF MONTHS EACH PREGNANCY LASTED. RECORD "P" IN EACH OF THE PRECEDING MONTHS OF THE CALENDAR 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.) FINALLY, FOR EACH BIRTH, WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.</p>										
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 229								
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>									
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you not want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3									
229	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
230	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301								
231	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									



SECTION 3. CONTRACEPTION

301	<p>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.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	YES 1 NO 2
04	IUD Women can have a spiral placed inside the cavity of the uterus by a doctor.	YES 1 NO 2	YES 1 NO 2
05	INJECTABLES Women can have a contraceptive injection by a health provider that stops them from becoming pregnant for 1 or more months.	YES 1 NO 2	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor which can prevent pregnancy for one or more years.	YES 1 NO 2	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
10	SUPPOSITORY, FOAM, CREAM, OR JELLY Women can place a suppository, foam, jelly, cream, or jelly in their vagina before intercourse.	YES 1 NO 2	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2	YES 1 NO 2
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> _____ → 307		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. _____		→ 331
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> WOMAN STERILIZED <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> PREGNANT <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I SUPPOSITORY/FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF CYCLES/PACKAGES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
315	The last time you obtained (CURRENT METHOD IN 311), how much did you officially pay in total, including the cost of the method and any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE000000 DON'T KNOW999998	
315A	How much did you pay in additional expenses the last time you obtained (CURRENT METHOD IN 311)?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOTHING000000 DON'T KNOW999998	→ 319A
316	In what facility did the sterilization take place? IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL 11 CHILDREN'S HOSPITAL 12 MATERNITY HOSPITAL 13 POLICLINIC 14 ABULATORY 15 WOMEN'S HEALTH CONSULT CTR. 16 MEDICAL DIAGNOSTIC CENTER ... 17 OTHER PUBLIC 26 _____ (SPECIFY) PRIVATE SECTOR HOSPITAL 31 CHILDREN'S HOSPITAL 32 MATERNITY HOSPITAL 33 POLICLINIC 34 ABULATORY 35 WOMEN'S HEALTH CONSULT CTR. 36 MEDICAL DIAGNOSTIC CENTER ... 37 OTHER PRIVATE 46 _____ (SPECIFY) OTHER 96 _____ (SPECIFY) DON'T KNOW 98	
317	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> <div> CODE 'A' CIRCLED <input type="checkbox"/> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? </div> <div> CODE 'A' NOT CIRCLED <input type="checkbox"/> Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation? </div> </div>	YES 1 NO 2 DON'T KNOW 8	
318	How much did you pay in total for the sterilization, including any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE0000000 DON'T KNOW999998	
319	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"/>	
319A	In what month and year did you start using (CURRENT METHOD) continuously? 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"/>	
320	CHECK 319/319A, 213 AND 226: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	<p>CHECK 319/319A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YEAR IS 2000 OR LATER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING.</p> <p>THEN CONTINUE WITH 322.</p> </div> <div style="text-align: center;"> <p>YEAR IS 1999 OR EARLIER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000.</p> <p>THEN SKIP TO → 329</p> </div> </div>		
322	<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 2000.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1: * When was the last time you used a method? Which method was that?</p> <p> * When did you start using that method? How long after the birth of (NAME)?</p> <p> * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2: * Where did you obtain the method when you started using it?</p> <p> * Where did you get advice on how to use the method [for LAM or rhythm]?</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.</p> <p>NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 3: * Why did you stop using the (METHOD)?</p> <p> * Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p> * 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.</p>		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>SUPPOSITORY/FOAM/JELLY ... 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 331</p> <p>→ 333</p> <p>→ 330</p> <p>→ 327</p> <p>→ 328</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 326
325	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	→ 327
326	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
327	CHECK 324: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p><u>At that time</u>, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p>	YES 1 NO 2	→ 329
328	Were you <u>ever</u> told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
329	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 SUPPOSITORY/FOAM/JELLY 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER METHOD 96	→ 333 → 330D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
330	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>CHILDREN'S HOSPITAL 12</p> <p>MATERNITY HOSPITAL 13</p> <p>POLICLINIC 14</p> <p>ABULATORY 15</p> <p>WOMEN'S HEALTH CONSULT CTR. 16</p> <p>MEDICAL DIAGNOSTIC CENTER ... 17</p> <p>FAP 18</p> <p>OTHER PUBLIC 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 31</p> <p>CHILDREN'S HOSPITAL 32</p> <p>MATERNITY HOSPITAL 33</p> <p>POLICLINIC 34</p> <p>ABULATORY 35</p> <p>WOMEN'S HEALTH CONSULT CTR. 36</p> <p>MEDICAL DIAGNOSTIC CENTER ... 37</p> <p>FAP 38</p> <p>OTHER PRIVATE 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>PHARMACY/SHOP 51</p> <p>NGO 52</p> <p>FRIEND/RELATIVE/NEIGHBOUR/HUS 53</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 333</p>																											
330A	<p>When you obtained the (CURRENT METHOD) the last time, how did you get there?</p>	<p>BY FOOT 01</p> <p>TAXI 02</p> <p>MINI-BUS 03</p> <p>BUS/TROLLY/METRO 04</p> <p>HOUSEHOLD CAR 05</p> <p>OTHER CAR 06</p> <p>AMBULANCE 07</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ 330C</p> <p>→ 330C</p> <p>→ 330C</p> <p>→ 330C</p>																											
330B	<p>Altogether, how much was paid for transportation, round-trip, to go to the (PLACE FROM Q330) the last time you obtained the (METHOD)?</p>	<p>COST <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>DON'T KNOW000000</p> <p>DON'T KNOW999998</p>																												
330C	<p>How long did it take you to go to the (PLACE FROM Q330) when you last obtained the (METHOD)?</p>	<p>MINUTES <table><tr><td></td><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>				<p>→ 333</p>																								
330D	<p>Please tell me whether each of the following reasons was a factor at all in your decision to use (TRADITIONAL METHOD FROM Q329) instead of a modern method?</p> <p>a. Difficult to find/not available</p> <p>b. Cost of these modern methods</p> <p>c. Little knowledge of modern methods</p> <p>d. Fear of or experience with side effects</p> <p>e. Husband/partner choice</p> <p>f. Religious beliefs</p> <p>g. Doctor's recommendation</p> <p>h. Another person's advice</p>	<table><tr><th></th><th>Yes</th><th>No</th></tr><tr><td>DIFFICULT TO GET</td><td>1</td><td>2</td></tr><tr><td>COST</td><td>1</td><td>2</td></tr><tr><td>LITTLE KNOWLEDGE</td><td>1</td><td>2</td></tr><tr><td>SIDE EFFECTS</td><td>1</td><td>2</td></tr><tr><td>HUSBAND/PARTNER</td><td>1</td><td>2</td></tr><tr><td>RELIGIOUS BELIEFS</td><td>1</td><td>2</td></tr><tr><td>DOCTOR</td><td>1</td><td>2</td></tr><tr><td>OTHER ADVICE</td><td>1</td><td>2</td></tr></table>		Yes	No	DIFFICULT TO GET	1	2	COST	1	2	LITTLE KNOWLEDGE	1	2	SIDE EFFECTS	1	2	HUSBAND/PARTNER	1	2	RELIGIOUS BELIEFS	1	2	DOCTOR	1	2	OTHER ADVICE	1	2	
	Yes	No																												
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HUSBAND/PARTNER	1	2																												
RELIGIOUS BELIEFS	1	2																												
DOCTOR	1	2																												
OTHER ADVICE	1	2																												
331	<p>Do you know of a place where you can obtain a modern method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 333</p>																											
332	<p>Where is that?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL B</p> <p>CHILDREN'S HOSPITAL C</p> <p>MATERNITY HOSPITAL D</p> <p>POLICLINIC E</p> <p>ABULATORY F</p> <p>WOMEN'S HEALTH CONSULT CTR. G</p> <p>MEDICAL DIAGNOSTIC CENTER ... H</p> <p>FAP I</p>																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	(NAME OF PLACE)	OTHER PUBLIC J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL L MATERNITY HOSPITAL M POLICLINIC N ABULATORY O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S _____ (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR/HUS V OTHER X _____ (SPECIFY) DON'T KNOW Z	
333	In the last 12 months, did you talk with any health worker about family planning?	YES 1 NO 2	
334	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY, POSTNATAL CARE AND CHILDREN'S NUTRITION

