2010 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE   Questionnaire number
MINISTRY OF HEALTH

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

REGION (MARZ) . . . .

MEN'S QUESTIONNAIRE (YES=1, NO=2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE				DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME				INT. NUMBER	
RESULT*				RESULT	
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS	
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

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

Hello. My name is _____. I am working with (National Statistical Service and Ministry of Health). We are conducting a survey about health all over Armenia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: _____   DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . .   1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . .   2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER — MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01			M 1 F 2	Y 1 N 2	Y 1 N 2	IN YEARS		01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

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
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGIS-TRATION	
	12	13	14	15	16	16A	17	17A	18	19	20	21
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the total number of years of schooling (NAME) has had?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	CHECK 17: IF CODE "1" FOR PRIMARY/SECONDARY LEVEL AND GRADE 10+ RECORDED, OR CODE "2" FOR SECONDARY-SPECIAL LEVEL RECORDED, Did (NAME) receive a diploma (attestat) for completing secondary education?	Did (NAME) attend school at any time during the (2010-2011) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Why (NAME)'s birth is not registered with the civil authority? 1 = EXPENSIVE 2 = FAR TO TRAVEL 3 = DID NOT KNOW IT SHOULD BE REGISTERED 4 = DID NOT WANT TO PAY FEE 5 = DOES NOT KNOW WHERE TO REGISTER 6= NO PASSPORT /NOT CITIZEN 7= OTHER 8 = DON'T KNOW
01	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	LEVEL GRADE ☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	LEVEL GRADE ☐☐	☐ CODE 3 GO TO 21	☐
02	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
03	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
04	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
05	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
06	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
07	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
08	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
09	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐
10	Y 1 N 2 DK 8 GO TO 14	☐☐	Y 1 N 2 DK 8 GO TO 16	☐☐	Y 1 N 2 NEXT LINE	☐☐	☐☐	Y 1 N 2	Y 1 N 2 NEXT LINE	☐☐	☐ CODE 3 GO TO 21	☐

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
1 = PRIMARY/SECONDARY (1-12)	00 = LESS THAN 1 YEAR COMPLETED
2= SECONDARY-SPECIAL (1+)	(USE '00' FOR Q. 17 ONLY.
3 = HIGHER (1+)	THIS CODE IS NOT ALLOWED
8 = DON'T KNOW	FOR Q. 19)
	98 = DON'T KNOW

		IF AGE 15 OR OLDER	

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
11			1 2	1 2	1 2			11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15
16			1 2	1 2	1 2			16	16	16
17			1 2	1 2	1 2			17	17	17
18			1 2	1 2	1 2			18	18	18
19			1 2	1 2	1 2			19	19	19
20			1 2	1 2	1 2			20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?   YES ☐ → ADD TO TABLE   NO ☐

2B) 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 ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?   YES ☐ → ADD TO TABLE   NO ☐

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
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGIS-TRATION	
	12	13	14	15	16	16A	17	17A	18	19	20	21
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the total number of years of schooling (NAME) has had?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	CHECK 17: IF CODE "1" FOR PRIMARY/SECONDARY LEVEL AND GRADE 10+ RECORDED, OR CODE "2" FOR SECONDARY-SPECIAL LEVEL RECORDED, ASK: Did (NAME) receive a diploma (attestat) for completing secondary education?	Did (NAME) attend school at any time during the (2010-2011) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Why (NAME)'s birth is not registered with the civil authority? 1 = EXPENSIVE 2 = FAR TO TRAVEL 3 = DID NOT KNOW IT SHOULD BE REGISTERED 4 = DID NOT WANT TO PAY FEE 5 = DOES NOT KNOW WHERE TO REGISTER 6= NO PASSPORT /NOT CITIZEN 7= OTHER 8 = DON'T KNOW
11	Y 1 N 2 DK 8 ⬜⬜ GO TO 14		Y 1 N 2 DK 8 ⬜⬜ GO TO 16		Y 1 N 2 ⬜ NEXT LINE		LEVEL GRADE ⬜⬜		Y 1 N 2 ⬜ NEXT LINE	LEVEL GRADE ⬜⬜	⬜ CODE 3 GO TO 21	⬜
12	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜ CODE 3 GO TO 21	⬜
13	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜ CODE 3 GO TO 21	⬜
14	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜	⬜
15	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜ CODE 3 GO TO 21	⬜
16	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜ CODE 3 GO TO 21	⬜
17	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜	⬜
18	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜ CODE 3 GO TO 21	⬜
19	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜ CODE 3 GO TO 21	⬜
20	1 2 8 ⬜⬜ GO TO 14		1 2 8 ⬜⬜ GO TO 16		1 2 ⬜ NEXT LINE		⬜⬜		1 2 ⬜ NEXT LINE	⬜⬜	⬜ CODE 3 GO TO 21	⬜

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
1 = PRIMARY/SECONDARY (1-12)	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY.
2= SECONDARY-SPECIAL (1+)	
3 = HIGHER (1+)	THIS CODE IS NOT ALLOWED FOR Q. 19)
8 = DON'T KNOW	98 = DON'T KNOW

| 30 | CHECK COLUMN (7) AGE:
AT LEAST ONE CHILD AGE 5-17 ☐ | NO CHILDREN ☐
AGE 5-17 | → SKIP TO 41 |

Now I would like to ask about any work that children in this household may do.

HH LINE NUMBER	NAME OF CHILD FROM COL.2	WORK LAST WEEK		WORK IN LAST YEAR	HOUSEHOLD CHORES		WORK IN FAMILY BUSINESS OR FARM	
WRITE CHILD'S LINE NUMBER FROM COLUMN 1 IN THE HOUSEHOLD SCHEDULE ONLY INCLUDE CHILDREN AGED 5-17 FROM COLUMN 7	WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE.	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay or unpaid?	Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work for someone who is not a member of this house-hold? INCLUDE ALL HOURS AT ALL JOBS.	At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay or unpaid?	During the past week, did (NAME) help with household chores such as shopping collecting firewood, cleaning, fetching water, or caring for children?	Since last (DAY OF THE WEEK), about how many hours did (NAME) spend doing these chores?	During the past week, did (NAME) do any other family work, on the farm or in a business or selling goods in the street or market?	Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work?
(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐
☐☐		PAID 1 UNPD 2 NO 3 ↓ GO TO 35	HOURS ☐☐ ↓ GO TO 36	PAID 1 UNPD 2 NO 3	Y 1 N 2 ↓ GO TO 38	HOURS ☐☐	Y 1 N 2 ↓ NEXT LINE	HOURS ☐☐

41	CHECK COLUMN (7) AGE:		NO CHILDREN		
	AT LEAST ONE CHILD AGE 2-14	☐	AGE 2-14 ☐		SKIP TO 101

LIST EACH OF THE CHILDREN AGED 2-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE HOUSEHOLD LISTING FORM. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 2-14 YEARS.

THE MODULE ON CHILD DISCIPLINE IS TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR A GUARDIAN OF EACH CHILD).

	CHILDREN AGE 2-14 YEARS			
RANK NO.	LINE NUMBER	NAME OF CHILD	CHILD'S AGE	PARENT'S OR PRIMARY CARETAKER'S LINE NUMBER AND NAME
	WRITE CHILD'S LINE NUMBER FROM COLUMN 1 IN THE HOUSEHOLD SCHEDULE ONLY INCLUDE CHILDREN AGED 2-14	WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE. ONLY INCLUDE CHILDREN AGED 2-14	WRITE CHILD'S AGE FROM COLUMN 7 IN THE HOUSEHOLD SCHEDULE	WRITE PARENT'S OR CARETAKER'S LINE NUMBER/ NAME FROM COLUMNS 13, 15 OR 1 IN THE HOUSEHOLD SCHEDULE: IF NOT AVAILABLE, RECORD '00' AND CONTINUE TO NEXT CHILD IN COLUMN 42.
	(42)	(43)	(44)	(45)
1	☐☐	_____	☐☐	☐☐ _____
2	☐☐	_____	☐☐	☐☐ _____
3	☐☐	_____	☐☐	☐☐ _____
4	☐☐	_____	☐☐	☐☐ _____
5	☐☐	_____	☐☐	☐☐ _____
6	☐☐	_____	☐☐	☐☐ _____
7	☐☐	_____	☐☐	☐☐ _____
8	☐☐	_____	☐☐	☐☐ _____

TABLE FOR SELECTION OF CHILDREN FOR THE CHILD DISCIPLINE QUESTIONS

| 54 | CHECK COLUMN 44: | MORE THAN ONE CHILD AGE 2-14: ENTER TOTAL NUMBER IN BOX AND GO TO INSTRUCTIONS | ONLY ONE CHILD AGE 2-14 ☐ → 57 |
| | | | NO CHILDREN ☐ AGE 2-14 → 101 |

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. LOOK AT QS 44 AND RECORD THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 2-14 FROM COLUMN (44)_____. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THERE ARE MORE THAN 8 ELIGIBLE CHILDREN IN THE HOUSEHOLD, CIRCLE '8' IN THE ROW AT THE TOP OF THE TABLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE RANK NUMBER OF THE ELIGIBLE CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD DISCIPLINE. THEN, GO TO COLUMN (42) AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED CHILD AND RECORD CHILD'S HOUSEHOLD LINE NUMBER IN Q.57 AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.58.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE CHILD. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE CHILDREN ARE '02', '03', AND '07'; THEN THE ELIGIBLE CHILD FOR THE QUESTIONS ON CHILD DISCIPLINE IS THE SECOND ELIGIBLE CHILD, I.E., THE CHILD WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS CHILD'S LINE NUMBER IN COLUMN (42) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.57. THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OT OTHER MOST, OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.58.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF CHILDREN AGE 2-14 IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

	CHILD DISCIPLINE		
	FOR ONE CHILD AGED 2 THROUGH 14		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
57	LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 2-14 YEARS FROM COLUMNS 42 AND 43:	LINE NUMBER . . . . [ ][ ] NAME _____	
58	LINE NUMBER AND NAME OF CHILD'S MOTHER, FATHER OR OTHER PRIMARY CARETAKER FROM COLUMN 45:	MOTHER/CARETAKER NOT AVAILABLE . . . . 00 → 101 LINE NUMBER . . . . [ ][ ] NAME _____	

THE FOLOWING QUESTIONS 57-70 ON CHILD DISCIPLINE ARE TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR A GUARDIAN OF A CHILD).