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2000 OR LATER <div style="border: 1px solid black; width: 20px; height: 10px; margin: 5px auto;"></div> ↓ </div> <div style="text-align: center;"> NO BIRTHS IN 2000 OR LATER <div style="border: 1px solid black; width: 20px; height: 10px; margin: 5px auto;"></div> → 550 </div> </div>			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	NEXT-TO-LAST BIRTH LINE NUMBER ... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
404	FROM 216 AND 218	NAME _____ LIVING <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> ↓ ↓	NAME _____ LIVING <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> ↓ ↓	NAME _____ LIVING <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> ↓ ↓
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←
406	How much longer would you have liked to wait?	MONTHS 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEARS 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> DON'T KNOW ... 998	MONTHS 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEARS 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> DON'T KNOW ... 998	MONTHS 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEARS 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE .. B FELDsher C FAMILY NURSE ... D OTHER PERSON RELATIVE/FRIEND E OTHER X _____ (SPECIFY) NO ONE Y (SKIP TO 421) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME A</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL B</p> <p>CHILDREN'S HOSP C</p> <p>MATERNITY HOSP D</p> <p>POLICLINIC E</p> <p>ABULATORY F</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. . G</p> <p>MEDICAL DIAGNOSTIC CENTER H</p> <p>FAP I</p> <p>OTHER PUBLIC . J</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL K</p> <p>CHILDREN'S</p> <p>HOSPITAL ... L</p> <p>MATERNITY</p> <p>HOSPITAL ... M</p> <p>POLICLINIC N</p> <p>ABULATORY ... O</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. P</p> <p>MEDICAL DIAGNOSTIC CENTER Q</p> <p>FAP R</p> <p>OTHER PRIVATE . S</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW Z</p>		
408A	Did you or a family member pay anything for this pregnancy's antenatal care?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>		
410	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT ... 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 421) ←</p> <p>DON'T KNOW 8</p>		
413	Were you told where to go if you had any of these complications?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
421	During this pregnancy, were you given or did you buy any iron tablets?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 423) ←</p> <p>DON'T KNOW 8</p>		
421A	Where did you obtain the iron	PUBLIC SECTOR		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
	tablets? RECORD ALL MENTIONED.	HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S _____ (SPECIFY) OTHER PHARM/SHOP ... T FRIEND/RELAT... V OTHER X _____ (SPECIFY) DON'T KNOW Z		
421B	At any time during this pregnancy, did you pay for iron tablets?	YES 1 NO 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8		
429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
430	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 431A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 431A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 431A) ← DON'T KNOW 8
431	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	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 .. 99.998	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 .. 99.998	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 .. 99.998
431A	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?	CERTIFICATE 1 REGISTRATION ... 2 NEITHER 3 (SKIP TO 431C) ← DON'T KNOW 8	CERTIFICATE 1 REGISTRATION ... 2 NEITHER 3 (SKIP TO 431C) ← DON'T KNOW 8	CERTIFICATE 1 REGISTRATION ... 2 NEITHER 3 (SKIP TO 431C) ← DON'T KNOW 8
431B	In order to receive the birth certificate/registration for (NAME) was anything paid?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
431C	Did you receive your birth benefit for (NAME)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
432	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE .. B FELDSHER C FAMILY NURSE ... D OTHER PERSON RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE .. B FELDSHER C FAMILY NURSE ... D OTHER PERSON RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE .. B FELDSHER C FAMILY NURSE ... D OTHER PERSON RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
433	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME 01 (SKIP TO 440) ←</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>CHILDREN'S HOSP 12</p> <p>MATERNITY HOSP 13</p> <p>POLICLINIC 14</p> <p>ABULATORY 15</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. 16</p> <p>MEDICAL DIAGNOSTIC CENTER 17</p> <p>FAP 18</p> <p>OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 31</p> <p>CHILDREN'S</p> <p>HOSPITAL 32</p> <p>MATERNITY</p> <p>HOSPITAL 33</p> <p>POLICLINIC 34</p> <p>ABULATORY 35</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. 36</p> <p>MEDICAL DIAGNOSTIC CENTER 37</p> <p>FAP 38</p> <p>OTHER PRIVATE 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p> <p>(SKIP TO 440) ←</p> <p>DON'T KNOW 98</p>	<p>HOME 01 (SKIP TO 441) ←</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>CHILDREN'S HOSP 12</p> <p>MATERNITY HOSP 13</p> <p>POLICLINIC 14</p> <p>ABULATORY 15</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. 16</p> <p>MEDICAL DIAGNOSTIC CENTER 17</p> <p>FAP 18</p> <p>OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 31</p> <p>CHILDREN'S</p> <p>HOSPITAL 32</p> <p>MATERNITY</p> <p>HOSPITAL 33</p> <p>POLICLINIC 34</p> <p>ABULATORY 35</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. 36</p> <p>MEDICAL DIAGNOSTIC CENTER 37</p> <p>FAP 38</p> <p>OTHER PRIVATE 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p> <p>(SKIP TO 441) ←</p> <p>DON'T KNOW 98</p>	<p>HOME 01 (SKIP TO 441) ←</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>CHILDREN'S HOSP 12</p> <p>MATERNITY HOSP 13</p> <p>POLICLINIC 14</p> <p>ABULATORY 15</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. 16</p> <p>MEDICAL DIAGNOSTIC CENTER 17</p> <p>FAP 18</p> <p>OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 31</p> <p>CHILDREN'S</p> <p>HOSPITAL 32</p> <p>MATERNITY</p> <p>HOSPITAL 33</p> <p>POLICLINIC 34</p> <p>ABULATORY 35</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. 36</p> <p>MEDICAL DIAGNOSTIC CENTER 37</p> <p>FAP 38</p> <p>OTHER PRIVATE 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p> <p>(SKIP TO 441) ←</p> <p>DON'T KNOW 98</p>																		
433A	Did you or any family member pay anything for the delivery of (NAME)?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434) ←</p> <p>DON'T KNOW 8</p>																				
433B	Altogether, how much was officially paid for the delivery; including examination, laboratory tests, medicines, and staff fees?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 0000000</p> <p>DON'T KNOW 9999998</p>																				
433C	How much was paid in additional expenses?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>NOTHING ... 0000000</p> <p>DON'T KNOW 9999998</p>																				
434	How long after (NAME) was delivered did you stay there?	<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>							<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>							<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>						
435	Was (NAME) delivered by caesarean section?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>																		
436	Before you were discharged after (NAME) was born, did a health professional check on your health?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 439) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>(SKIP TO 451) ←</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>(SKIP TO 451) ←</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																		
437	How many hours, days or weeks after delivery did the first check take place?	<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr></table></p>																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
	IF LESS THAN ONE WEEK, RECORD DAYS.	DON'T KNOW ... 998		
438	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR 11 NURSE/MIDWIFE .. 12 FELDSHER 13 FAMILY NURSE ... 14 OTHER 96 _____ (SPECIFY) (SKIP TO 450) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
439	After you were discharged, did a health professional or a traditional birth attendant check on your health?	YES 1 (SKIP TO 442) ← NO 2 (SKIP TO 450) ←	YES 1 (SKIP TO 451) ← NO 2	YES 1 (SKIP TO 451) ← NO 2						
440	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	SERVICE COST TOO MUCH A FACILITY NOT OPEN . B COST OF TRANSPORT. ... C TOO FAR/ NO TRANSPORT. ... D DON'T TRUST FACILITY/POOR QUALITY SERVICE E NO FEMALE PROVID- ER AT FACILITY .. F HUSBAND/FAMILY DID NOT ALLOW .. G NOT NECESSARY .. H NOT CUSTOMARY .. I DIDN'T HAVE ENOUGH TIME J OTHER _____ (SPECIFY) X								
441	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 445) ←	YES 1 NO 2	YES 1 NO 2						
442	How many hours, days or weeks 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"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><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.	DOCTOR 11 NURSE/MIDWIFE .. 12 FELDSHER 13 FAMILY NURSE ... 14 OTHER 96 _____ (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
444	<p>Where did this first check take place?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME 01</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>CHILDREN'S HOSP 12</p> <p>MATERNITY HOSP 13</p> <p>POLICLINIC 14</p> <p>ABULATORY 15</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. . 16</p> <p>MEDICAL DIAGNOSTIC CENTER 17</p> <p>FAP 18</p> <p>OTHER PUBLIC . 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 31</p> <p>CHILDREN'S</p> <p>HOSPITAL ... 32</p> <p>MATERNITY</p> <p>HOSPITAL ... 33</p> <p>POLICLINIC 34</p> <p>ABULATORY ... 35</p> <p>WOMEN'S HEALTH</p> <p>CONSULT CTR. 36</p> <p>MEDICAL DIAGNOSTIC CENTER 37</p> <p>FAP 38</p> <p>OTHER PRIVATE . 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>								
444A	CHECK 439:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 450)</p>								
445	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 450) ←</p> <p>DON'T KNOW 8</p>								
446	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH 1</p> <p>DAYS AFTER BIRTH 2</p> <p>WKS AFTER BIRTH 3</p> <p>DON'T KNOW ... 998</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE .. 12</p> <p>FELDSHER 13</p> <p>FAMILY NURSE ... 14</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
448	Where did this first check of (NAME) take place? IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME 01 PUBLIC SECTOR HOSPITAL 11 CHILDREN'S HOSP 12 MATERNITY HOSP 13 POLICLINIC 14 ABULATORY 15 WOMEN'S HEALTH CONSULT CTR. . 16 MEDICAL DIAGNOSTIC CENTER 17 FAP 18 OTHER PUBLIC . 26 _____ (SPECIFY) PRIVATE SECTOR HOSPITAL 31 CHILDREN'S HOSPITAL ... 32 MATERNITY HOSPITAL ... 33 POLICLINIC 34 ABULATORY ... 35 WOMEN'S HEALTH CONSULT CTR. 36 MEDICAL DIAGNOSTIC CENTER 37 FAP 38 OTHER PRIVATE . 46 _____ (SPECIFY) OTHER 96 _____ (SPECIFY) DON'T KNOW 98		
450	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 452) ← NO 2 (SKIP TO 453) ←		
451	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 455) ←	YES 1 NO 2 (SKIP TO 455) ←
452	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT PREG- OR <input type="checkbox"/> NANT UNSURE (SKIP TO 455) ←		
454	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 455A) ←		
455	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
455A	Now I'd like to ask some more questions about your baby. 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	YES 1 NO 2 DON'T KNOW 8
456	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 463) ←	YES 1 NO 2 (SKIP TO 463) ←	YES 1 NO 2 (SKIP TO 463) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
457	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 <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>										
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 460) ←										
459	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) ... A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA ... G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)										
460	CHECK 404: IS CHILD LIVING?	LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ↓ (SKIP TO 462) ←			LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ↓ (SKIP TO 462) ←			LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ↓ (SKIP TO 462) ←				
461	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 464) ← NO 2	YES 1 (SKIP TO 466) ← NO 2	YES 1 (SKIP TO 466) ← NO 2								
462	For how many months did you breastfeed (NAME)?	MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98				
463	CHECK 404: IS CHILD LIVING?	LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468) (SKIP TO 466)			LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468) (SKIP TO 466)			LIVING DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ↓ (GO BACK TO 405 IN NEXT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 468) (SKIP TO 466)				
464	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>										

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
465	<p>How many times did you breastfeed yesterday during the daylight hours?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/></p>		
466	<p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
467		<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.</p>	<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468.</p>	<p>GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 468.</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
468	<p>CHECK 213 AND 220:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 469)</p> <p>_____</p> <p>(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	501																																																																								
469	<p>Now I would like to ask you about liquids (NAME FROM 468) drank yesterday during the day or at night.</p> <p>Did (NAME FROM 468) drink:</p> <p>Plain water?</p> <p>Commercially produced infant formula?</p> <p>Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>Narine?</p> <p>Fruit juice?</p> <p>Tea or coffee?</p> <p>Any other liquids?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MILK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NARINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA/COFFEE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER	1	2	8	FORMULA	1	2	8	MILK	1	2	8	NARINE	1	2	8	JUICE	1	2	8	TEA/COFFEE	1	2	8	OTHER LIQUIDS	1	2	8																																									
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470	<p>Now I would like to ask you about the food (NAME FROM 468) ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>Did (NAME FROM 468) eat:</p> <p>a. Any baby food [CERELAC, HIPPIE, NESTLE, VINNY]?</p> <p>b. Any bread, lavash, rice, noodles, biscuits, cookies, or any other foods made from grains?</p> <p>c. Any white potatoes and any other foods made from roots?</p> <p>d. Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>e. Any dark green, leafy vegetables like parsley, spinach, or coriander?</p> <p>f. Any apricot, mangos</p> <p>g. Any other fruits or vegetables/ apples, strawberry, bananas curant, dates, grapes, cucumbers, eggplant, onion, tomatoe?</p> <p>h Any liver, kidney, heart or other organ meats?</p> <p>i. Any beef, pork, lamb, goat, rabbit?</p> <p>j. Any chicken, duck or other fowl?</p> <p>k. Any eggs?</p> <p>l. Any fresh, tinned or dried fish or shellfish?</p> <p>m. Any foods made from beans, peas, or lentils?</p> <p>n. Any nuts?</p> <p>o. Any cheese or yogurt?</p> <p>p. Any food made with oil, fat, or butter?</p> <p>q. Any other food?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a	1	2	8	b	1	2	8	c	1	2	8	d	1	2	8	e	1	2	8	f	1	2	8	g	1	2	8	h	1	2	8	i	1	2	8	j	1	2	8	k	1	2	8	l	1	2	8	m	1	2	8	n	1	2	8	o	1	2	8	p	1	2	8	q	1	2	8	
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p	1	2	8																																																																								
q	1	2	8																																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
471	CHECK 470: AT LEAST ONE "YES" <div style="text-align: center;"> <input type="checkbox"/> ↓ </div>	NOT A SINGLE "YES" <input type="checkbox"/>	501
472	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	