	All adults use certain ways to teach or to address a behavior problem. I will read various methods that are used. I want you to tell me if you or anyone else in the household has used this method with (NAME) in the past month.		
59	Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house (in the past month)?	YES . . . . 1 NO 2	
60	Explained why some behavior was wrong (in the past month)?	YES . . . . 1 NO 2	
61	Shook him/her (in the past month)?	YES . . . . 1 NO 2	
62	Shouted, yelled or screamed at (NAME) in the past month?	YES . . . . 1 NO 2	
63	Gave him/her something else to do (in the past month)?	YES . . . . 1 NO 2	
64	Spanked, hit or slapped him/her on the bottom with bare hand (in the past month)?	YES . . . . 1 NO 2	
65	Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other (in the past month)	YES . . . . 1 NO 2	
66	Called him/her dumb, lazy, or a similar name (in the past month)?	YES . . . . 1 NO 2	
67	Hit or slapped him/her on the face, head or ears (in the past month)?	YES . . . . 1 NO 2	
68	Hit or slapped him/her on the hand, arm or leg (in the past month)?	YES . . . . 1 NO 2	
69	Beat her/him up with an implement (hit over and over as hard as one could) (in the past month)?	YES . . . . 1 NO 2	
70	Do you believe that in order to bring up (raise, educate) (NAME) properly, you need to physically punish him/her?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY . . . . 1 WEEKLY . . . . 2 MONTHLY . . . . 3 LESS THAN MONTHLY . . . . 4 NEVER 5	

102	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO DWELLING(CENTRALIZED) 11
		   PIPED TO YARD/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		   PIPED INTO DWELLING (OWN ARTESIAN)14
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		   PROTECTED WELL 31
		   UNPROTECTED WELL 32
		WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		RAINWATER 51
		TANKER TRUCK/CISTERN 61
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CHANNEL) 81
		BOTTLED WATER .91
		
		OTHER _____ 96
		                (SPECIFY)
			→ 105
			
			→ 105
			
			→ 105

103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES . . . . □□□ DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 107

106	What do you usually do to make the water safer to drink?
	
	Anything else?
		BOIL . . . . A
		STRAIN THROUGH A CLOTH C
		USE WATER FILTER (CERAMIC/
		   SAND/COMPOSITE/ETC.) . . . . D
		LET IT STAND AND SETTLE . . . . F
		
		OTHER _____ X
		                (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

107	What kind of toilet facility do members of your household usually 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
		  PIT LATRINE WITH SLAB 22
		  PIT LATRINE WITHOUT SLAB/
		    OPEN PIT 23
		BUCKET TOILET 41
		PUBLIC TOILET 52
		NO FACILITY/BUSH/FIELD 61
		
		OTHER _____ 96
		      (SPECIFY)
			→ 110

108	Do you share this toilet facility with other households?	YES ....1 NO 2	→ 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... [0][ ] 10 OR MORE HOUSEHOLDS ....95 DON'T KNOW 98	
110	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 digital camera? A video camera/camcorder? A table? A chair? A sofa/divan? A bed? A buffet/servant/stenka? An air conditioner? A DVD player? A Satellite antenna/dish? A freezer? An electric fan? A sewing machine? A carpet (handmade or machine made)?	YES NO ELECTRICITY .... 1 2 RADIO .... 1 2 B&W TELEVISI.............. 1 2 COLOR TELEVISION ...... 1 2 WASHING MACHINE ...... 1 2 VACUUM CLEANER ...... 1 2 COMPUTER .... 1 2 MOBILE TELEPHONE ...... 1 2 NON-MOBILE TELEPHONE ... 1 2 REFRIGERATOR .... 1 2 CAMERA .... 1 2 VIDEOCAMERA .... 1 2 TABLE .... 1 2 CHAIR .... 1 2 SOFA .... 1 2 BED .... 1 2 SERVANT .... 1 2 AIRCONDITIONER .... 1 2 DVD .... 1 2 DISH .... 1 2 FREEZER .... 1 2 FAN .... 1 2 SEWING MACHINE .... 1 2 CARPET 1 2	

111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		LPG 02
		NATURAL GAS 03
		KEROSENE 05
		COAL, LIGNITE 06
		CHARCOAL 07
		WOOD 08
		ANIMAL DUNG 11
		
		NO FOOD COOKED
		  IN HOUSEHOLD 95
		
		OTHER _____ 96
		      (SPECIFY)
			→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	

114	MAIN MATERIAL OF THE FLOOR.	NATURAL FLOOR
		   EARTH/SAND .11
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		FINISHED FLOOR
		   PARQUET OR POLISHED
		      WOOD/LAMINAT 31
		   VINYL OR LINOLEUM 32
		   CERAMIC/MARBLE TILES 33
		   CEMENT 34
		   CARPET 35
		
		OTHER _____ 96
		(SPECIFY)	

115	MAIN MATERIAL OF THE ROOF.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		   NO ROOF 11
		   THATCH 12
		RUDIMENTARY ROOFING
		   RUSTIC MAT 21
		   WOOD PLANKS .23
		   CARDBOARD .24
		FINISHED ROOFING
		   METAL 31
		   WOOD 32
		   CALAMINE/CEMENT FIBER 33
		   CERAMIC TILES .34
		   CEMENT 35
		   ROOFING SHINGLES/SHIFER 36
		   TAULE (TARRED ROOFING PAPER) 37
		OTHER _____ 96
		(SPECIFY)	

116	MAIN MATERIAL OF THE EXTERIOR WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		   NO WALLS 11
		   TREE TRUNKS 12
		   DIRT 13
		RUDIMENTARY WALLS
		   STONE WITH MUD 22
		   UNCOVERED ADOBE 23
		   PLYWOOD 24
		   CARDBOARD 25
		   REUSED WOOD 26
		FINISHED WALLS
		   CEMENT MONOLIT 31
		   STONE WITH LIME/CEMENT 32
		   BRICKS 33
		   CEMENT BLOCKS (PANELS) 34
		   COVERED ADOBE 35
		   WOOD PLANKS/SHINGLES 36
		
		OTHER _____ 96
		(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	How many rooms in this household are used for sleeping?	ROOMS . . . . [ ][ ]	
118	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?	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	
119	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 121
120	How many square meters of agricultural land do members of this household own? IF 950,000 M² OR MORE, CIRCLE '999.995'. I HECTARE = 10.000 M² NOTE TO THE INTERVIEWER: INCLUDE PONDS FOR FARMING FISH/SEA FOOD TO THE AGRICULTURAL LAND	SQAURE METERS (M²) [ ][ ][ ] . [ ][ ][ ] 950,000 M² OR MORE . . . . 999.995 DON'T KNOW 999.998	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 123

122	How many of the following animals does this household own?
	
	IF NONE, ENTER '00'.
	IF 95 OR MORE, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Cattle?
	
	    Milk cows or bulls?
	
	    Horses, donkeys, or mules?
	
	    Goats?
	
	    Sheep?
	
	    Chickens and other poultry?
	
	    Pigs?
	
	    Rabbits?
	
	    Nutria/fur animals?
	