SECTION 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER			NEXT-TO-LAST BIRTH LINE NUMBER			SECOND-FROM-LAST BIRTH LINE NUMBER				
503	FROM 216 AND 218	NAME LIVING DEAD (SKIP TO 506)			NAME LIVING DEAD (SKIP TO 506)			NAME LIVING DEAD (SKIP TO 506)				
504	After death of (NAME), did you register the death with the civil authorities?	YES 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)			YES 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)			YES 1 NO 2 DON'T KNOW 8 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)				
506	Is (NAME) currently taking iron pills or capsules with iron?	YES 1 NO 2 DON'T KNOW 8			YES 1 NO 2 DON'T KNOW 8			YES 1 NO 2 DON'T KNOW 8				
506 A	Has (NAME) taken any drug for intestinal parasites in the past 6 months?	YES 1 NO 2 DON'T KNOW 8			YES 1 NO 2 DON'T KNOW 8			YES 1 NO 2 DON'T KNOW 8				
507	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 509) YES, NOT SEEN 2 (SKIP TO 511) NO CARD 3			YES, SEEN 1 (SKIP TO 509) YES, NOT SEEN 2 (SKIP TO 511) NO CARD 3			YES, SEEN 1 (SKIP TO 509) YES, NOT SEEN 2 (SKIP TO 511) NO CARD 3				
508	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 511) NO 2			YES 1 (SKIP TO 511) NO 2			YES 1 (SKIP TO 511) NO 2				
509	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH DAY MONTH YEAR			NEXT-TO-LAST BIRTH DAY MONTH YEAR			SECOND-FROM-LAST BIRTH DAY MONTH YEAR				
	BCG				BCG				BCG			
	HEP 1				H1				H1			
	HEP 2				H2				H2			
	HEP 3				H3				H3			
	POLIO 1				P1				P1			
	POLIO 2				P2				P2			
	POLIO 3				P3				P3			
	DPT 1				D1				D1			
	DPT 2				D2				D2			
	DPT 3				D3				D3			
	MMR				MMR				MMR			
	VITAMIN A (MOST RECENT)				VIT A				VIT A			
	VITAMIN A (2nd MOST RECENT)				VIT A				VIT A			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, HEP 1-3, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) NO 2 (SKIP TO 513) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) NO 2 (SKIP TO 513) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) NO 2 (SKIP TO 513) DON'T KNOW 8
511	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 513) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 513) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 513) DON'T KNOW 8
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512B	A HEP-1,2,3 vaccine, which is realize in the thigh.	YES 1 NO 2 (SKIP TO 512D) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512D) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512D) DON'T KNOW 8
512C	How many times was the HEP-1,2,3 vaccine received?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
512D	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 512F) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512F) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512F) DON'T KNOW 8
512E	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
512F	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 512H) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512H) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512H) DON'T KNOW 8
512G	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
512H	An injection to prevent measles? (MMR)	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Has (NAME) had an illness, an accident, or suffered from a chronic health problem in the last three months?	YES 1 (SKIP TO 513B) NO 2	YES 1 (SKIP TO 513B) NO 2	YES 1 (SKIP TO 513B) NO 2
513A	In the last three months, did (NAME) visit a health facility or consult with a health professional?	YES 1 (SKIP TO 513E) NO 2 (SKIP TO 513O)	YES 1 (SKIP TO 513E) NO 2 (SKIP TO 513O)	YES 1 (SKIP TO 513E) NO 2 (SKIP TO 513O)
513B	What kind of illness, accident or health problem? IF MORE THAN ONE, RECORD THE MOST RECENT.	ACCIDENT/INJURY . 01 CARDIOVASCULAR . 02 RESPIRATORY . 03 DIARRHEA . 04 FEVER . 05 OTHER ILLNESS . 06 OTHER . 96 _____ (SPECIFY)	ACCIDENT/INJURY . 01 CARDIOVASCULAR . 02 RESPIRATORY . 03 DIARRHEA . 04 FEVER . 05 OTHER ILLNESS . 06 OTHER . 96 _____ (SPECIFY)	ACCIDENT/INJURY . 01 CARDIOVASCULAR . 02 RESPIRATORY . 03 DIARRHEA . 04 FEVER . 05 OTHER ILLNESS . 06 OTHER . 96 _____ (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
513C	In the last three months, did (NAME) visit a health facility or consult with a health professional?	YES 1 (SKIP TO 513E) ← NO 2	YES 1 (SKIP TO 513E) ← NO 2	YES 1 (SKIP TO 513E) ← NO 2						
513D	Why didn't (NAME) go to a health facility?	MINOR HEALTH PROBLEM A GOOD CARE NOT AVAILABLE B LONG WAIT AT PROVIDER C LACK OF FUNDS FOR MED. D LACK OF FUNDS FOR TRAVE E LONG DISTANCE TO FACILITY ... F TRANSPORT UNAVAILABLE . G RESPONSIBILITIES AT HOME H RESPONSIBILITIES AT WORK I CONSULTED TRAD. PRACTITIONER... J OTHER X (SPECIFY) _____ DON'T KNOW Z (SKIP TO 513O) ←	MINOR HEALTH PROBLEM A GOOD CARE NOT AVAILABLE B LONG WAIT AT PROVIDER C LACK OF FUNDS FOR MED. D LACK OF FUNDS FOR TRAVE E LONG DISTANCE TO FACILITY ... F TRANSPORT UNAVAILABLE . G RESPONSIBILITIES AT HOME H RESPONSIBILITIES AT WORK I CONSULTED TRAD. PRACTITIONER... J OTHER X (SPECIFY) _____ DON'T KNOW Z (SKIP TO 513O) ←	MINOR HEALTH PROBLEM A GOOD CARE NOT AVAILABLE B LONG WAIT AT PROVIDER C LACK OF FUNDS FOR MED. D LACK OF FUNDS FOR TRAVE E LONG DISTANCE TO FACILITY ... F TRANSPORT UNAVAILABLE . G RESPONSIBILITIES AT HOME H RESPONSIBILITIES AT WORK I CONSULTED TRAD. PRACTITIONER... J OTHER X (SPECIFY) _____ DON'T KNOW Z (SKIP TO 513O) ←						
513E	How many times did (NAME) visit health facility or consult a health professional in the last three months?	NUMBER OF VISITS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			NUMBER OF VISITS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			NUMBER OF VISITS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98		
513F	Now I am going to ask you about the (last) visit (NAME) made in the last three months. Where did the visit or consultation take place?	HOME 01 (SKIP TO 513J) ← PUBLIC SECTOR HOSPITAL 11 CHILDREN'S HOSP 12 MATERNITY HOSP 13 POLICLINIC 14 ABULATORY ... 15 WOMEN'S HEALTH CONSULT CTR. . 16 MEDICAL DIAGNOSTIC CENTER 17 FAP 18 OTHER PUBLIC . 26 (SPECIFY) _____ PRIVATE SECTOR HOSPITAL 31 CHILDREN'S HOSPITAL ... 32 MATERNITY HOSPITAL ... 33 POLICLINIC 34 ABULATORY ... 35 WOMEN'S HEALTH CONSULT CTR. 36 MEDICAL DIAGNOSTIC CENTER 37 FAP 38 OTHER PRIVATE . 46 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ DON'T KNOW 98 (SKIP TO 513J) ←	HOME 01 (SKIP TO 513J) ← PUBLIC SECTOR HOSPITAL 11 CHILDREN'S HOSP 12 MATERNITY HOSP 13 POLICLINIC 14 ABULATORY ... 15 WOMEN'S HEALTH CONSULT CTR. . 16 MEDICAL DIAGNOSTIC CENTER 17 FAP 18 OTHER PUBLIC . 26 (SPECIFY) _____ PRIVATE SECTOR HOSPITAL 31 CHILDREN'S HOSPITAL ... 32 MATERNITY HOSPITAL ... 33 POLICLINIC 34 ABULATORY ... 35 WOMEN'S HEALTH CONSULT CTR. 36 MEDICAL DIAGNOSTIC CENTER 37 FAP 38 OTHER PRIVATE . 46 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ DON'T KNOW 98 (SKIP TO 513J) ←	HOME 01 (SKIP TO 513J) ← PUBLIC SECTOR HOSPITAL 11 CHILDREN'S HOSP 12 MATERNITY HOSP 13 POLICLINIC 14 ABULATORY ... 15 WOMEN'S HEALTH CONSULT CTR. . 16 MEDICAL DIAGNOSTIC CENTER 17 FAP 18 OTHER PUBLIC . 26 (SPECIFY) _____ PRIVATE SECTOR HOSPITAL 31 CHILDREN'S HOSPITAL ... 32 MATERNITY HOSPITAL ... 33 POLICLINIC 34 ABULATORY ... 35 WOMEN'S HEALTH CONSULT CTR. 36 MEDICAL DIAGNOSTIC CENTER 37 FAP 38 OTHER PRIVATE . 46 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ DON'T KNOW 98 (SKIP TO 513J) ←						
513G	When (NAME) had the last visit/consultation, how did he/she get there?	BY FOOT 01 (SKIP TO 513I) ← TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR . 05	BY FOOT 01 (SKIP TO 513I) ← TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR . 05	BY FOOT 01 (SKIP TO 513I) ← TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR . 05						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																					
		(SKIP TO 513I) ← OTHER CAR 06 (SKIP TO 513I) ← AMBULANCE 07 (SKIP TO 513I) ← OTHER 96 _____ (SPECIFY)	(SKIP TO 513I) ← OTHER CAR 06 (SKIP TO 513I) ← AMBULANCE 07 (SKIP TO 513I) ← OTHER 96 _____ (SPECIFY)	(SKIP TO 513I) ← OTHER CAR 06 (SKIP TO 513I) ← AMBULANCE 07 (SKIP TO 513I) ← OTHER 96 _____ (SPECIFY)																					
513H	Altogether, how much was paid for transportation, round-trip, for the visit/consultation?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING . 00000 DON'T KNOW . 99998						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING . 00000 DON'T KNOW . 99998						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING . 00000 DON'T KNOW . 99998											
513I	How long did it take to travel to (NAME OF PLACE FROM Q513F) for the last visit/consultation?	MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998				MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998				MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998															
513J	Altogether, how much was officially paid for the visit; including examination, laboratory tests and staff fees?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998							
513K	How much was paid in additional expenses?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING... 0000000 DON'T KNOW 9999998								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING... 0000000 DON'T KNOW 9999998								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING... 0000000 DON'T KNOW 9999998							
513L	Did (NAME) receive any medicine as a result of the visit/consultation?	YES 1 NO 2 (SKIP TO 513O) ←	YES 1 NO 2 (SKIP TO 513O) ←	YES 1 NO 2 (SKIP TO 513O) ←																					
513M	Where were the medicines obtained?	HOME A (SKIP TO 513O) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR.. G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S _____ (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X _____ (SPECIFY) DON'T KNOW Z	HOME A (SKIP TO 513O) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR.. G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S _____ (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X _____ (SPECIFY) DON'T KNOW Z	HOME A (SKIP TO 513O) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR.. G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S _____ (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X _____ (SPECIFY) DON'T KNOW Z																					
513N	How much was paid the (last) time	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
	the medicine was obtained?	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> FREE 0000000 DONT KNOW 9999998 </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> FREE 0000000 DONT KNOW 9999998 </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> FREE 0000000 DONT KNOW 9999998 </div>
513O	Has (NAME) received any (other) medicines during the last 3 months?	YES 1 NO 2 (SKIP TO 514) ←	YES 1 NO 2 (SKIP TO 514) ←	YES 1 NO 2 (SKIP TO 514) ←
513P	Where was the (other) medicine obtained?	HOME A (SKIP TO 514) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DONT KNOW Z	HOME A (SKIP TO 514) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DONT KNOW Z	HOME A (SKIP TO 514) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DONT KNOW Z
513Q	How much was paid the (last) time a medicine was obtained?	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> FREE 0000000 DONT KNOW 9999998 </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> FREE 0000000 DONT KNOW 9999998 </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> FREE 0000000 DONT KNOW 9999998 </div>
514	During the last 12 months, has (NAME) stayed overnight in a hospital?	YES 1 NO 2 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 515) ←
514A	During the last 12 months, on how many different occasions was (NAME) hospitalized?	NUMBER OF TIMES <div><div></div><div></div></div> DONT KNOW ... 98	NUMBER OF TIMES <div><div></div><div></div></div> DONT KNOW ... 98	NUMBER OF TIMES <div><div></div><div></div></div> DONT KNOW ... 98
514B	Now I'm going to ask you about the last time that (NAME) was hospitalized. The last time (NAME) was hospitalized, how did he/she get to the hospital?	BY FOOT 01 (SKIP TO 514D) ← TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR . 05 (SKIP TO 514D) ← OTHER CAR 06 (SKIP TO 514D) ← AMBULANCE 07 (SKIP TO 514D) ←	BY FOOT 01 (SKIP TO 514D) ← TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR . 05 (SKIP TO 514D) ← OTHER CAR 06 (SKIP TO 514D) ← AMBULANCE 07 (SKIP TO 514D) ←	BY FOOT 01 (SKIP TO 514D) ← TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR . 05 (SKIP TO 514D) ← OTHER CAR 06 (SKIP TO 514D) ← AMBULANCE 07 (SKIP TO 514D) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)																		
514C	Altogether, how much was paid for transportation, round trip, to get to the hospital that last time?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW . 99998						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW . 99998						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW . 99998								
514D	How long did it take to travel to the hospital that last time?	MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998				MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998				MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998												
514E	Altogether, how much was officially paid for the hospitalization; including examination, laboratory tests, and staff fees?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998						
514F	How much was paid in additional expenses?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING... 0000000 DON'T KNOW 9999998							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING... 0000000 DON'T KNOW 9999998							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING... 0000000 DON'T KNOW 9999998						
514G	Did (NAME) receive any medicine as during the hospitalization?	YES 1 NO 2 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 515) ←																		
514H	Where were the medicines obtained?	HOME A (SKIP TO 515) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR.. G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z	HOME A (SKIP TO 515) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR.. G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z	HOME A (SKIP TO 515) ← PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR.. G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z																		
514I	How much was paid the (last) time the medicine was obtained?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
515	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
516	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she 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	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she 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	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
519	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←
520	Where did you seek advice or treatment? IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z
521	CHECK 520:	TWO OR ONLY [] MORE ONE [] [] CODES CODE [] CIRCLED CIRCLED ↓ (SKIP TO 523) ←	TWO OR ONLY [] MORE ONE [] [] CODES CODE [] CIRCLED CIRCLED ↓ (SKIP TO 523) ←	TWO OR ONLY [] MORE ONE [] [] CODES CODE [] CIRCLED CIRCLED ↓ (SKIP TO 523) ←
522	Where did you first seek advice or treatment? USE LETTER CODE FROM 520.	FIRST PLACE ... []	FIRST PLACE ... []	FIRST PLACE ... []
523	How many days after the diarrhea			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
	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"/>
524	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
a	A fluid made from a special packet called Regydron or ORS?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
c	A homemade fluid recommended by a health professional?	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8
526	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
527	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY ... D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY ... D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY ... D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←
534	CHECK 530: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she	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	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
	given much less than usual to drink or somewhat less?			
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she 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	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
537	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 542)←	YES 1 NO 2 (SKIP TO 542)←	YES 1 NO 2 (SKIP TO 542)←
538	Where did you seek advice or treatment? IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL SOURCES MENTIONED.	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSP C MATERNITY HOSP D POLICLINIC E ABULATORY ... F WOMEN'S HEALTH CONSULT CTR. . G MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC . J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL ... L MATERNITY HOSPITAL ... M POLICLINIC N ABULATORY ... O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE . S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE /NEIGHBOUR . V OTHER X (SPECIFY) DON'T KNOW Z
539	CHECK 538:	TWO OR ONLY □ MORE ONE □ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541)←	TWO OR ONLY □ MORE ONE □ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541)←	TWO OR ONLY □ MORE ONE □ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541)←
540	Where did you first seek advice or treatment? USE LETTER CODE FROM 538.	FIRST PLACE ... □	FIRST PLACE ... □	FIRST PLACE ... □
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS □□	DAYS □□	DAYS □□
542	Is (NAME) still sick with a (fever/ cough)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 546)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 546)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 546)← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
544	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. IF BRAND NAME WRITE BELOW: _____ _____ _____	ANTIBIOTIC AMOX E PENECELIN F CEFAZOLIN G OTHER ANTIBIOTIC H OTHER DRUGS ASPIRIN I PARACETOMOL DOCTOR MOM/SEPTRIN/ STOPTUSIN/TONZILGON/ FERVEX/ COLDREX/ THERAFLU J WOLTAREN/IBUPROFEN INDOMETACIN/ DICLOFENAC K OTHER X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC AMOX E PENECELIN F CEFAZOLIN G OTHER ANTIBIOTIC H OTHER DRUGS ASPIRIN I PARACETOMOL DOCTOR MOM/SEPTRIN/ STOPTUSIN/TONZILGON/ FERVEX/ COLDREX/ THERAFLU J WOLTAREN/IBUPROFEN INDOMETACIN/ DICLOFENAC K OTHER X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC AMOX E PENECELIN F CEFAZOLIN G OTHER ANTIBIOTIC H OTHER DRUGS ASPIRIN I PARACETOMOL DOCTOR MOM/SEPTRIN/ STOPTUSIN/TONZILGON/ FERVEX/ COLDREX/ THERAFLU J WOLTAREN/IBUPROFEN INDOMETACIN/ DICLOFENAC K OTHER X (SPECIFY) DON'T KNOW Z
544A	CHECK 544: ANY CODE E-K CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←
545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill? IF YES, CIRCLE CODE FOR THAT DRUG. ASK SEPARATELY FOR EACH ANTIBIOTIC DRUG GIVEN IN 544.	NONE AT HOME ... A ANTIBIOTIC AMOX E PENECELIN F CEFAZOLIN G OTHER ANTIBIOTIC H OTHER DRUGS ASPIRIN I PARACETOMOL DOCTOR MOM/SEPTRIN/ STOPTUSIN/TONZILGON/ FERVEX/ COLDREX/ THERAFLU J WOLTAREN/IBUPROFEN INDOMETACIN/ DICLOFENAC K OTHER X (SPECIFY) DON'T KNOW Z	NONE AT HOME ... A ANTIBIOTIC AMOX E PENECELIN F CEFAZOLIN G OTHER ANTIBIOTIC H OTHER DRUGS ASPIRIN I PARACETOMOL DOCTOR MOM/SEPTRIN/ STOPTUSIN/TONZILGON/ FERVEX/ COLDREX/ THERAFLU J WOLTAREN/IBUPROFEN INDOMETACIN/ DICLOFENAC K OTHER X (SPECIFY) DON'T KNOW Z	NONE AT HOME ... A ANTIBIOTIC AMOX E PENECELIN F CEFAZOLIN G OTHER ANTIBIOTIC H OTHER DRUGS ASPIRIN I PARACETOMOL DOCTOR MOM/SEPTRIN/ STOPTUSIN/TONZILGON/ FERVEX/ COLDREX/ THERAFLU J WOLTAREN/IBUPROFEN INDOMETACIN/ DICLOFENAC K OTHER X (SPECIFY) DON'T KNOW Z
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
547	<p>CHECK 213 AND 220, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2000 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p>		550
548	<p>The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?</p>	<p>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 DISPOSABLE DIAPERS 07 OTHER 96 (SPECIFY) DON'T KNOW 98</p>	
549	<p>CHECK 525(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		601
550	<p>Have you ever heard of a special product called Rehydron you can get for the treatment of diarrhea?</p>	<p>YES 1 NO 2</p>	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	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	<input type="checkbox"/> → 605
602	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	<input type="checkbox"/> → 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO # _____		→ 614
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 610
605	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
606	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"/>	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
611	CHECK 610: <div style="display: flex; justify-content: space-around;"> <div> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> </div> <div> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> </div> </div> <p>In what month and year did you start living with your husband/partner?</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p>	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	→ 613
612	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
613	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2000. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2000.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
615	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. 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"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	 → 617 → 617
616	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	 → 637
617	CHECK 105: 15-24 <input type="text"/> 25-49 <input type="text"/> YEARS OLD YEARS OLD		→ 622
618	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
619	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	→ 622
620	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 622
621	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3	
622	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	 → 624 → 636