	    Beehive (number of units)
		CATTLE . . . . [ ][ ]
		
		COWS/BULLS . . . . [ ][ ]
		
		HORSES/DONKEYS/MULES . . . . . . [ ][ ]
		
		GOATS . . . . [ ][ ]
		
		SHEEP . . . . [ ][ ]
		
		CHICKENS . . . . [ ][ ]
		
		PIGS . . . . [ ][ ]
		
		RABBITS . . . . [ ][ ]
		
		NUTRIA/FUR . . . . [ ][ ]
		
		BEEHIVE . . . . [ ][ ]	

123	Does any member of this household have a bank account?	YES . . . . 1 NO 2	

137	Please show me where members of your household most often wash their hands.	OBSERVED 1
		NOT OBSERVED,
		   NOT IN DWELLING/YARD/PLOT 2
		NOT OBSERVED,
		   NO PERMISSION TO SEE 3
		NOT OBSERVED, OTHER REASON 4
		                  (SKIP TO 201)	

138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . A ASH, MUD, SAND . . . . B NONE C	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YE IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . NAME _____	LINE NUMBER . . . . . NAME _____	LINE NUMBER . . . . . NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
205	WEIGHT IN KILOGRAMS	KG. ___ . ___ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ___ . ___ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ___ . ___ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ___ . ___ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ___ . ___ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ___ . ___ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 IN FIRST COLUMN OF NEW ← QUESTIONNAIRE; OR, IF NO MORE CHILDREN, END INTERVIEW)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESEN . . . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESEN . . . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESEN . . . . . 9994 REFUSED . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UF . . . . 2 NOT MEASUREI 3	LYING DOWN . . . . 1 STANDING UF . . . . 2 NOT MEASUREI 3	LYING DOWN . . . . 1 STANDING UF . . . . 2 NOT MEASUREI 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRI IF NO MORE CHILDREN, END INTERVIEW.			

2010 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE
MINISTRY OF HEALTH

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER .... ▢▢▢

HOUSEHOLD NUMBER .... ▢▢

REGION (MARZ) .... ▢▢

NAME AND LINE NUMBER OF WOMAN _____ ▢▢

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ▢▢
				MONTH ▢▢
				YEAR ▢▢▢▢
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER ▢▢
RESULT*	_____	_____	_____	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)

COUNTRY-SPECIFIC INFORMATION: LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE
LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

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

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with RA NSS AND RA MOH. We are conducting a survey about health all over ARMENIA. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.
Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____   DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED   . . .   1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWE. . .   2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . MINUTES.	
102	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 110
104A	What is the total number of years of schooling you have had?	YEARS OF SCHOOLING	
105	What is the highest level of school you attended: primary/ secondary, secondary-special or higher?	PRIMARY/SECONDARY . . . . . . 1 SECONDARY-SPECIAL . . . . . . 2 HIGHER 3	
106	What is the highest (grade/class/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/CLASS/YEAR	
106A	CHECK 105 AND 106: CODES "1" PRIMJARY/ SECONDARY LEVEL AND GRADE 10+ CIRCLED OR CODE "2" SECONDARY-SPECIAL LEVEL CIRCLED,ASK: OTHER (CODES "1" PRIMARY/SECONDARY LEVEL AND GRADE 1-9 CIRCLED OR CODE "3" HIGHER LEVEL CIRCLED) Did you receive a diploma (attestat) for completing secondary education?	YES . . . . 1 NO 2	→ 110
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	In the last 3 years, have you been working abroad for three or more months at a time?	YES . . . . 1 NO 2	

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 . . . . DAUGHTERS AT HOME	
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 are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . DAUGHTERS ELSEWHERE	
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 . . . . GIRLS DEAD	
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 BIRTHS	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → 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 abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately. In total, how many abortions have you had? Please, also include abortions induced by cytotec or other medicines/herbs with abortive effect conducted at home or elswhere by yourself or with a help of a health professional. IF NONE, RECORD '00'	TOTAL ABORTIONS	
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES	
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS	
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL	
210	CHECK 209D: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies outcomes during your life. Is that correct? ONE OR MORE PREGNANCIES ☐ NO PREGNANCIES ☐		→ 226

211 PREGNANCY HISTORY. Now I want to talk about each of your pregnancies, including those which ended in a live birth, a stillbirth, a miscarriage, and an induced abortion.
Starting with your last pregnancy, please tell me the following information:
RECORD ALL PREGANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE MORE THAN 15 PREGANCIES USE AN ADDITIONAL QUESTIONNAIRE
PROBE FOR PREGNANCIES ENDED IN ABORTION INCLUDING THOSE INDUCED BY CYTOTEC OR OTHER MEDICINES/HERBS WITH SIMILAR EFFECT

212	213	214	215	215A	216	217	218	219 IF ALIVE:	220 IF ALIVE:	221 IF ALIVE:	222 IF DIED:
Did your (last/next to last/etc) pregnancy end in a live birth, a stillbirth , a miscarriage, or an abortion (including those induced by cytotec or similar abortive medication)?	Was this a single or a multiple birth?	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? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1' BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. 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.
01 LIVE BIRTH .... 1 STILL BIRTH .... 2 MISCARRIAGE ... 3 ABORTION ...... 4 GO TO 214	SING 1 MULT 2	MONTH ☐ YEAR ☐		LIVE BIRTH ...... 1 STILL BIRTH ... 2 MISCARRIAGE .. 3 ABORTION ..... 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES ... 1 NO .... 2 →222	AGE IN YEARS ☐	YES .. 1 NO ... 2	LINE NO.: ☐ NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS .. 3 ☐
02 LIVE BIRTH .... 1 STILL BIRTH .... 2 MISCARRIAGE ... 3 ABORTION ...... 4 GO TO 214	SING 1 MULT 2	MONTH ☐ YEAR ☐	YES ..... 1 ADD PREGN NO. ...... 2 NEXT PREGN	LIVE BIRTH ...... 1 STILL BIRTH ... 2 MISCARRIAGE .. 3 ABORTION ..... 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES ... 1 NO .... 2 →222	AGE IN YEARS ☐	YES .. 1 NO ... 2	LINE NO.: ☐ NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS .. 3 ☐
03 LIVE BIRTH .... 1 STILL BIRTH .... 2 MISCARRIAGE ... 3 ABORTION ...... 4 GO TO 214	SING 1 MULT 2	MONTH ☐ YEAR ☐	YES ..... 1 ADD PREGN NO. ...... 2 NEXT PREGN	LIVE BIRTH ...... 1 STILL BIRTH ... 2 MISCARRIAGE .. 3 ABORTION ..... 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES ... 1 NO .... 2 →222	AGE IN YEARS ☐	YES .. 1 NO ... 2	LINE NO.: ☐ NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS .. 3 ☐
04 LIVE BIRTH .... 1 STILL BIRTH .... 2 MISCARRIAGE ... 3 ABORTION ...... 4 GO TO 214	SING 1 MULT 2	MONTH ☐ YEAR ☐	YES ..... 1 ADD PREGN NO. ...... 2 NEXT PREGN	LIVE BIRTH ...... 1 STILL BIRTH ... 2 MISCARRIAGE .. 3 ABORTION ..... 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES ... 1 NO .... 2 →222	AGE IN YEARS ☐	YES .. 1 NO ... 2	LINE NO.: ☐ NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS .. 3 ☐
05 LIVE BIRTH .... 1 STILL BIRTH .... 2 MISCARRIAGE ... 3 ABORTION ...... 4 GO TO 214	SING 1 MULT 2	MONTH ☐ YEAR ☐	YES ..... 1 ADD PREGN NO. ...... 2 NEXT PREGN	LIVE BIRTH ...... 1 STILL BIRTH ... 2 MISCARRIAGE .. 3 ABORTION ..... 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES ... 1 NO .... 2 →222	AGE IN YEARS ☐	YES .. 1 NO ... 2	LINE NO.: ☐ NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS .. 3 ☐

212	213	214	215	215A	216	217	218	219 IF ALIVE:	220 IF ALIVE:	221 IF ALIVE:	222 IF DIED:
Did your (last/next to last/etc) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion (including those induced by cytotec or similar abortive medication)?	Was this a single or a multiple birth?	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? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1' BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. 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 STILL BIRTH . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . . 1 NO . . . . . . 2 → 222	AGE IN YEARS	YES . . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
07 LIVE BIRTH . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . . 1 NO . . . . . . 2 → 222	AGE IN YEARS	YES . . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
08 LIVE BIRTH . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . . 1 NO . . . . . . 2 → 222	AGE IN YEARS	YES . . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
09 LIVE BIRTH . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . . 1 NO . . . . . . 2 → 222	AGE IN YEARS	YES . . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
10 LIVE BIRTH . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . . 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . . 1 NO . . . . . . 2 → 222	AGE IN YEARS	YES . . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3

212	213	214	215	215A	216	217	218	219	220	221	222
Did your (last/next to last/etc) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion (including those induced by cytotec or similar abortive medication)?	Was this a single or a multiple birth?	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? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1', BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	IF DIED: 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.
11 LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . 4 GO TO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 222	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
12 LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . 4 GO TO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 222	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
13 LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . 4 GO TO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 222	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
14 LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . 4 GO TO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 222	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3
15 LIVE BIRTH . . . . . . 1 STILL BIRTH . . . . . 2 MISCARRIAGE . . . 3 ABORTION . . . . . 4 GO TO 214	SING 1 MULT 2	MONTH YEAR	YES . . . . . 1 ADD PREGN NO . . . . . . 2 NEXT PREGN	LIVE BIRTH . . . . . 1 STILL BIRTH . . . . 2 MISCARRIAGE . . 3 ABORTION . . . . 4 NEXT PREGNANCY	NAME:	BOY 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 222	AGE IN YEARS	YES . . 1 NO . . . 2	LINE NO.: NEXT PREGNANCY	DAYS . . . 1 MONTHS 2 YEARS . . 3