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER																																				
623	When was the last time you had sexual intercourse with this other person?		DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																				
624	The last time you had sexual intercourse (with this other person), was a condom used?	YES 1 NO 2 (SKIP TO 626) ←	YES 1 NO 2 (SKIP TO 626) ←																																				
625	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2																																				
626	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 632) ← LIVE-IN PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	SPOUSE 01 (SKIP TO 632) ← LIVE-IN PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)																																				
627	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
628	CHECK 105:	15 - 24 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 25 - 49 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (SKIP TO 632) ←													15 - 24 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 25 - 49 YEARS OLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (SKIP TO 632) ←																								
629	How old is this person?	AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (SKIP TO 632) ← DON'T KNOW 98							AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (SKIP TO 632) ← DON'T KNOW 98																														
630	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW 8 (SKIP TO 632) ←	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW 8 (SKIP TO 632) ←																																				
631	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER 2 OLDER, UNSURE HOW MUCH 3	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER 2 OLDER, UNSURE HOW MUCH 3																																				
632	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 635) ←																																				

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
633	<p>Were you or your partner drunk at that time?</p> <p>IF YES: Who was drunk?</p>	<p>RESPONDENT ONLY 1</p> <p>PARTNER ONLY 2</p> <p>RESPONDENT AND PARTNER BOTH 3</p> <p>NEITHER 4</p>	<p>RESPONDENT ONLY 1</p> <p>PARTNER ONLY 2</p> <p>RESPONDENT AND PARTNER BOTH 3</p> <p>NEITHER 4</p>
634	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>(GO BACK TO 623 ←</p> <p>IN NEXT COLUMN)</p> <p>NO 2</p> <p>(SKIP TO 636)←</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
636	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
637	Do you know of a place where a person can get condoms?	<p>YES 1</p> <p>NO 2</p>	→ 640
638	<p>Where is that?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL B</p> <p>CHILDREN'S HOSPITAL C</p> <p>MATERNITY HOSPITAL D</p> <p>POLICLINIC E</p> <p>ABULATORY F</p> <p>WOMEN'S HEALTH CONSULT CTR. G</p> <p>MEDICAL DIAGNOSTIC CENTER . . . H</p> <p>FAP I</p> <p>OTHER PUBLIC J</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL K</p> <p>CHILDREN'S HOSPITAL L</p> <p>MATERNITY HOSPITAL M</p> <p>POLICLINIC N</p> <p>ABULATORY O</p> <p>WOMEN'S HEALTH CONSULT CTR. P</p> <p>MEDICAL DIAGNOSTIC CENTER . . . Q</p> <p>FAP R</p> <p>OTHER PRIVATE S</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>PHARMACY/SHOP T</p> <p>NGO U</p> <p>FRIEND/RELATIVE/NEIGHBOUR</p> <p>/HUSBAND V</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
639	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
640	Do you know of a place where a person can get female condoms?	<p>YES 1</p> <p>NO 2</p>	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
641	<p>Where is that?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL B</p> <p>CHILDREN'S HOSPITAL C</p> <p>MATERNITY HOSPITAL D</p> <p>POLICLINIC E</p> <p>ABULATORY F</p> <p>WOMEN'S HEALTH CONSULT CTR. G</p> <p>MEDICAL DIAGNOSTIC CENTER ... H</p> <p>FAP I</p> <p>OTHER PUBLIC J</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL K</p> <p>CHILDREN'S HOSPITAL L</p> <p>MATERNITY HOSPITAL M</p> <p>POLICLINIC N</p> <p>ABULATORY O</p> <p>WOMEN'S HEALTH CONSULT CTR. P</p> <p>MEDICAL DIAGNOSTIC CENTER ... Q</p> <p>FAP R</p> <p>OTHER PRIVATE S</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>PHARMACY/SHOP T</p> <p>NGO U</p> <p>FRIEND/RELATIVE/NEIGHBOUR ... V</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
642	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED		→ 713
702	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE Now I have some questions about the future. 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? 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 (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE How long would you like to wait from now before the birth of (a/another) child? 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	→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING		→ 713
706	CHECK 703: NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> 00-23 MONTHS <input type="checkbox"/> ASKED OR 02 OR MORE YEARS OR 00-01 YEAR		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>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>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 713
709	<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>	→ 711
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>SUPPOSITORY/FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>UNSURE 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: <div style="display: flex; justify-content: space-around;"> <div>YES, CURRENTLY MARRIED <input type="checkbox"/></div> <div>YES, LIVING WITH A MAN <input type="checkbox"/></div> <div>NO, NOT IN UNION <input type="checkbox"/></div> </div>		→ 723
718	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> <div>NEITHER CODE B NOR CODE G CIRCLED, BUT SOME OTHER CODE(S) CIRCLED <input type="checkbox"/></div> <div>CODE B OR G CIRCLED <input type="checkbox"/></div> <div>NO CODE CIRCLED <input type="checkbox"/></div> </div>		→ 720 → 722
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
720	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) _____	
721	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> <div>NEITHER STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→ 723
722	Do you think your husband/partner wants 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	
723	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She is tired or not in the mood?	<div style="display: flex; justify-content: space-around;"> YES NO DK </div> HAS STD 1 2 8 OTHER WOMEN 1 2 8 TIRED/NOT IN MOOD 1 2 8	
724	Do you know how to give yourself a breast exam?	YES 1 NO 2	→ 726
725	Have you ever given yourself a breast exam? IF YES: When was the last time that you gave yourself a breast exam?	MONTHS AGO <input type="text"/> <input type="text"/> NEVER GAVE EXAM 95	
726	Has a health care provider ever given you a breast exam? IF YES: When was the last time a health care provider gave you a breast exam?	MONTHS AGO <input type="text"/> <input type="text"/> NEVER RECEIVED EXAM 95	
727	Have you ever visited a gynecologist?	YES 1 NO 2	→ 731
728	When was the last time you visited the gynecologist?	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"/>	
729	CHECK 728 FIVE YEARS OR LESS <input type="checkbox"/> MORE THAN FIVE YEARS <input type="checkbox"/>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
			→ 731
730	Why did you visit the gynecologist?	ROUTINE VISITS ROUTINE EXAMINATION A FAMILY PLANNING B PRENATAL CARE C POSTNATAL CARE D DELIVERY E OTHER ROUTINE F _____ (SPECIFY) MEDICAL PROBLEMS GENITAL DISCHARGES G GENITAL SORES/ULCERS H GENITAL WARTS I OPERATIONS J STERILITY K ABORTION L OTHER PROBLEM M _____ (SPECIFY) OTHER X _____ (SPECIFY) DOESN'T REMEMBER Z	
731	CHECK 209D: '00' PREGNANCIES <input type="checkbox"/> '01' OR MORE PREGNANCIES <input type="checkbox"/>		→ 801
732	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 801
733	You have already told me that you have never been pregnant. Please tell me, have you ever tried to get pregnant?	YES 1 NO 2	→ 801
734	How old were you the first time you tried to get pregnant?	AGE <input type="text"/> <input type="text"/> DON'T KNOW AGE 98	
735	How long were you trying to get pregnant?	LESS THAN 1 YEAR 1 1 TO 3 YEARS 2 3 TO 5 YEARS 3 5 YEARS AND MORE 4	→ 801
736	Did you receive any examination to determine whether you have infertility?	YES 1 NO 2 DON'T KNOW 8	→ 801
737	Where was the examination performed? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSPITAL C MATERNITY HOSPITAL D POLICLINIC E ABULATORY F WOMEN'S HEALTH CONSULT CTR. G MEDICAL DIAGNOSTIC CENTER ... H FAP I OTHER PUBLIC J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL L MATERNITY HOSPITAL M POLICLINIC N	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		ABULATORY O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V TRADITIONAL HEALER W OTHER X (SPECIFY) DON'T KNOW Z	
738	What kind of exam did they do?	GENERAL GYNECOLOGY OBSERVATION A HORMONAL B ECHOGRAPHY C UTERUS AND TUBING XRAY D LABORASCOPE E EXAMINATION OF PAPSMEAR ... F EXAMINATION OF GENITAL INFECTIONS G ANY OTHER X (SPECIFY) DK/DON'T REMEMBER Z	
739	Can you tell me what was diagnosed as the reason for the infertility? RECORD ALL MENTIONED.	SEXUAL FUNCTION DISORDER ... A HIGH LEVELS OF BLOOD PROLACTIN B OVULATION DISORDER ... C UNILATERAL UTERO-TUBAL OCCLUSION D BILATERAL UTERO-TUBAL OCCLUSION E SMALL PELVIC CAVITY ADHESIONS F OVARIAN CYSTS G ENDOMETRIOSIS H UTERINE MYOMAS I UTERO-CERVICAL ERASIONS . J OTHER X (SPECIFY) DON'T KNOW Z	
740	Have you had any treatment for infertility?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> 801
741	Please, tell me, what kind of treatment did you get? RECORD ALL MENTIONED.	VITAMINS/BIOSTIMULATORS A ANTIBIOTIC/SULFANILANIDNER . B HORMONE C TRADITIONAL METHODS D PHYSICAL THERAPY E ARTIFICIAL INSEMINATION ... F ARTIFICIAL FERTILISATION ... G OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> → 803 → 807 </div>	
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary/secondary, secondary special or higher?	PRIMARY/SECONDARY (1-10) 1 SECONDARY SPECIAL 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW 98	
806	CHECK 801: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <p><input type="checkbox"/></p> </div> </div> <div style="display: flex; justify-content: space-around;"> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 30%;"> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> </div> </div>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	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	→ 811
809	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	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 30%;"> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> </div> </div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	CHECK 811: <div> <div>WORKS IN AGRICULTURE <input type="checkbox"/></div> <div>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
814	Who employs you for this work? 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	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	
816	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	
817	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	
818	CHECK 601: <div> <div>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></div> <div>NOT IN UNION <input type="checkbox"/></div> </div>		→ 824
819	CHECK 817: <div> <div>CODE 1 OR 2 CIRCLED <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/></div> </div>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY)	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 823