222A	Have you had any pregnancies since the last birth/stillbirth/miscarriage/ abortion (including abortions induced by cytotec or other medications/herbs with abortive effect)? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.	YES . . . . 1 NO 2

222B	RECORD AND COMPARE NUMBER OF EVENTS RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES
	
	 TOTAL NUMBER OF PREGANCIES ☐☐
	            TOTAL NUMBER OF PREGANCIES
	 SAME AS NUMBER IN 209D ☐ DIFFERENT ☐ → (PROBE AND RECONCILE)
	
	 TOTAL NUMBER OF LIVE BIRTH ☐☐
	            TOTAL NUMBER OF LIVE BIRTH
	 SAME AS NUMBER IN 208 ☐ DIFFERENT ☐ → (PROBE AND RECONCILE)
	
	 TOTAL NUMBER OF ABORTIONS ☐☐
	            TOTAL NUMBER OF ABORTIONS
	 SAME AS NUMBER IN 209A ☐ DIFFERENT ☐ → (PROBE AND RECONCILE)

223	COMPARE 209D WITH TOTAL NUMBER OF PREGNANCIES IN PREGNANCY HISTORY AND MARK:
	
	             NUMBERS ARE
	 NUMBERS ☐ DIFFERENT ☐ → (PROBE AND RECONCILE)
	 ARE SAME
	
	 CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED IS RECORDED (Q.214) ☐
	
	              FOR EACH LIVE BIRTH SINCE JANUARY 2005, MONTH AND YEAR OF BIRTH IS RECORDED (Q.214) ☐
	
	              FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 218, 219) ☐
	
	              FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 218, 222). ☐
	
	              FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT
	              NUMBER OF MONTHS (Q. 222). ☐

224	CHECK 212 AND 214: ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER (IN 212 CIRCLED CODE "1")	NUMBER OF BIRTHS . . . . ☐ NONE 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	**C** FOR EACH BIRTH SINCE JANUARY 2005, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH <u>PREGNANCY TERMINATION</u> SINCE JANUARY 2005 (ABORTION, MISCARRIAGE OR STILLBIRTH), ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. AS ABOVE, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	238
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ▢▢	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . 1 NO 2	238
229	Did you want to have a baby later on or did you not want any (more) children?	LATER . . . . 1 NO MORE 2	
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 ▢▢ WEEKS AGO . . . . 2 ▢▢ MONTHS AGO . . . . 3 ▢▢ YEARS AGO . . . . 4 ▢▢ IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH/PREGNANCY 995 NEVER MENSTRUATED 996	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	241

240	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	

NO.	241	CHECK 212 AND 214:			

241 CHECK 212 AND 214:

ONE OR MORE ABORTIONS SINCE JANUARY 2005 OR LATER [ ]

NO ABORTIONS IN 2005 OR LATER [ ] ──────────→ 301

NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION
242	PREGNANCY № FROM 212	PREGNANCY № [ ][ ]	PREGNANCY № [ ][ ]	PREGNANCY № [ ][ ]	PREGNANCY № [ ][ ]
243	How many weeks pregnant you were at the time of this abortion?	WEEKS [ ][ ]	WEEKS [ ][ ]	WEEKS [ ][ ]	WEEKS [ ][ ]

244	What was the main reason you decided to have this (last, next-to-last, second-from-last, third-from-last) abortion (mini-abortion)?	HEALTH OF MOTHER 01
		RISK OF BIRTH DEFECTS 02
		SOCIOECONOMIC REASONS . . 03
		RESPONDENT DID NOT WANT
		  (ANYMORE) CHILDREN . . . 04
		SPACING NEXT PREGNANCY. . 05
		PARTNER DID NOT WANT
		  THE CHILD 06
		SEX SELECTION/WANTED BOY 07
		SEX SELECTION/WANTED GIRL 08
		UNMARRIED 09
		OTHER_____ 96
		  (SPECIFY)
			HEALTH OF MOTHER 01
			RISK OF BIRTH DEFEC 02
			SOCIOECONOMIC REASON 03
			RESPONDENT DID NOT WANT
			  (ANYMORE) CHILDREN . . 04
			SPACING NEXT PREGNANC 05
			PARTNER DID NOT WANT
			  THE CHILD 06
			SEX SELECTION/WANTED E 07
			SEX SELECTION/WANTED C 08
			UNMARRIED 09
			OTHER_____ 96
			  (SPECIFY)
				HEALTH OF MOTHER 01
				RISK OF BIRTH DEFECT 02
				SOCIOECONOMIC REASONS 03
				RESPONDENT DID NOT WANT
				  (ANYMORE) CHILDREN . . 04
				SPACING NEXT PREGNANC 05
				PARTNER DID NOT WANT
				  THE CHILD 06
				SEX SELECTION/WANTED B 07
				SEX SELECTION/WANTED G 08
				UNMARRIED 09
				OTHER_____ 96
				  (SPECIFY)
					HEALTH OF MOTHER 01
					RISK OF BIRTH DEFECT 02
					SOCIOECONOMIC REASONS 03
					RESPONDENT DID NOT WANT
					  (ANYMORE) CHILDREN . . 04
					SPACING NEXT PREGNANC 05
					PARTNER DID NOT WANT
					  THE CHILD 06
					SEX SELECTION/WANTED B 07
					SEX SELECTION/WANTED G 08
					UNMARRIED 09
					OTHER_____ 96
					  (SPECIFY)

245	What method was used for this (last, next-to-last, second-from-last, third-from-last) abortion?	D & C (DILATION&CURETTING) 01
		VACUUM ASPIRATION 02
		OXYTOCIN 03
		CATHETER 04
		OTHER MEDICINES 05
		
		OTHER_____ 96
		  (SPECIFY)
		DON'T KNOW 98
			D & C 01
			VACUUM ASPIRATION 02
			OXYTOCIN 03
			CATHETER. 04
			OTHER MEDICINE 05
			
			OTHER_____ 96
			  (SPECIFY)
			DON'T KNOW 98
				D & C 01
				VACUUM ASPIRATION 02
				OXYTOCIN 03
				CATHETER 04
				OTHER MEDICINES 05
				
				OTHER_____ 96
				  (SPECIFY)
				DON'T KNOW 98
					D & C 01
					VACUUM ASPIRATION 02
					OXYTOCIN 03
					CATHETER 04
					OTHER MEDICINES 05
					
					OTHER_____ 96
					  (SPECIFY)
					DON'T KNOW 98

NO.	QUESTIONS AND FILTER	LAST ABORTION
246	How much did you pay for this abortion, including gifts or money given to the doctor (person, who performed the abortion)?	[ ][ ][ ][ ][ ][ ] ENTER TOTAL NUMERIC VALUE IN DRAMS PAID NO MONEY . . . . 9999994 DON'T KNOW 9999998
247	At the place where you had the abortion, did anyone talk to you about using family planning after abortion?	YES . . . . 1 NO . . . . 2 (SKIP TO 249)← DON'T REMEMBER 8
248	Wre you offered any contraceptive method at that time?	YES . . . . 1 NO 2
249		GO BACK TO 242 IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 301.	GO BACK TO 242 IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 301.	GO BACK TO 242 IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 301.	GO BACK TO 242 IN NEXT-TO-LAST-ABORTION COLUMN IN THE NEW QUESTIONNAIRE; OR, IF NO MORE ABORTIONS, GO TO 301.

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD** PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Spermicides**: PROBE: Foam/jelly or vaginal pills that women can insert in their vagina before sexual intercourse to prevent pregnancy.	YES . . . . 1 NO 2	
09	**Lactational Amenorrhea Method** (LAM)	YES . . . . 1 NO 2	
10	**Rhythm Method**. PROBE: 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	
11	**Fertility Wheel Calculator.** PROBE: Ovulation Pinwheel calendar provides day-to-day information on fertility and peak ovulation when a sexually active woman is most likely to get pregnant.	YES . . . . 1 NO 2	
12	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
13	**Emergency Contraception**. PROBE: As an emergency measure, within three-five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT OR UNSURE ▢↓ PREGNANT ▢ ——————————————→ 311		
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F CONDOM . . . . G DIAPHRAGM . . . . H FOAM/JELLY . . . . I LACTATIONAL AMEN. METHOD. . . . . J RHYTHM METHOD . . . . K FERTILITY WHEEL CALCULATOR . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 308A

307	In what facility did the sterilization take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  MATERNITY HOME 12
		  DIAGNOSTIC CENTEI 13
		  WOMEN' S CONSULTATIO 14
		  POLYCLINIC 15
		  AMBULATORY/FAM. DOC.OFFICE . .16
		  FAP 17
		  OTHER PUBLIC
		    SECTOR _____ 18
		             (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  MATERNITY HOME 22
		  DIAGNOSTIC CENTER 23
		  WOMEN' S CONSULTATIO 24
		  POLYCLINIC 25
		  FAMILY DOCTOR'S OFFICE 26
		  FAP 27
		  PHARMACY 28
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 29
		            (SPECIFY)
		
		OTHER _____ 96
		       (SPECIFY)
		DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the sterilization performed?		
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . YEAR	
309	CHECK 308/308A AND 214: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A YES ☐ NO ☐ GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
310	CHECK 308/308A: YEAR IS 2005 OR LATER ☐ YEAR IS 2004 OR EARLIER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2005. THEN SKIP TO⟶ 322		

311	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.
	
	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2005.
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	C **IN COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.
	
	ILLUSTRATIVE QUESTIONS:
	    * When was the last time you used a method? Which method was that?
	    * When did you start using that method? How long after the birth of (NAME)?
	    * How long did you use the method then?
	
	IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
	
	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.
	
	ILLUSTRATIVE QUESTIONS:
	    * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
	    * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ANY METHOD USED		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . .00 FEMALE STERILIZATION . . . . .01 MALE STERILIZATION . . . . .02 IUD . . . . 03 INJECTABLES. . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 DIAPHRAGM . . . . 08 FOAM/JELLY . . . . 09 LACTATIONAL AMEN. METHOD. . . . . 10 RHYTHM METHOD . . . . 11 FERTILITY WHEEL CALCULATOR 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD. 96	→ 324 → 317A → 327 → 315A → 323D → 323A → 323D

315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR
		   GOVT. HOSPITAL 11
		   MATERNITY HOME. 12
		   DIAGNOSTIC CENTER. 13
		   WOMEN' S CONSULTATIO. 14
		   POLYCLINIC 15
		   AMBULATORY/FAM.DOC.OFFICE . .16
		   FAP 17
		   OTHER PUBLIC
		      SECTOR _____ 18
		                      (SPECIFY)	

315A	Where did you learn how to use the rhythm/fertility wheel calculator/lactational amenorhea method?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	           (NAME OF PLACE)
		PRIVATE MEDICAL SECTOR
		   HOSPITAL 21
		   MATERNITY HOME. 22
		   DIAGNOSTIC CENTER 23
		   WOMEN' S CONSULTATIO. 24
		   POLYCLINIC 25
		   FAMILY DOCTOR'S OFFICE 26
		   FAP 27
		   PHARMACY 28
		   OTHER PRIVATE MEDICAL
		      SECTOR _____ 29
		                      (SPECIFY)
		OTHER SOURCE
		   SHOP/MARKET/KIOSK 31
		   CHURCH 32
		   FRIEND/RELATIVE 33
		
		OTHER _____ 96
		                 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304,	IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 DIAPHRAGM . . . . 08 FOAM/JELLY . . . . 09 LACTATIONAL AMEN. METHOD . . . . . 10 RHYTHM METHOD . . . . 11 FERTILITY WHEEL CALCULATOR . . . 12	→ 323 → 320 → 327 → 323
317 317A	At that time, were you told about side effects or problems you might have with the method? When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 319
318	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	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
320	CHECK 317: CODE '1' CODE '1' CIRCLED NOT CIRCLED At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES . . . . 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 DIAPHRAGM . . . . 08 FOAM/JELLY . . . . 09 LACTATIONAL AMEN. METHOD . . . . . 10 RHYTHM METHOD . . . . 11 FERTILITY WHEEL CALCULATOR 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 327 → 327 → 323D → 323D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

323	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  MATERNITY HOME 12
		  DIAGNOSTIC CENTEI 13
		  WOMEN' S CONSULTATIO 14
		  POLYCLINIC 15
		  AMBULATORY/FAM.DOC.OFFICE . . .16
		  FAP 17
		  OTHER PUBLIC
		    SECTOR _____ 18
		        (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  MATERNITY HOME 22
		  DIAGNOSTIC CENTER 23
		  WOMEN' S CONSULTATIO 24
		  POLYCLINIC 25
		  FAMILY DOCTOR'S OFFICE 26
		  FAP 27
		  PHARMACY 28
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 29
		        (SPECIFY)
		
		OTHER SOURCE
		  SHOP/MARKET/KIOSK 31
		    CHURCH 32
		    FRIEND/RELATIVE 33
		
		OTHER _____ 96
		        (SPECIFY)	

323A	When you obtained the (CURRENT METHOD) the last time, 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)	→ 323C → 323C → 323C → 323C
323B	Altogether, how much did you pay for transportation to go to the (PLACE FROM Q323) the last time you obtained the (CURRENT METHOD)?	COST ⬚⬚⬚⬚⬚⬚ PAID NO MONEY . . . . .9999994 DON'T KNOW 9999998	
323C	How long did it take you to get to the (PLACE FROM Q323) when you obtained (CURRENT METHOD) the last time?	MINUTES . . . . . ⬚⬚⬚ DON'T KNOW 998	→ 327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323D	Please tell me whether each of the following reasons was a factor in your decision to use (TRADTIONAL METHOD FROM Q322) instead of a modern method? a. Modern methods are not available or difficult to find b. Modern methods are expensive c. Lack of knowledge about any of modern methods d. Fear of side effects or experience of them in the past e. Husband/partner's choice to use traditional method f. Religious beliefs prohibit using modern methods g. Doctor's recommendation to use traditional method h. Another person's advice to use traditional method	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	327
324	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2	→ 327

325	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL .... A
		   MATERNITY HOME............. B
		   DIAGNOSTIC CENTEI........... C
		   WOMEN' S CONSULTATIO....... D
		   POLYCLINIC .... E
		   AMBULATORY/FAM.DOC.OFFICE . . F
		   FAP .... G
		   OTHER PUBLIC
		      SECTOR _____ H
		             (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   HOSPITAL I
		   MATERNITY HOME............ J
		   DIAGNOSTIC CENTER .... K
		   WOMEN' S CONSULTATIO....... L
		   POLYCLINIC .... M
		   FAMILY DOCTOR'S OFFICE ..... N
		   FAP .... O
		   PHARMACY .... P
		   OTHER PRIVATE MEDICAL
		      SECTOR _____ Q
		             (SPECIFY)
		
		OTHER SOURCE
		   SHOP/MARKET/KIOSK .... R
		   CHURCH .... S
		   FRIEND/RELATIVE .... T
		
		OTHER _____ X
		          (SPECIFY)	

327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES .... 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO 2	→ 401
329	Who discussed family planning with you? RECORD ALL MENTIONED	FAMILY DOCTOR .... A INTERNIST (TERAPEVT) B PEDIATRICIAN. .... C GYNECOLOGIST................... D OTHER DOCTOF.... .... E FELDSHER .... F NURSE/MIDWIFE.... .... G DON'T KNOW .... Y	

401	CHECK 224:			
	ONE OR MORE BIRTHS IN 2005 OR LATER ▢		NO BIRTHS IN 2005 OR LATER ▢	→ 556

402	CHECK 214: ENTER IN THE TABLE THE PREGNANCY HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 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 some questions about your children born in the last five years. (We will talk about each separately.)

403	LINE NUMBER FROM 212 IN PREGNANCY HISTORY	LAST BIRTH PREGNANCY HISTORY NUMBER ▢▢	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER ▢▢	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER ▢▢
404	FROM 216 AND 218	NAME _____ LIVING ▢ DEAD ▢	NAME _____ LIVING ▢ DEAD ▢	NAME _____ LIVING ▢ DEAD ▢
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . 1 (SKIP TO 408)◄┘ NO 2	YES . . . . 1 (SKIP TO 430)◄┘ NO 2	YES . . . . 1 (SKIP TO 430)◄┘ NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 408) ◄┘	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 430) ◄┘	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 430) ◄┘
407	How much longer did you want to wait?	MONTHS . .1 ▢▢ YEARS . . 2 ▢▢ DON'T KNOW . . . 998	MONTHS . .1 ▢▢ YEARS . . 2 ▢▢ DON'T KNOW . . . 998	MONTHS . .1 ▢▢ YEARS . . 2 ▢▢ DON'T KNOW . . . 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ◄┘		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL FAMILY DOCTOR . . A INTERNIST . . . . B PEDIATRICIAN . . . . C GYNECOLOGIST . . D OTHER DOCTOR . . E FELDSHER . . F NURSE/MIDWIFE . . G OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . H RELATIVE/ FRIEND . . . . I OTHER_____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

410	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		   YOUR HOME . . . A
		   OTHER HOME . . . B
		
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . C
		   MATERNITY HOME . . D
		   DIAGNOSTIC CENTER E
		   WOMEN' S
		      CONSULTATION . . F
		   POLYCLINIC . . . . . G
		   AMBUL./FML.DOC. . . H
		   FAP I
		   OTHER PUBLIC
		     SECTOR
		   _____ J
		     (SPECIFY)
		PRIVATE SECTOR
		   PVT.HOSPITAL . . K
		   PVT. MATER. HOME . . L
		   PVT. DIAGN. CENTER M
		   PVT. WOMEN' S
		      CONSULTATION . . N
		   PVT.POLYCLINIC . . . . O
		   PVT.FML.DOC .OFFIC P
		   PVT.FAP . . . . Q
		   OTHER PRIVATE
		     SECTOR
		   _____ R
		    (SPECIFY)
		
		OTHER_____ X
		   (SPECIFY)		