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly 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)	
823	Who usually makes decisions about health care for yourself: mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else? Who usually makes decisions about making major household purchases? Who usually makes decisions about making purchases for daily household needs? Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
825	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 917
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
907A	Can people get the AIDS virus from coughing?	YES 1 NO 2 DON'T KNOW 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ 910
909	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES ... K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
910	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 913
912	<p>Where is that?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL B</p> <p>CHILDREN'S HOSPITAL C</p> <p>MATERNITY HOSPITAL D</p> <p>POLICLINIC E</p> <p>ABULATORY F</p> <p>WOMEN'S HEALTH CONSULT CTR. G</p> <p>MEDICAL DIAGNOSTIC CENTER ... H</p> <p>FAP I</p> <p>OTHER PUBLIC J</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL K</p> <p>CHILDREN'S HOSPITAL L</p> <p>MATERNITY HOSPITAL M</p> <p>POLICLINIC N</p> <p>ABULATORY O</p> <p>WOMEN'S HEALTH CONSULT CTR. P</p> <p>MEDICAL DIAGNOSTIC CENTER ... Q</p> <p>FAP R</p> <p>OTHER PRIVATE S</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW Z</p>	
913	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
914	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
915	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
916	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
917	<p>CHECK 901:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	CHECK 615: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		1001
919	CHECK 917: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		921
920	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
921	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
922	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
923	CHECK 920, 921, AND 922: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		1001
924	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or treatment?	YES 1 NO 2	1001
925	Where did you go? IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSPITAL C MATERNITY HOSPITAL D POLICLINIC E ABULATORY F WOMEN'S HEALTH CONSULT CTR. G MEDICAL DIAGNOSTIC CENTER ... H FAP I OTHER PUBLIC J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL L MATERNITY HOSPITAL M POLICLINIC N ABULATORY O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you had an illness, an accident, or suffered from a diagnosed chronic health problem in the last 3 months?	YES 1 NO 2	→ 1005
1002	What kind of health problem? IF MORE THAN ONE, RECORD MOST RECENT PROBLEM.	ACCIDENT/INJURY 01 CARDIOVASCULAR 02 DIABETES 03 KIDNEY DISORDER 04 RESPIRATORY 05 ABORTION 06 PREGNANCY RELATED 07 OTHER ILLNESS 08 OTHER 96 (SPECIFY)	
1003	In the last 3 months, did you visit a health facility or consult a health professional?	YES 1 NO 2	→ 1006
1004	Why was nothing done?	MINOR HEALTH PROBLEM A LONG DISTANCE TO PROVIDER ... B GOOD CARE NOT AVAILABLE ... C LONG WAIT AT PROVIDER D LACK OF FUNDS FOR MEDICINE... E LACK OF FUNDS FOR TRAVEL ... F TRANSPORT UNAVAILABLE G RESPONSIBILITIES AT HOME H RESPONSIBILITIES AT WORK I CONSULTED TRADITIONAL PRACTITIONER J OTHER X (SPECIFY) DON'T KNOW Z	→ 1006K
1005	In the last 3 months, did you visit a health facility or consult a health professional?	YES 1 NO 2	→ 1006K
1006	In the last three months, how many times did you visit a health facility or consult with a health professional?	NUMBER OF TIMES	
1006A	Now I'm going to ask you about the (last) visit you made in the last three months. Did you undergo an operation during that (last) visit?	YES 1 NO 2	
1006B	Where did the (last) visit/consultation take place?	HOME 01 PUBLIC SECTOR HOSPITAL 11 CHILDREN'S HOSPITAL 12 MATERNITY HOSPITAL 13 POLICLINIC 14 ABULATORY 15 WOMEN'S HEALTH CONSULT CTR. 16 MEDICAL DIAGNOSTIC CENTER ... 17 FAP 18 OTHER PUBLIC 26 (SPECIFY) PRIVATE SECTOR HOSPITAL 31 CHILDREN'S HOSPITAL 32 MATERNITY HOSPITAL 33 POLICLINIC 34 ABULATORY 35 WOMEN'S HEALTH CONSULT CTR. 36	→ 1006F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
		MEDICAL DIAGNOSTIC CENTER . . . 37 FAP . 38 OTHER PRIVATE . 46 _____ (SPECIFY) OTHER PHARMACY/SHOP . 51 NGO . 52 FRIEND/RELATIVE/NEIGHBOUR . . . 53 OTHER . 96 _____ (SPECIFY) DON'T KNOW . 98								
1006C	When you had the (last) visit/consultation, how did you get there?	BY FOOT 01 TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR 05 OTHER CAR 06 AMBULANCE 07 OTHER _____ 96 (SPECIFY)	→ 1006F → 1006E → 1006E → 1006E → 1006E							
1006D	Altogether, how much was paid for transportation, round-trip, to go to the (PLACE FROM Q1006B) the last time had a visit/consultation?	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING 00000 DON'T KNOW 99998								
1006E	How long did it take you to go to the (PLACE FROM Q1006B) for the visit/consultation?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998								
1006F	Altogether, how much was officially paid for your (last) visit?	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998								
1006G	How much did you pay in additional expenses for that (last) visit?	COST <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></tr></table> NOTHING 0000000 DON'T KNOW 9999998								
1006H	Did you obtain any medicine as a result of the visit/consultation?	YES 1 NO 2	→ 1006K							
1006I	Where did you obtain the medicine for that consultation?	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSPITAL C MATERNITY HOSPITAL D POLICLINIC E ABULATORY F WOMEN'S HEALTH CONSULT CTR. G MEDICAL DIAGNOSTIC CENTER . . . H FAP I OTHER PUBLIC J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL L MATERNITY HOSPITAL M POLICLINIC N ABULATORY O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER . . . Q FAP R OTHER PRIVATE S _____ (SPECIFY)	→ 1006K							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
		OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V OTHER..... X (SPECIFY) DON'T KNOW Z								
1006J	How much was paid the (last) time the medicine was obtained?	COST <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></tr></table> FREE 0000000 DON'T KNOW 9999998								
1006K	Have you taken any (other) medicines during the last 3 months?	YES 1 NO 2	→ 1006N							
1006L	Where did you obtain that (other) medicine the last time?	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSPITAL C MATERNITY HOSPITAL D POLICLINIC E ABULATORY F WOMEN'S HEALTH CONSULT CTR. G MEDICAL DIAGNOSTIC CENTER ... H FAP I OTHER PUBLIC J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL L MATERNITY HOSPITAL M POLICLINIC N ABULATORY O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V OTHER..... X (SPECIFY) DON'T KNOW Z	→ 1006N							
1006M	How much was paid the (last) time you obtained the medicine?	COST <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></tr></table> FREE 0000000 DON'T KNOW 9999998								
1006N	CHECK 1002	<div style="display: flex; justify-content: space-between;"> <div> CODE '06' NOT CIRCLED <input type="checkbox"/> </div> <div> CODE '06' CIRCLED <input type="checkbox"/> </div> </div>	→ 1007							
1006O	CHECK 212 AND 213	<div style="display: flex; justify-content: space-between;"> <div> ANY ABORTION IN LAST 12 MONTHS <input type="checkbox"/> </div> <div> NO ABORTION IN LAST 12 MONTHS <input type="checkbox"/> </div> </div>	→ 1007							
1006P	Where did your last abortion take place?	PUBLIC SECTOR HOSPITAL 11 CHILDREN'S HOSPITAL 12								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		MATERNITY HOSPITAL . 13 POLICLINIC . 14 ABULATORY . 15 WOMEN'S HEALTH CONSULT CTR. 16 MEDICAL DIAGNOSTIC CENTER ... 17 OTHER PUBLIC . 26 (SPECIFY) PRIVATE SECTOR HOSPITAL . 31 CHILDREN'S HOSPITAL . 32 MATERNITY HOSPITAL . 33 POLICLINIC . 34 ABULATORY . 35 WOMEN'S HEALTH CONSULT CTR. 36 MEDICAL DIAGNOSTIC CENTER ... 37 OTHER PRIVATE . 46 (SPECIFY) OTHER . 96 (SPECIFY) DON'T KNOW . 98	
1006Q	The (last) time you had an abortion, how much did you officially pay in total, including any consultation, procedures, and follow-up?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 0000000 DON'T KNOW 9999998	
1006R	How much did you pay in additional expenses the (last) time you had an abortion?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOTHING 0000000 DON'T KNOW 9999998	
1007	CHECK 212 AND 213 ANY LIVE BIRTH <input type="checkbox"/> IN LAST 12 MONTHS ↓ NO BIRTH IN LAST 12 MONTHS <input type="checkbox"/> → 1007C		
1007A	CHECK 433 LAST BIRTH IN <input type="checkbox"/> HEALTH FACILITY ↓ LAST BIRTH <input type="checkbox"/> IN OTHER PLACE → 1007C		
1007B	Except for the birth of your last child, have you stayed overnight in a hospital in the 12 months for any reason concerning your own health?	YES 1 NO 2	→ 1007D → 1008
1007C	Have you stayed overnight in a hospital in the last year for any reason concerning your own health?	YES 1 NO 2	→ 1008
1007D	During the last 12 months, on how many different occasions were you hospitalized (excluding the birth)?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
1007E	Now I'm going to ask you about the (last) time you were hospitalized. What health problem led you to be hospitalized?	ACCIDENT/INJURY 01 CARDIOVASCULAR 02 DIABETES 03 KIDNEY DISORDER 04 RESPIRATORY 05 ABORTION 06 PREGNANCY RELATED 07 OTHER ILLNESS 08 OTHER 96 (SPECIFY)	
1007F	Did you undergo an operation during that (last) visit?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
1007G	When you had the (last) hospitalization, how did you get there?	BY FOOT 01 TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR 05 OTHER CAR 06 AMBULANCE 07 OTHER 96 (SPECIFY)	→ 10071 → 10071 → 10071 → 10071							
1007H	Altogether, how much was paid for transportation, round-trip, when you were (last) hospitalized?	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING000000 DON'T KNOW999998								
1007I	How long did it take you to go to the hospital the last time you were hospitalized?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998								
1007J	Altogether, how much was officially paid for your (last) hospitalization?	COST <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></tr></table> FREE0000000 DON'T KNOW9999998								
1007K	How much did you pay in additional expenses for that (last) hospitalization?	COST <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></tr></table> NOTHING0000000 DON'T KNOW9999998								
1007L	Did you obtain any medicine during your hospitalization?	YES1 NO2	→ 1008							
1007M	Where did you obtain the medicine for the hospitalization?	HOME A PUBLIC SECTOR HOSPITAL B CHILDREN'S HOSPITAL C MATERNITY HOSPITAL D POLICLINIC E ABULATORY F WOMEN'S HEALTH CONSULT CTR. G MEDICAL DIAGNOSTIC CENTER ... H FAP I OTHER PUBLIC J (SPECIFY) PRIVATE SECTOR HOSPITAL K CHILDREN'S HOSPITAL L MATERNITY HOSPITAL M POLICLINIC N ABULATORY O WOMEN'S HEALTH CONSULT CTR. P MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V OTHER X (SPECIFY) DON'T KNOW Z	→ 1008							
1007N	How much was paid the (last) time the medicine was obtained?	<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></tr></table>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
		COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 0000000 DON'T KNOW 9999998																																	
1008	These next questions are about blood pressure. Has your blood pressure ever been checked by a doctor or other health professional?	YES 1 NO 2	→ 1017																																
1009	When was the last time you had your blood pressure checked by a doctor or other health professional?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8																																	
1010	Who took your blood pressure?	DOCTOR 1 NURSE/MIDWIFE 2 FIELDSHER 3 FAMILY NURSE 4 OTHER 6 (SPECIFY)																																	
1011	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	→ 1017 → 1017																																
1012	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8																																	
1013	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES 1 NO 2	→ 1017																																
1014	Who told you this?	DOCTOR 1 NURSE/MIDWIFE 2 FIELDSHER 3 FAMILY NURSE 4 OTHER 6 (SPECIFY)																																	
1015	Did the doctor or the other health professional tell you to: a. take prescribed oral medicine? b. receive an injection c. take aspirin d. control your weight or lose weight? e. cut down on salt in your diet? f. exercise more? g. cut down on alcohol? h. stop smoking? i. do other things? PROBE: What other things?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>TAKE MEDICINE 1</td><td>2</td><td></td></tr> <tr> <td>INJECTION 1</td><td>2</td><td></td></tr> <tr> <td>TAKE ASPIRIN 1</td><td>2</td><td></td></tr> <tr> <td>CONTROL WEIGHT 1</td><td>2</td><td></td></tr> <tr> <td>CUT DOWN ON SALT 1</td><td>2</td><td></td></tr> <tr> <td>EXERCISE 1</td><td>2</td><td></td></tr> <tr> <td>CUT DOWN ALCOHOL 1</td><td>2</td><td></td></tr> <tr> <td>STOP SMOKING 1</td><td>2</td><td></td></tr> <tr> <td>DO OTHER THINGS 1</td><td>2</td><td></td></tr> </tbody> </table> ↓ (SPECIFY)		YES	NO	TAKE MEDICINE 1	2		INJECTION 1	2		TAKE ASPIRIN 1	2		CONTROL WEIGHT 1	2		CUT DOWN ON SALT 1	2		EXERCISE 1	2		CUT DOWN ALCOHOL 1	2		STOP SMOKING 1	2		DO OTHER THINGS 1	2				
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1016	To lower your hypertension or high blood pressure, are you now: a. taking prescribed oral medicine? b. take aspirin c. controlling your weight or lose weight? d. cutting down on salt in your diet? e. exercising? f. cutting down on alcohol consumption? g. stopping smoking?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>N/A</th></tr> </thead> <tbody> <tr> <td>TAKE MEDICINE 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>TAKE ASPIRIN 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>CONTROL WEIGHT ... 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>CUT DOWN ON SALT ... 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>EXERCISE 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>CUT DOWN ALCOHOL 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>STOP SMOKING 1</td><td>2</td><td>3</td><td></td></tr> </tbody> </table>		YES	NO	N/A	TAKE MEDICINE 1	2	3		TAKE ASPIRIN 1	2	3		CONTROL WEIGHT ... 1	2	3		CUT DOWN ON SALT ... 1	2	3		EXERCISE 1	2	3		CUT DOWN ALCOHOL 1	2	3		STOP SMOKING 1	2	3		
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STOP SMOKING 1	2	3																																	
1017	Now I would like to ask you some questions about any injections you have had in the last 12 months. 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 GREATER THAN 90, 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	→ 1021																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1021</p>	
1019	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME 01</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>CHILDREN'S HOSPITAL 12</p> <p>MATERNITY HOSPITAL 13</p> <p>POLICLINIC 14</p> <p>ABULATORY 15</p> <p>WOMEN'S HEALTH CONSULT CTR. 16</p> <p>MEDICAL DIAGNOSTIC CENTER ... 17</p> <p>FAP 18</p> <p>OTHER PUBLIC 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 31</p> <p>CHILDREN'S HOSPITAL 32</p> <p>MATERNITY HOSPITAL 33</p> <p>POLICLINIC 34</p> <p>ABULATORY 35</p> <p>WOMEN'S HEALTH CONSULT CTR. 36</p> <p>MEDICAL DIAGNOSTIC CENTER ... 37</p> <p>FAP 38</p> <p>OTHER PRIVATE 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>PHARMACY/SHOP 51</p> <p>NGO 52</p> <p>FRIEND/RELATIVE/NEIGHBOUR ... 53</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
1020	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1021	<p>Now I'd like to ask you about tobacco use.</p> <p>Have you smoked at least 100 cigarettes during your entire life?</p>	<p>YES 1</p> <p>NO 2</p>	
1022	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2 → 1024</p>	
1023	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
1024	Do you currently smoke or use any other type of tobacco?	<p>YES 1</p> <p>NO 2 → 1026</p>	
1025	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1026	Do you live in a household in which (other) people smoke on a daily basis?	<p>YES 1</p> <p>NO 2</p>	
1027	Have you ever heard of an illness called tuberculosis or TB?	<p>YES 1</p> <p>NO 2 → 1033</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1029	<p>What are the signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED?</p>	<p>COUGHING A</p> <p>COUGHING WITH SPUTUM B</p> <p>COUGHING SEVERAL WEEKS C</p> <p>FEVER D</p> <p>BLOOD IN SPUTUM..... E</p> <p>LOSS OF APPETITE F</p> <p>NIGHTSWEATING G</p> <p>PAIN IN CHEST H</p> <p>TIREDNESS/FATIGUE I</p> <p>WEIGHT LOSS J</p> <p>PALENESSK</p> <p>OTHERX</p> <p> </p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1034	Have you heard about "family medicine?" If not, how about a "family doctor?"	YES 1 NO 2	→ 1042
1035	What does this term mean to you?	ONLY ONE DOCTOR FOR FAMILY ... A PREVENTATIVE HEALTH CARE B FAMILY PLANNING C INDIVIDUAL'S CHOOSE D HEALTH CARE FOR REACHERS E BETTER FAMILY HEALTH F NO MEANING G OTHER X (SPECIFY) DON'T KNOW Z	
1036	Do you think that "family medicine" is appropriate for Armenia?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 1038 → 1039
1037	Why do you think that it is appropriate?	CONVENIENT A GOOD ADVICE B CHEAP/ACCESSIBLE C PRODUCTIVE D OTHER X (SPECIFY) DON'T KNOW Z	→ 1039
1038	Why do you think it is not appropriate?	NOT PROFESSIONAL A LESS KNOWLEDGABLE B NO SPECIFIC KNOWLEDGE C DON'T TRUST DOCTOR D PREFER OLD SYSTEM E EXPENSIVE F OTHER X (SPECIFY) DON'T KNOW Z	
1039	Have you ever been registered with a family doctor?	YES 1 NO 2	→ 1042
1040	How long have you had a family doctor?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	
1041	Are you satisfied with your family doctor?	YES 1 NO 2 DON'T KNOW 8	
1042	Have you ever had a consultation with an eye doctor? IF YES: When was the last time you saw an eye doctor?	MONTHS AGO 1 YEARS AGO 2 NEVER 995 DK/DON'T REMEMBER 998	→ 1045
1043	What was the reason for the visit?	IRRITATION IN EYES 01 INFECTION 02 EYE DISEASE 03 CHECK UP 04 BLURRY VISION 05 NEW GLASSES/ CONTACTS PRESCRIPTION 06 MANDATORY EXAMINATION 07 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1044	Was any diagnosis given? IF YES: What was the diagnosis?	NO DIAGNOSIS A AMBLYOPIA B CATARACT C DIABETIC EYE DISEASE D CORNEAL EYE DISEASE E GLAUCOMA F MACULAR DISEASE G RETINAL DISORDER OTHER THAN MACULA H NEED GLASSES FOR DISTANCE I READING J OTHER X _____ (SPECIFY)									
1045	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