411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ☐☐ DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Were you tested for HIV/AIDS?	YES NO BP . . . . 1 2 URINE . . . . . 1 2 BLOOD . . . 1 2 HIV TEST . . . 1 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . 1 NO . . . . 2 (SKIP TO 423) ←┐ DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ☐☐☐ DON'T KNOW . . . 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
423A	Were you eligible to receive a free outpatient antenatal care?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
423B	Were you eligible to receive free medicines for the outpatient antenatal care?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
423C	Were you charged, or did you pay anything for any services provided for the last ANC visit during this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 430) ←┘		
423D	What is the total amount you paid for all services or treatments you received for the last ANC visit during this pregnancy? Please include any money you paid for services, laboratory tests or medicines. RECORD AMOUNT OF MONEY PAID SEPARATELY FOR: THE LABORATORY, MEDICINE, CONSULTATION AND OTHER SERVICES. PAID NO MONEY = 9999994 DON'T KNOW = 9999998	1)LABORATORY ☐☐☐☐☐☐ 2) MEDICINES ☐☐☐☐☐☐ 3) CONSULTATIONS ☐☐☐☐☐☐ 4) OTHER ☐☐☐☐☐☐		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

430	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

431	Was (NAME) weighed at birth?	YES 1
		
		NO 2
		  (SKIP TO 433) ◄—
		DON'T KNOW 8
			YES 1
			
			NO 2
			  (SKIP TO 433) ◄—
			DON'T KNOW 8
				YES 1
				
				NO 2
				  (SKIP TO 433) ◄—
				DON'T KNOW 8

432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998

433	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR . . . . A
		  NURSE/MIDWIFE B
		  FELDSHER C
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . . D
		  RELATIVE/FRIEND E
		OTHER
		  _____ X
		    (SPECIFY)
		NO ONE ASSISTED Y
			HEALTH PERSONNEL
			  DOCTOR . . . . A
			  NURSE/MIDWIFE B
			  FELDSHER C
			
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT . . D
			  RELATIVE/FRIEND . E
			OTHER
			  _____ X
			    (SPECIFY)
			NO ONE ASSISTED Y
				HEALTH PERSONNEL
				  DOCTOR . . . . A
				  NURSE/MIDWIFE B
				  FELDSHER C
				
				OTHER PERSON
				  TRADITIONAL BIRTH
				    ATTENDANT . . D
				  RELATIVE/FRIEND E
				OTHER
				  _____ X
				    (SPECIFY)
				NO ONE ASSISTED Y

433A	Immediately after the birth, was (NAME) put directly on the bare skin of you chest?	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ◄—		

433B	How long did (NAME) stay on your chest?
	  IF LESS THAN 1 MINUTE, RECORD '00' .
	  IF MORE THAN 99 MIN RECORD "99"
		MINUTES 1 ☐☐
		
		DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

434	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		  (SKIP TO 438) ◄┐
		  OTHER HOME . . . 12
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . 21
		  MATERNITY HOME . . 22
		  DIAGNOSTIC CENTER 23
		  WOMEN'S
		    CONSULTATION . . 24
		  POLYCLINIC 25
		  AMBUL/FML DOC . . . 26
		  FAP 27
		  OTHER PUBLIC
		    SECTOR
		    _____ 28
		    (SPECIFY)
		PRIVATE SECTOR
		  PVT.HOSPITAL . . 41
		  PVT. MATER. HOME . . 42
		  PVT. DIAGN. CENTER 43
		  PVT. WOMEN'S
		    CONSULTATION . . 44
		  PVT.POLYCLINIC 45
		  PVT.FML DOC OFFICE 46
		  PVT.FAP 47
		  OTHER PRIVATE
		    SECTOR
		    _____ 48
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)
		(SKIP TO 438) ◄┘
			HOME
			  YOUR HOME . . . 11
			  (SKIP TO 448) ◄┐
			  OTHER HOME . . . 12
			PUBLIC SECTOR
			  GOVT. HOSPITAL . . 21
			  MATERNITY HOME . . 22
			  DIAGNOSTIC CENTER 23
			  WOMEN'S
			    CONSULTATION . . 24
			  POLYCLINIC 25
			  AMBULAT/FML DOC 26
			  FAP 27
			  OTHER PUBLIC
			    SECTOR
			    _____ 28
			    (SPECIFY)
			PRIVATE SECTOR
			  PVT.HOSPITAL . . 41
			  PVT. MATER. HOME . . 42
			  PVT. DIAGN. CENTER 43
			  PVT. WOMEN'S
			    CONSULTATION . . 44
			  PVT.POLYCLINIC 45
			  PVT.FML DOC OFFICE 46
			  PVT.FAP 47
			  OTHER PRIVATE
			    SECTOR
			    _____ 56
			    (SPECIFY)
			
			OTHER _____ 96
			    (SPECIFY)
			(SKIP TO 448) ◄┘
				HOME
				  YOUR HOME . . . 11
				  (SKIP TO 448) ◄┐
				  OTHER HOME . . . 12
				PUBLIC SECTOR
				  GOVT. HOSPITAL . . 21
				  MATERNITY HOME . . 22
				  DIAGNOSTIC CENTER 23
				  WOMEN'S
				    CONSULTATION . . 24
				  POLYCLINIC 25
				  AMBULAT/FML DOC 26
				  FAP 27
				  OTHER PUBLIC
				    SECTOR
				    _____ 28
				    (SPECIFY)
				PRIVATE SECTOR
				  PVT.HOSPITAL . . 41
				  PVT. MATER. HOME . . 42
				  PVT. DIAGN. CENTER 43
				  PVT. WOMEN'S
				    CONSULTATION . . 44
				  PVT.POLYCLINIC 45
				  PVT.FML DOC OFFICE 46
				  PVT.FAP 47
				  OTHER PRIVATE
				    SECTOR
				    _____ 56
				    (SPECIFY)
				
				OTHER _____ 96
				    (SPECIFY)
				(SKIP TO 448) ◄┘

435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
435A	CHECK 214 BIRTH BEFORE JULY 2008=1 BIRTH AFTER JULY 2008=2	BEFORE . . . . 1 (SKIP TO 435C) ◄┐ AFTER 2	BEFORE . . . . 1 (SKIP TO 435C) ◄┐ AFTER 2	BEFORE . . . . 1 (SKIP TO 435C) ◄┐ AFTER 2
435B	Did you have a delivery voucher for (NAME)'s delivery?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
435C	Were you eligible to receive a free hospital care for delivery of (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
435D	Were you eligible to receive free medicines during delivery of (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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
435E	Were you charged, or did you pay anything for any services provided for delivery of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 436)←	YES . . . . 1 NO 2	YES . . . . 1 NO 2
435F	What is the total amount you paid for all services or treatments you received for delivery of (NAME)? Please include any money you paid for services, laboratory tests or medicines. RECORD AMOUNT OF MONEY PAID SEPARATELY FOR: THE LABORATORY, MEDICINE, CONSULTATION AND OTHER SERVICES. PAID NO MONEY = 9999994 DON'T KNOW = 9999998	1)LABORATORY ☐☐☐☐☐☐ 2) MEDICINES ☐☐☐☐☐☐ 3) DELIVERY ☐☐☐☐☐☐ 4) OTHER ☐☐☐☐☐☐		
436	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	YES . . . . 1 (SKIP TO 439)← NO 2		
437	Did anyone check on your health after you left the facility?	YES . . . . 1 (SKIP TO 439)← NO . . . . 2 (SKIP TO 447)←		
438	After you gave birth to (NAME), did anyone check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 442)←		

439	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  FAMILY DOCTOR . . 11
		  INTERNIST 12
		  PEDIATRICIAN 13
		  GYNECOLOGIST . . 14
		  OTHER DOCTOR . . 15
		  FELDSHER 16
		  NURSE/MIDWIFE . . 17
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT 21
		  RELATIVE/FRIEND . 22
		
		OTHER_____ 96
		        (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
441	CHECK 437:	YES NOT ASKED ☐ ☐ (SKIP TO 447)		
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 447) ◄─┤ DON'T KNOW 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 ☐☐ DAYS AFTER BIRTH . . 2 ☐☐ WKS AFTER BIRTH . . 3 ☐☐ DON'T KNOW . . . 998		

444	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED
	
	PERSON.
		HEALTH PERSONNEL
		   FAMILY DOCTOR . . 11
		   INTERNIST 12
		   PEDIATRICIAN. . . . 13
		   GYNECOLOGIST . . 14
		   OTHER DOCTOR . . 15
		   FELDSHER 16
		   NURSE/MIDWIFE . . 17
		
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT 21
		   RELATIVE/FRIEND. 22
		
		OTHER_____ 96
		        (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

445	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		  OTHER HOME . . . 12
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . 21
		  MATERNITY HOME . . 22
		  DIAGNOSTIC CENTER 23
		  WOMEN'S
		    CONSULTATION . . 24
		  POLYCLINIC 25
		  AMBUL/FML DOC OFF 26
		  FAP 27
		  OTHER PUBLIC
		    SECTOR
		    _____ 28
		    (SPECIFY)
		PRIVATE SECTOR
		  PVT.HOSPITAL . . 41
		  PVT. MATER. HOME . . 42
		  PVT. DIAGN. CENTER 43
		  PVT. WOMEN'S
		    CONSULTATION . . 44
		  PVT.POLYCLINIC 45
		  PVT.FML DOC OFFICE 46
		  PVT.FAP 47
		  OTHER PRIVATE
		    SECTOR
		    _____ 48
		    (SPECIFY)
		
		OTHER_____ 96
		    (SPECIFY)		

447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 (SKIP TO 449)◄┘ NO . . . . 2 (SKIP TO 450)◄┘		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 452)◄┘	YES . . . . 1 NO . . . . 2 (SKIP TO 452)◄┘
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT [ ] PREGNANT PREG- OR [ ] NANT UNSURE ↓ (SKIP TO 452)◄		
451	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 453)◄┘		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES . . . . 1 (SKIP TO 455)◄┘ NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
454	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ ☐ (SKIP TO 460) (SKIP TO 460A)		
455	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 ☐☐ DAYS 2		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 458)◄———		

457	What was (NAME) given to drink?
	
	Anything else?
	
	RECORD ALL LIQUIDS MENTIONED.
		MILK (OTHER THAN
		    BREAST MILK) A
		PLAIN WATER . . . B
		SUGAR OR GLU-
		     COSE WATER . . . C
		GRIPE WATER . . . D
		SUGAR-SALT-WATER
		    SOLUTION . . . . . E
		FRUIT JUICE . . . . . F
		INFANT FORMULA G
		TEA/INFUSIONS . . . H
		COFFEE I
		HONEY . . . . J
		
		OTHER _____ X
		       (SPECIFY)		

458	CHECK 404:
	
	IS CHILD LIVING?
		LIVING DEAD
		☐ ☐
		        (GO TO 460A)
			LIVING DEAD
			☐ ☐
			       (GO BACK TO
			       405 IN NEXT
			       COLUMN; OR,
			       IF NO MORE
			       BIRTHS, GO
			       TO501)
				LIVING DEAD
				☐ ☐
				       (GO BACK TO
				    405 IN NEXT-TO-LAST
				      COLUMN OF NEW
				      QUESTIONNAIRE;
				      OR, IF NO MORE
				      BIRTHS, GO
				      TO 501)

459	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	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 _____
460A	During the first six weeks after you were discharged from a health facility where you gave birth to (NAME), did you visit any health facility or a health provider to check on your own health?	YES . . . . 1 NO . . . . 2 (SKIP TO 460F) ← DON'T KNOW 8		
460B	Were you charged, or did you pay anything for any services provided for the <u>last</u> postnatal care visit?	YES . . . . 1 NO . . . . 2 (SKIP TO 460D) ←		
460C	What is the total amount you paid for all services or treatments you received for the last postnatal care visit? Please include any money you paid for services, laboratory tests or medicines. RECORD AMOUNT OF MONEY PAID SEPARATELY FOR: THE LABORATORY, MEDICINE, CONSULTATION AND OTHER SERVICES. PAID NO MONEY = 9999994 DON'T KNOW = 9999998	1)LABORATORY ☐☐☐☐☐☐☐ 2) MEDICINES ☐☐☐☐☐☐☐ 3) CONSULTATIONS ☐☐☐☐☐☐☐ 4) OTHER ☐☐☐☐☐☐☐		
460D	Were you eligible to receive a free outpatient postnatal care after delivery of (NAME)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
460E	Were you eligible to receive free medicines for the postnatal care after delivery of (NAME)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
460F	During the first six weeks after you gave birth to (NAME), did any health provider talked to you about contraception?	YES . . . . 1 NO . . . . 2 (SKIP TO 461) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

460G	Who discussed contraception with you at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   FAMILY DOCTOR . . 11
		   INTERNIST 12
		   PEDIATRICIAN. . . . 13
		   GYNECOLOGIST . . 14
		   OTHER DOCTOR . . 15
		   FELDSHER 16
		   NURSE/MIDWIFE . . 17
		
		OTHER PERSON
		   TRADITIONAL BIRTH
		     ATTENDANT 21
		   RELATIVE/FRIEND. 22
		
		OTHER_____96
		     (SPECIFY)		

461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 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	PREGNANCY NUMBER FROM 212 IN PREGNANCY HISTORY	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		PREGNANCY NUMBER .... ☐☐	PREGNANCY NUMBER .... ☐☐	PREGNANCY NUMBER .... ☐☐

503	FROM 216 AND 218	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)

504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD 3

505	Did you ever have a vaccination card for (NAME)?	YES .... 1 (SKIP TO 509) ← NO 2	YES .... 1 (SKIP TO 509) ← NO 2	YES .... 1 (SKIP TO 509) ← NO 2

506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. (3) WRITE '98' FOR DON'T KNOW IN 'DAY' OR 'MONTH' OR "9998" IN 'YEAR' COLUMN FOR WHICH THE INFORMATION IS NOT GIVEN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT ONLY PART OF THE 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 AT BIRTH	☐☐☐☐☐☐☐☐	H1	☐☐☐☐☐☐☐☐	H1	☐☐☐☐☐☐☐☐
HEP 2	☐☐☐☐☐☐☐☐	H2	☐☐☐☐☐☐☐☐	H2	☐☐☐☐☐☐☐☐
HEP 3	☐☐☐☐☐☐☐☐	H3	☐☐☐☐☐☐☐☐	H3	☐☐☐☐☐☐☐☐
DPT 1	☐☐☐☐☐☐☐☐	D1	☐☐☐☐☐☐☐☐	D1	☐☐☐☐☐☐☐☐
DPT 2	☐☐☐☐☐☐☐☐	D2	☐☐☐☐☐☐☐☐	D2	☐☐☐☐☐☐☐☐
DPT 3	☐☐☐☐☐☐☐☐	D3	☐☐☐☐☐☐☐☐	D3	☐☐☐☐☐☐☐☐
DPT 4-BOOST	☐☐☐☐☐☐☐☐	D4	☐☐☐☐☐☐☐☐	D4	☐☐☐☐☐☐☐☐
POLIO 1	☐☐☐☐☐☐☐☐	P1	☐☐☐☐☐☐☐☐	P1	☐☐☐☐☐☐☐☐
POLIO 2	☐☐☐☐☐☐☐☐	P2	☐☐☐☐☐☐☐☐	P2	☐☐☐☐☐☐☐☐
POLIO 3	☐☐☐☐☐☐☐☐	P3	☐☐☐☐☐☐☐☐	P3	☐☐☐☐☐☐☐☐
POLIO 4-BOOST	☐☐☐☐☐☐☐☐	P4	☐☐☐☐☐☐☐☐	P4	☐☐☐☐☐☐☐☐
PENTAVALENT 1	☐☐☐☐☐☐☐☐	PNT1	☐☐☐☐☐☐☐☐	PNT1	☐☐☐☐☐☐☐☐
PENTAVALENT 2	☐☐☐☐☐☐☐☐	PNT2	☐☐☐☐☐☐☐☐	PNT2	☐☐☐☐☐☐☐☐
PENTAVALENT 3	☐☐☐☐☐☐☐☐	PNT3	☐☐☐☐☐☐☐☐	PNT3	☐☐☐☐☐☐☐☐
MMR1	☐☐☐☐☐☐☐☐	MMR	☐☐☐☐☐☐☐☐	MMR	☐☐☐☐☐☐☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR ◄——┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 512) ◄ NO . . . . 2 (SKIP TO 512) ◄—┤ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ◄——┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 512) ◄ NO . . . . 2 (SKIP TO 512) ◄—┤ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ◄——┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 512) ◄ NO . . . . 2 (SKIP TO 512) ◄—┤ DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ◄—┤ DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the upper left arm 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
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ◄—┤ DON'T KNOW 8
510D	How many times was the polio vaccine given?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
510E	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ◄—┤ DON'T KNOW 8
510F	How many times was the DPT vaccination given?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
510G	A measles injection or an MMR injection - that is, a shot in the thigh at the age of 12 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510H	A Hepatitis B vaccination, that is, an injection given in the thigh?	YES . . . . 1 NO . . . . 2 (SKIP TO 510J) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510J) ◄—┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510J) ◄—┤ DON'T KNOW 8
510I	How many times was the Hepatitis B vaccination given?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510J	A PENTAVALENT vaccine against five diseases in children — diphtheria, pertussis, tetanus (DPT), hepatitis B and Haemophilus Influenza type B (HIB), that is, an injection given in the thigh at the same time as polio drops? NOTE: THE PENTAVALENT VACCINATION WAS INTRODUCED IN SEPTEMBER **2009** AND REPLACED DPT (1-3) AND HEPATITIS B (2-3) VAC-CINATIONS	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←┤ DON'T KNOW 8
510K	How many times was the PENTAVALENT vaccination given?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┤ DON'T KNOW 8
515	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
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). 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
517	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
518	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