B BIRTHS
P PREGNANCIES
D INDUCED ABORTIONS
V MISCARRIAGES
S STILLBIRTHS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANTS
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J SUPPOSITORY, FOAM OR JELLY
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD
M WITHDRAWAL
X OTHER _____

(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

1 GOVT. HOSPITAL
2 GOVT. CHILDREN'S HOSPITAL
3 MATERNITY HOSPITAL
4 POLICLINIC
5 GOVT. MOBILE CLINIC
6 WOMEN'S HEALTH CONSULT CTR.
7 MEDICAL DIAGNOSTIC CENTER . .
8 FAP
9 OTHER PUBLIC
A PRIVATE HOSPITAL
B PRIVATE CHILDREN'S HOSPITAL
C PRIVATE MATERNITY HOSPITAL
D PRIVATE POLICLINIC
E PRIVATE MOBILE CLINIC
F PRIV WOMEN'S HEALTH CONSULT CTR.
G PRIV MEDICAL DIAGNOSTIC CENTER
H FAP
K OTHER PRIVATE
L PHARMACY
M NGO
N FRIENDS/RELATIVES/HUSBAND
X OTHER _____

(SPECIFY)

COL. 3: 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 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 INCONVENIENT TO USE
H NOT AVAILABLE AT PHARMACY/SOURCE
F FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____

(SPECIFY)

Z DON'T KNOW

COL. 4: MARRIAGE/UNION

X IN UNION (MARRIED OR LIVING TOGETHER)
0 NOT IN UNION

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

2005 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

Republic of Armenia
National Statistical Service
Ministry of Health

IDENTIFICATION																				
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER REGION LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																			
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER RESULT																
INTERVIEWER'S NAME	_____	_____	_____																	
RESULT*	_____	_____	_____																	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS																
TIME	_____	_____		_____																
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																				
<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">ARMENIAN</td> <td style="text-align: center;">RUSSIAN</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td>LANGUAGE OF INTERVIEW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NATIVE LANGUAGE OF RESPONDENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TRANSLATOR USED?</td> <td style="text-align: center;">YES 1</td> <td style="text-align: center;">NO 2</td> <td></td> </tr> </table>						ARMENIAN	RUSSIAN	OTHER	LANGUAGE OF INTERVIEW	1	2	3	NATIVE LANGUAGE OF RESPONDENT	1	2	3	TRANSLATOR USED?	YES 1	NO 2	
	ARMENIAN	RUSSIAN	OTHER																	
LANGUAGE OF INTERVIEW	1	2	3																	
NATIVE LANGUAGE OF RESPONDENT	1	2	3																	
TRANSLATOR USED?	YES 1	NO 2																		
SUPERVISOR NAME _____ DATE _____		FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR 																
<table border="1" style="width: 40px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 40px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 40px;"> <tr><td></td><td></td></tr> </table>												
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SECTION 1. RESPONDENT'S BACKGROUND AND WORK STATUS

INTRODUCTION

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with NSS and MOH. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services.</p> <p>The interview will take some time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p>
--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106	Have you ever attended school?	YES 1 NO 2	→ 113
107	What is the highest level of school you attended: primary/secondary, secondary special, or higher?	PRIMARY/SECONDARY (1-10) 1 SECONDARY SPECIAL 2 HIGHER 3	
108	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
113	Do you read a newspaper or magazine 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	
114	Do you listen to the radio 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	
115	Do you watch television 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 118A
117	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
118A	Now I would like to talk about the term "Quality of life," the definition of which is an individual's perception of their position in life in the context of their goals, expectations and physical health. How would you rate your quality of life?	VERY POOR 1 POOR 2 NEITHER POOR NOR GOOD 3 GOOD 4 VERY GOOD 5	
118B	How satisfied are you with your health?	VERY DISSATISFIED 1 DISSATISFIED 2 NEITHER SATISFIED NOR DISSATISFIED 3 SATISFIED 4 VERY SATISFIED 5	
118C	Do you have enough energy for everyday life?	NOT AT ALL 1 A LITTLE 2 MODERATELY 3 MOSTLY 4 COMPLETELY 5	
118D	How satisfied are you with your ability to perform your daily living activities?	VERY DISSATISFIED 1 DISSATISFIED 2 NEITHER SATISFIED NOR DISSATISFIED 3 SATISFIED 4 VERY SATISFIED 5	
118E	Have you enough money to meet your needs?	NOT AT ALL 1 A LITTLE 2 MODERATELY 3 MOSTLY 4 COMPLETELY 5	
118F	How satisfied are you with the conditions of your living space?	VERY DISSATISFIED 1 DISSATISFIED 2 NEITHER SATISFIED NOR DISSATISFIED 3 SATISFIED 4 VERY SATISFIED 5	
120	Are you currently working?	YES 1 NO 2	→ 123
121	Have you done any work in the last 12 months?	YES 1 NO 2	→ 123

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER 96 (SPECIFY)	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 40px; position: relative;"> <div style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%);">→ 201</div> </div>
123	What is your occupation, that is, what kind of work do you mainly do?	<div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="float: right; border: 1px solid black; width: 40px; height: 20px; margin-top: 10px;"></div>	
124	CHECK 123: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WORKS IN AGRICULTURE <div style="border: 1px solid black; width: 20px; height: 10px; margin: 5px auto;"></div> </div> <div style="text-align: center;"> DOES NOT WORK IN AGRICULTURE <div style="border: 1px solid black; width: 20px; height: 10px; margin: 5px auto;"></div> </div> </div>		<div style="border-left: 1px solid black; border-right: 1px solid black; height: 40px; position: relative;"> <div style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%);">→ 126</div> </div>
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
126	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	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons do not live with you? And how many daughters do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	(In addition to the children that you have just told me about), do you have: a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your name? b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your name? NO TO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> BOTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ↓ OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> → PROBE AND CORRECT 201-207 AS NECESSARY.				YES 1 NO 2						
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209: HAS HAD ONLY ONE CHILD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> → 213 HAS HAD MORE THAN ONE CHILD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ↓ HAS NOT HAD ANY CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> → 214										
211	Do the children you have fathered all have the same biological mother?	YES 1 NO 2	→ 213								

212	In all how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
213	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	Are you the primary care giver for any children?	YES 1 NO 2	→ 301
215	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301
216	Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8	

SECTION 3. CONTRACEPTION

301	<p>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.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES 1 NO 2</p>
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
04	IUD Women can have a spiral placed inside the cavity of the uterus by a doctor.	YES 1 NO 2	
05	INJECTABLES Women can have a contraceptive injection by a health provider that stops them from becoming pregnant for 1 or more months.	YES 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor which can prevent pregnancy for one or more years.	YES 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	<p>YES 1 NO 2</p>
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before sexual intercourse.	YES 1 NO 2	
10	SUPPOSITORY, FOAM, CREAM, OR JELLY Women can place a suppository, foam, cream or jelly in their vagina before sexual intercourse.	YES 1 NO 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2	
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	<p>YES 1 NO 2</p>
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	<p>YES 1 NO 2</p>
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	<p>YES 1</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
303	In the last 12 months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2																	
304	Now I would like to ask you about when a woman is most likely to get pregnant. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306																
305	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																	
306	Do you think that a woman who is breastfeeding her baby can get pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8																	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it? b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to get sterilized.	<table> <thead> <tr> <th></th><th>AGREE</th><th>DISAGREE</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	
	AGREE	DISAGREE	DK																
a)	1	2	8																
b)	1	2	8																
c)	1	2	8																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 411
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 406
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	→ 406
405	RECORD THE WIFE/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
406	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
407	CHECK 406: MARRIED/ LIVED WITH A <input type="checkbox"/> WOMAN ONLY ONCE In what month and year did you start living with your wife/partner? MARRIED/ LIVED WITH A WOMAN <input type="checkbox"/> MORE THAN ONCE Now I would like to ask about when you started living with your first wife/partner. In what month and year was that?	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	→ 411
410	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
411	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very <u>first</u> time (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 414 → 414
413	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	<input type="checkbox"/> → 443
414	CHECK 105: 15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> YEARS OLD		→ 419
415	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
419	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 420 → 428

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER																																				
419A	When was the <u>last</u> time you had sexual intercourse with this other person?		DAYS AGO ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																				
420	The <u>last</u> time you had sexual intercourse with this (second) person was a condom used?	YES 1 NO 2 (SKIP TO 422) ←	YES 1 NO 2 (SKIP TO 422) ←																																				
421	Did you use a condom every time you had intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2																																				
422	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 424) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	SPOUSE 01 (SKIP TO 424) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)																																				
423	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
424	The <u>last</u> time you had sexual intercourse with this (second) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 426) ←	YES 1 NO 2 (SKIP TO 426) ←																																				
425	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4																																				
426	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 419A ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO TO 427 ← IN NEXT PAGE) NO 2 (SKIP TO 428) ←																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
428	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
429	CHECK 422 ALL COLUMNS: NO PARTNERS ARE COMMERCIAL SEX WORKERS <input type="checkbox"/> AT LEAST ONE PARTNER A COMMERCIAL SEX WORKER <input type="checkbox"/> Q. 422 NOT ASKED <input type="checkbox"/>		→ 431 → 443
430	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 433
431	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 433
432	Was a condom used every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK 8	
433	CHECK 420 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER) YES <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 439
434	The last time you had intercourse you told me you used a condom. Did you or your partner obtain the condom?	MAN HIMSELF 1 PARTNER 2 SOMEONE ELSE 3	
438	From where did you (your partner) obtain the condom the last time? IF SOURCE IS ANY TYPE OF HEALTH FACILITY WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME OF PLACE(S))	PUBLIC SECTOR HOSPITAL 11 POLICLINIC 14 ABULATORY 15 WOMEN'S HEALTH CONSULT CTR. 16 MEDICAL DIAGNOSTIC CENTER . . 17 FAP 18 OTHER PUBLIC 26 (SPECIFY) PRIVATE SECTOR HOSPITAL 31 POLICLINIC 34 ABULATORY 35 WOMEN'S HEALTH CONSULT CTR. 36 MEDICAL DIAGNOSTIC CENTER . . 37 FAP 38 OTHER PRIVATE 46 (SPECIFY) OTHER PHARMACY/SHOP 51 NGO 52 FRIEND/RELATIVE/NEIGHBOUR/WIFE 53 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
439	CHECK 302 (02) USING MALE STERILIZATION NO <input type="checkbox"/> YES <input type="checkbox"/>		442
440	The last time you had sex did you (or your partner) use any method (other than the condom) to avoid or prevent a pregnancy?	YES 1 NO 2 DK 8	442
441	What method did you (your partner) use? PROBE: Did you use any other method to prevent pregnancy?	FEMALE STERILIZATION A PILL C IUD D INJECTION E IMPLANT F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	
442	CHECK 420 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER) NO/OTHER <input type="checkbox"/> YES <input type="checkbox"/>		447
443	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		501
444	Do you know of a place where a person can get condoms?	YES 1 NO 2	447
445	Where is that? IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR HOSPITAL B POLICLINIC E ABULATORY F MEDICAL DIAGNOSTIC CENTER H FAP I OTHER PUBLIC J (SPECIFY) PRIVATE SECTOR HOSPITAL K POLICLINIC N ABULATORY O MEDICAL DIAGNOSTIC CENTER Q FAP R OTHER PRIVATE S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR/WIFE V OTHER X (SPECIFY) DON'T KNOW Z	
446	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
447	I will now read you some statements about the male condom. Please tell me if you agree or disagree with each statement. Condoms diminish a man's sexual pleasure. Condoms diminish a woman's pleasure. A condom is very inconvenient to use. A condom can be reused. Buying condoms is embarrassing.	YES NO DK DIMINISH MAN'S PLEASURE 1 2 8 DIMINISH WOMAN'S PLEASURE 1 2 8 INCONVENIENT 1 2 8 REUSED 1 2 8 EMBARRASING TO BUY 1 2 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	505
502	Is your wife/partner currently pregnant?	YES 1 NO 2 UNSURE 8	
503	CHECK 502: WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/> 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? 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 (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS WIFE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	505
504	CHECK 502: WIFE NOT PREGNANT OR UNSURE <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? 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 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	
505	CHECK 202 AND 204: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER OTHER 96 (SPECIFY)	507 507
506	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
507	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? In a pamphlet/poster/leaflets/booklets? At a community event?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 PAMPHLET, ETC. 1 2 COMMUNITY EVENT 1 2	
508	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	514
509	Is your wife/partner currently using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
510	Would you say that using contraception is mainly your decision, mainly your wife's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY WIFE/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)																															
511	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																															
512	Who decides how the money you earn will be used: mainly you, mainly your wife/partner, or you and your wife/partner jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 WIFE/PARTNER DOESN'T BRING IN ANY MONEY 4 OTHER 6 (SPECIFY)																															
513	Would you say that the money that you bring into the household is more than what your wife/partner brings in, less than what she brings in, or about the same?	MORE THAN HER 1 LESS THAN HER 2 ABOUT THE SAME 3 WIFE/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8																															
514	<p>Now I would like to ask you a few questions regarding relationships between men and women.</p> <p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p>	<table><thead><tr><th></th><th>HUS- BAND</th><th>WIFE</th><th>BOTH EQUAL- LY</th><th>DON'T KNOW, DEPENDS</th></tr></thead><tbody><tr><td>a)</td><td>1</td><td>2</td><td>3</td><td>8</td></tr><tr><td>b)</td><td>1</td><td>2</td><td>3</td><td>8</td></tr><tr><td>c)</td><td>1</td><td>2</td><td>3</td><td>8</td></tr><tr><td>d)</td><td>1</td><td>2</td><td>3</td><td>8</td></tr><tr><td>e)</td><td>1</td><td>2</td><td>3</td><td>8</td></tr></tbody></table>		HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW, DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	
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d)	1	2	3	8																													
e)	1	2	3	8																													
515	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table><thead><tr><th></th><th>YES</th><th>NO</th><th>DK</th></tr></thead><tbody><tr><td>GOES OUT</td><td>1</td><td>2</td><td>8</td></tr><tr><td>NEGL. CHILDREN ...</td><td>1</td><td>2</td><td>8</td></tr><tr><td>ARGUES</td><td>1</td><td>2</td><td>8</td></tr><tr><td>REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr><tr><td>BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8							
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516	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She knows her husband has a sexually transmitted disease?</p> <p>She knows her husband has sex with other women?</p> <p>She is tired or not in the mood?</p>	<table><thead><tr><th></th><th>YES</th><th>NO</th><th>DK</th></tr></thead><tbody><tr><td>HAS STD</td><td>1</td><td>2</td><td>8</td></tr><tr><td>OTHER WOMEN</td><td>1</td><td>2</td><td>8</td></tr><tr><td>TIRED/NOT IN MOOD</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	TIRED/NOT IN MOOD	1	2	8															
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
517	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...			DON'T KNOW, DEPENDS	
		YES	NO		
	a) Get angry and reprimand her?	a) 1	2	8	
	b) Refuse to give her money or other means of financial support?	b) 1	2	8	
	c) Use force and have sex with her even if she doesn't want to?	c) 1	2	8	
	d) Go and have sex with another woman?	d) 1	2	8	
518	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8			

SECTION 6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 617
602	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
603	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
604	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
606	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
607	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
607A	Can people get the AIDS virus from coughing?	YES 1 NO 2 DON'T KNOW 8	
608	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ 610
609	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ X (SPECIFY) DON'T KNOW Z	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 613
612	<p>Where did you go?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL B</p> <p>POLICLINIC E</p> <p>ABULATORY F</p> <p>MEDICAL DIAGNOSTIC CENTER... H</p> <p>FAP I</p> <p>OTHER PUBLIC J</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL K</p> <p>POLICLINIC N</p> <p>ABULATORY O</p> <p>MEDICAL DIAGNOSTIC CENTER... Q</p> <p>FAP R</p> <p>OTHER PRIVATE S</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
613	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
614	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
615	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
616	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
617	<p>CHECK 601:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	CHECK 412: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 701
619	CHECK 617: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 621
620	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
621	Sometimes men experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
622	Sometimes men have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
623	CHECK 620, 621, AND 622: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 701
624	The last time you had (PROBLEM FROM 620/621/622), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 701
625	Where did you go? IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR HOSPITAL B POLICLINIC E ABULATORY F MEDICAL DIAGNOSTIC CENTER ... H FAP I OTHER PUBLIC J (SPECIFY) PRIVATE SECTOR HOSPITAL K POLICLINIC N ABULATORY O MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V OTHER X (SPECIFY) DON'T KNOW Z	

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706C	When you had the (last) visit/consultation, how did you get there?	BY FOOT 01 TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR 05 OTHER CAR 06 AMBULANCE 07 OTHER 96 (SPECIFY)	→ 706E → 706E → 706E → 706E
706D	Altogether, how much was paid for transportation, round-trip, to go to the (PLACE FROM Q1006B) the last time had a visit/consultation?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE00000 DON'T KNOW99998	
706E	How long did it take you to go to the (PLACE FROM Q1006B) for the visit/consultation?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
706F	Altogether, how much was officially paid for your (last) visit?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE0000000 DON'T KNOW9999998	
706G	How much did you pay in additional expenses for that (last) visit?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOTHING0000000 DON'T KNOW9999998	
706H	Did you obtain any medicine as a result of the visit/consultation?	YES 1 NO 2	→ 706K
706I	Where did you obtain the medicine for that consultation?	HOME A PUBLIC SECTOR HOSPITAL B POLICLINIC E ABULATORY F MEDICAL DIAGNOSTIC CENTER ... H FAP I OTHER PUBLIC J (SPECIFY) PRIVATE SECTOR HOSPITAL K POLICLINIC N ABULATORY O MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V OTHER X (SPECIFY) DON'T KNOW Z	→ 706K
706J	How much was paid the (last) time the medicine was obtained?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE0000000 DON'T KNOW9999998	
706K	Have you taken any (other) medicines during the last 3 months?	YES 1 NO 2	→ 707C
706L	Where did you obtain that (other) medicine the last time?	HOME A PUBLIC SECTOR HOSPITAL B POLICLINIC E ABULATORY F MEDICAL DIAGNOSTIC CENTER ... H FAP I	→ 707C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
		OTHER PUBLIC J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K POLICLINIC N ABULATORY O MEDICAL DIAGNOSTIC CENTER ... Q FAP R OTHER PRIVATE S _____ (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR ... V OTHER X _____ (SPECIFY) DON'T KNOW Z								
706M	How much was paid the (last) time you obtained the medicine?	COST <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></tr></table> FREE 0000000 DON'T KNOW 9999998								
707C	Have you stayed overnight in a hospital in the last year for reasons concerning your own health?	YES 1 NO 2	→ 708							
707D	During the last 12 months, on how many different occasions were you hospitalized?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
707E	Now I'm going to ask you about the (last) time you were hospitalized. What health problem led you to be hospitalized?	ACCIDENT/INJURY 01 CARDIOVASCULAR 02 DIABETES 03 KIDNEY DISORDER 04 RESPIRATORY 05 OTHER ILLNESS 08 OTHER 96 _____ (SPECIFY)								
707F	Did you undergo an operation during that (last) hospitalization?	YES 1 NO 2								
707G	When you had the (last) hospitalization, how did you get there?	BY FOOT 01 TAXI 02 MINI-BUS 03 BUS/TROLLY/METRO 04 HOUSEHOLD CAR 05 OTHER CAR 06 AMBULANCE 07 OTHER 96 _____ (SPECIFY)	→ 707I → 707I → 707I → 707I							
707H	Altogether, how much was paid for transportation, round-trip, when you were (last) hospitalized?	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NOTHING 00000 DON'T KNOW 99998								
707I	How long did it take you to go to the hospital the last time you were hospitalized?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> DON'T KNOW 998								
707J	Altogether, how much was officially paid for your (last) hospitalization?	COST <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></tr></table> FREE 0000000 DON'T KNOW 9999998								
707K	How much did you pay in additional expenses for that (last) hospitalization?	COST <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></tr></table> NOTHING 0000000 DON'T KNOW 9999998								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
707L	Did you obtain any medicine during your hospitalization?	YES 1 NO 2	→ 708							
707M	Where did you obtain the medicine for the hospitalization?	HOME A PUBLIC SECTOR HOSPITAL B POLICLINIC E ABULATORY F MEDICAL DIAGNOSTIC CENTER . . . H FAP I OTHER PUBLIC J _____ (SPECIFY) PRIVATE SECTOR HOSPITAL K POLICLINIC N ABULATORY O MEDICAL DIAGNOSTIC CENTER . . . Q FAP R OTHER PRIVATE S _____ (SPECIFY) OTHER PHARMACY/SHOP T NGO U FRIEND/RELATIVE/NEIGHBOUR . . . V OTHER X _____ (SPECIFY) DON'T KNOW Z	→ 708							
707N	How much was paid the (last) time the medicine was obtained?	COST <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE 0000000 DON'T KNOW 9999998								
708	These next questions are about blood pressure. Has your blood pressure ever been checked by a doctor or other health professional?	YES 1 NO 2	→ 717							
709	When was the last time you had your blood pressure checked by a doctor or other health professional?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8								
710	Who took your blood pressure?	DOCTOR 1 NURSE 2 FELDSHER 3 FAMILY NURSE 4 OTHER 6 _____ (SPECIFY)								
711	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	→ 717 → 717							
712	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW 8								
713	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES 1 NO 2	→ 717							
714	Who told you this?	DOCTOR 1 NURSE 2 FELDSHER 3 FAMILY NURSE 4 OTHER 6 _____ (SPECIFY)								
715	Did the doctor or the other health professional tell you to: a. take prescribed oral medicine? b. receive an injection c. take aspirin d. control your weight or lose weight? e. cut down on salt in your diet?	YES NO3 TAKE MEDICINE 1 2 INJECTION 1 2 TAKE ASPIRIN 1 2 CONTROL WEIGHT 1 2 CUT DOWN ON SALT 1 2								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	f. exercise more? g. cut down on alcohol? h. stop smoking? i. do other things? PROBE: What other things?	EXERCISE 1 2 CUT DOWN ALCOHOL 1 2 STOP SMOKING 1 2 DO OTHER THINGS 1 2 ↓ _____ (SPECIFY)	
716	To lower your hypertension or high blood pressure, are you now: a. taking prescribed oral medici b. take aspirin c. controlling your weight or lose weight? d. cutting down on salt in your diet? e. exercising? f. cutting down on alcohol consumption? g. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 TAKE ASPIRIN 1 2 3 CONTROL WEIGHT ... 1 2 3 CUT DOWN ON SALT ... 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	
717	Now I would like to ask you some questions about any injections you have had in the last 12 months. 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 GREATER THAN 90, 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	→ 721

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/></p> <p>NONE 00 → 721</p>	
719	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>IF SOURCE IS ANY TYPE OF HEALTH FACILITY, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME 01</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>POLICLINIC 14</p> <p>ABULATORY 15</p> <p>MEDICAL DIAGNOSTIC CENTER . . . 17</p> <p>FAP 18</p> <p>OTHER PUBLIC 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL 31</p> <p>POLICLINIC 34</p> <p>ABULATORY 35</p> <p>MEDICAL DIAGNOSTIC CENTER . . . 37</p> <p>FAP 38</p> <p>OTHER PRIVATE 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>PHARMACY/SHOP 51</p> <p>NGO 52</p> <p>FRIEND/RELATIVE/NEIGHBOUR . . . 53</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
720	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
721	<p>Now I'd like to ask you about tobacco use.</p> <p>Have you smoked at least 100 cigarettes during your entire life?</p>	<p>YES 1</p> <p>NO 2</p>	
722	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2 → 724</p>	
723	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
724	Do you currently smoke or use any other type of tobacco?	<p>YES 1</p> <p>NO 2 → 726</p>	
725	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
726	Do you live in a household in which (other) people smoke on a daily basis?	<p>YES 1</p> <p>NO 2</p>	
727	Have you ever heard of an illness called tuberculosis or TB?	<p>YES 1</p> <p>NO 2 → 733</p>	
728	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>What are the signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED?</p>	<p>COUGHING A</p> <p>COUGHING WITH SPUTUM B</p> <p>COUGHING SEVERAL WEEKS ... C</p> <p>FEVER D</p> <p>BLOOD IN SPUTUM E</p> <p>LOSS OF APPETITE F</p> <p>NIGHTSWEATING G</p> <p>PAIN IN CHEST H</p> <p>TIREDNESS/FATIGUE I</p> <p>WEIGHT LOSS J</p> <p>PALENESS K</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
730	Can tuberculosis be cured?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
731	If a member of your family got tuberculosis, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/ DEPENDS 8</p>	
732	Have you ever been told by a doctor or other health professional that you had tuberculosis?	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	Have you heard about "family medicine?" IF NOT, how about a "family doctor?"	YES 1 NO 2	→ 741
734	What does this term mean to you?	ONLY ONE DOCTOR FOR FAMILY ... A PREVENTATIVE HEALTH CARE B FAMILY PLANNING C INDIVIDUAL'S CHOOSE D HEALTH CARE FOR REACHERS E BETTER FAMILY HEALTH F NO MEANING G OTHER X (SPECIFY) DON'T KNOW Z	
735	Do you think that "family medicine" is appropriate for Armenia?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→ 737 → 738
736	Why do you think that it is appropriate?	CONVENIENT A GOOD ADVICE B CHEAP/ACCESSIBLE C PRODUCTIVE D OTHER X (SPECIFY) DON'T KNOW Z	→ 738
737	Why do you think it is not appropriate?	NOT PROFESSIONAL A LESS KNOWLEDGABLE B NO SPECIFIC KNOWLEDGE C DON'T TRUST DOCTOR D PREFER OLD SYSTEM E EXPENSIVE F OTHER X (SPECIFY) DON'T KNOW Z	
738	Have you ever been registered with a family doctor?	YES 1 NO 2	→ 741
739	How long have you had a family doctor?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	
740	Are you satisfied with your family doctor?	YES 1 NO 2 DON'T KNOW 8	
741	Have you ever had a consultation with an eye doctor? IF YES: When was the last time you saw an eye doctor?	MONTHS AGO 1 YEARS AGO 2 NEVER 995 DK/DON'T REMEMBER 998	→ 744

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
742	What was the reason for the visit?	IRRITATION IN EYES 01 INFECTION 02 EYE DISEASE 03 CHECK UP 04 BLURRY VISION 05 NEW GLASSES/ CONTACTS PRESCRIPTION ... 06 MANDATORY EXAMINATION ... 07 OTHER 96 (SPECIFY)	
743	Was any diagnosis given? IF YES: What was the diagnosis?	NO DIAGNOSIS A AMBLYOPIA B CATARACT C DIABETIC EYE DISEASE D CORNEAL EYE DISEASE E GLAUCOMA F MACULAR DISEASE G RETINAL DISORDER OTHER THAN MACULA H NEED GLASSES FOR DISTANCE I READING J OTHER X (SPECIFY)	
744	CHECK 209: NO CHILD <input type="checkbox"/> HAVE/HAD A CHILD <input type="checkbox"/>		→ 754
745	You have already told me, that you have never fathered a child. Please tell me, have you ever tried to father a child?	YES 1 NO 2	→ 754
746	How old were you the first time you tried to fathered a child?	AGE <input type="text"/> <input type="text"/> DON'T KNOW AGE 98	
747	How long were you trying to father a child?	LESS THAN 1 YEAR 1 1 TO 3 YEARS 2 3 TO 5 YEARS 3 5 YEARS AND MORE 4	→ 754
748	Did you receive any examination to determine the reason of infertility?	YES 1 NO 2 DON'T KNOW 8	→ 754

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
751	<div>Can you tell me what was diagnosed as the reason for the infertility?</div> <div>RECORD ALL MENTIONED.</div>	<div>WEAKNESS/LACK (IMPOTENCY) OF SEXUAL ACTIVITY A DEFECTIVE SEMEN B LACK OF MOTILE SPERMATOZOIDS C DILATION OF SCROTAL VESSELS (VARICOCELE) D INFLAMATION OF PROSTATE OR ANY OTHER ACCESSORY GLANDS INFLAMMATION E ENDOCRINE DISORDERS F CONGENITAL PATHOLOGIES OF GENITOURINARY SYSTEM G OTHER X (SPECIFY) DON'T KNOW/REMEMBER Z</div>	
752	<div>Have you had any treatment for infertility?</div>	<div>YES 1 NO 2 DON'T KNOW 8</div>	<div><div></div>→ 754</div>
753	<div>Please, tell me, what kind of treatment did you get?</div> <div>RECORD ALL MENTIONED.</div>	<div>VITAMINS/BIOSTIMULANTS A ANTIBIOTICS/SULFANILAMIDES .. B MEDICATIONS IMPROVING THE QUALITY OF SEMEN C HORMONAL THERAPY D MEDICATIONS INCREASING SEXUAL ACTIVITY E FOLK MEDICINE F PSYCHOTHERAPY G PHYSIOTHERAPY H PROSTATE MASSAGE I SURGICAL INTERVENTION J OTHER X (SPECIFY) DON'T KNOW/REMEMBER Z</div>	
754	<div>RECORD THE TIME.</div>	<div>HOUR MINUTES.....</div>	<div><div></div><div></div></div>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____