519	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . A
		  MATERNITY HOME . . B
		  DIAGNOSTIC CENTER C
		  WOMEN'S
		    CONSULTATION . . D
		  POLYCLINIC . . . . . E
		  AMBUL/FML DOC OF. F
		  FAP . . . . G
		  OTHER PUBLIC
		    SECTOR
		    _____ H
		    (SPECIFY)
		PRIVATE SECTOR
		  PVT.HOSPITAL . . . I
		  PVT. MATER. HOM . . J
		  PVT. DIAGN. CENTER K
		  PVT. WOMEN'S
		    CONSULTATION . . L
		  PVT.POLYCLINIC . . . . M
		  PVT. FML DOC OFC. . N
		  PVT.FAP . . . . O
		  PHARMACY . . . . P
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ Q
		    (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . R
		  TRADITIONAL
		    PRACTITIONER S
		  MARKET . . . . . T
		
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL . . A
			  MATERNITY HOME . . B
			  DIAGNOSTIC CENTER C
			  WOMEN'S
			    CONSULTATION . . D
			  POLYCLINIC . . . . . E
			  AMBUL/FML DOC OF. F
			  FAP . . . . G
			  OTHER PUBLIC
			    SECTOR
			    _____ H
			    (SPECIFY)
			PRIVATE SECTOR
			  PVT.HOSPITAL . . . I
			  PVT. MATER. HOM . . J
			  PVT. DIAGN. CENTER K
			  PVT. WOMEN'S
			    CONSULTATION . . L
			  PVT.POLYCLINIC . . . . M
			  PVT. FML DOC OFC. . N
			  PVT.FAP . . . . O
			  PHARMACY . . . . P
			  OTHER PRIVATE
			    MED. SECTOR
			    _____ Q
			    (SPECIFY)
			
			OTHER SOURCE
			  SHOP . . . . R
			  TRADITIONAL
			    PRACTITIONER S
			  MARKET . . . . . T
			
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT. HOSPITAL . . A
				  MATERNITY HOME . . B
				  DIAGNOSTIC CENTER C
				  WOMEN'S
				    CONSULTATION . . D
				  POLYCLINIC . . . . . E
				  AMBUL/FML DOC OF. F
				  FAP . . . . G
				  OTHER PUBLIC
				    SECTOR
				    _____ H
				    (SPECIFY)
				PRIVATE SECTOR
				  PVT.HOSPITAL . . . I
				  PVT. MATER. HOM . . J
				  PVT. DIAGN. CENTER K
				  PVT. WOMEN'S
				    CONSULTATION . . L
				  PVT.POLYCLINIC . . . . M
				  PVT. FML DOC OFC. . N
				  PVT.FAP . . . . O
				  PHARMACY . . . . P
				  OTHER PRIVATE
				    MED. SECTOR
				    _____ Q
				    (SPECIFY)
				
				OTHER SOURCE
				  SHOP . . . . R
				  TRADITIONAL
				    PRACTITIONER S
				  MARKET . . . . . T
				
				OTHER _____ X
				    (SPECIFY)

520	CHECK 519:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		↓ (SKIP TO 522) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			↓ (SKIP TO 522) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				↓ (SKIP TO 522) ←

521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called Rehydron or ORS? c) A homemade fluid?	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID . . . 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 525)◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525)◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525)◄─┤ DON'T KNOW 8

524	What (else) was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . A
		  ANTIMOTILITY B
		  ZINC C
		  OTHER (NOT ANTI-
		    BIOTIC, ANTI-
		    MOTILITY, OR
		    ZINC) . . . . D
		  UNKNOWN PILL
		    OR SYRUP . . . E
		
		INJECTION
		  ANTIBIOTIC . . . . . F
		  NON-ANTIBIOTIC G
		  UNKNOWN
		    INJECTION . . . H
		
		(IV) INTRAVENOUS I
		
		HOME REMEDY/
		  HERBAL MED-
		  ICINE . . . . J
		
		OTHER _____ X
		    (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . A
			  ANTIMOTILITY B
			  ZINC C
			  OTHER (NOT ANTI-
			    BIOTIC, ANTI-
			    MOTILITY, OR
			    ZINC) . . . . D
			  UNKNOWN PILL
			    OR SYRUP . . . E
			
			INJECTION
			  ANTIBIOTIC . . . . . F
			  NON-ANTIBIOTIC G
			  UNKNOWN
			    INJECTION . . . H
			
			(IV) INTRAVENOUS I
			
			HOME REMEDY/
			  HERBAL MED-
			  ICINE . . . . J
			
			OTHER _____ X
			    (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . A
				  ANTIMOTILITY B
				  ZINC C
				  OTHER (NOT ANTI-
				    BIOTIC, ANTI-
				    MOTILITY, OR
				    ZINC) . . . . D
				  UNKNOWN PILL
				    OR SYRUP . . . E
				
				INJECTION
				  ANTIBIOTIC . . . . . F
				  NON-ANTIBIOTIC G
				  UNKNOWN
				    INJECTION . . . H
				
				(IV) INTRAVENOUS I
				
				HOME REMEDY/
				  HERBAL MED-
				  ICINE . . . . J
				
				OTHER _____ X
				    (SPECIFY)

525	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
527	Has (NAME) had an illness with a cough at any time 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
528	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 531)◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531)◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531)◄─┤ DON'T KNOW 8

529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 ┐
		NOSE ONLY 2
		BOTH . . . . 3 ┤
		OTHER _____ 6 ┤
		    (SPECIFY)
		DON'T KNOW . . . . . 8 ┘
		(SKIP TO 531)◄
			CHEST ONLY . . . 1 ┐
			NOSE ONLY 2
			BOTH . . . . 3 ┤
			OTHER _____ 6 ┤
			    (SPECIFY)
			DON'T KNOW . . . . . 8 ┘
			(SKIP TO 531)◄
				CHEST ONLY . . . 1 ┐
				NOSE ONLY 2
				BOTH . . . . 3 ┤
				OTHER _____ 6 ┤
				    (SPECIFY)
				DON'T KNOW . . . . . 8 ┘
				(SKIP TO 531)◄

530	CHECK 525:
	
	HAD FEVER?
		YES NO OR DK
		        │
		        ▼
		(GO BACK TO
		503 IN NEXT
		COLUMN; OR,
		IF NO MORE
		BIRTHS, GO
		TO 553)
			YES NO OR DK
			        │
			        ▼
			(GO BACK TO
			503 IN NEXT
			COLUMN; OR,
			IF NO MORE
			BIRTHS, GO
			TO 553)
				YES NO OR DK
				        │
				        ▼
				(GO TO 503
				IN NEXT-TO-LAST
				COLUMN OF NEW
				QUESTIONNAIRE; OR,
				IF NO MORE BIRTHS,
				GO TO 553)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) 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 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
532	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 FOO . . 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . . 3 MORE .... 4 STOPPED FOOD . . . . 5 NEVER GAVE FOO . . 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . . 3 MORE .... 4 STOPPED FOOD . . . . 5 NEVER GAVE FOO . . 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO .... 2 (SKIP TO 537)	YES .... 1 NO .... 2 (SKIP TO 537)	YES .... 1 NO .... 2 (SKIP TO 537)
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL . . A MATERNITY HOME . . B DIAGNOSTIC CENTER C WOMEN' S CONSULTATION . . D POLYCLINIC ..... E AMBUL/FML DOC OF. F FAP .... G OTHER PUBLIC SECTOR _____ H (SPECIFY) PRIVATE SECTOR PVT.HOSPITAL . . I PVT. MATER. HOM . . J PVT. DIAGN. CENTER K PVT. WOMEN' S CONSULTATION . . L PVT.POLYCLINIC . . . . M PVT. FML DOC OFCE N PVT.FAP .... O PHARMACY .... P OTHER PRIVATE MED. SECTOR _____ Q (SPECIFY) OTHER SOURCE SHOP .... R TRADITIONAL PRACTITIONER S MARKET ..... T OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . . A MATERNITY HOME . . B DIAGNOSTIC CENTER C WOMEN' S CONSULTATION . . D POLYCLINIC ..... E AMBUL/FML DOC OF. F FAP .... G OTHER PUBLIC SECTOR _____ H (SPECIFY) PRIVATE SECTOR PVT.HOSPITAL . . I PVT. MATER. HOM . . J PVT. DIAGN. CENTER K PVT. WOMEN' S CONSULTATION . . L PVT.POLYCLINIC . . . . M PVT. FML DOC OFCE N PVT.FAP .... O PHARMACY .... P OTHER PRIVATE MED. SECTOR _____ Q (SPECIFY) OTHER SOURCE SHOP .... R TRADITIONAL PRACTITIONER S MARKET ..... T OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . . A MATERNITY HOME . . B DIAGNOSTIC CENTER C WOMEN' S CONSULTATION . . D POLYCLINIC ..... E AMBUL/FML DOC OF. F FAP .... G OTHER PUBLIC SECTOR _____ H (SPECIFY) PRIVATE SECTOR PVT.HOSPITAL . . I PVT. MATER. HOM . . J PVT. DIAGN. CENTER K PVT. WOMEN' S CONSULTATION . . L PVT.POLYCLINIC . . . . M PVT. FML DOC OFCE N PVT.FAP .... O PHARMACY .... P OTHER PRIVATE MED. SECTOR _____ Q (SPECIFY) OTHER SOURCE SHOP .... R TRADITIONAL PRACTITIONER S MARKET ..... T OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	CHECK 534:	TWO OR　　ONLY ☐ MORE　　ONE ☐ CODES　　CODE CIRCLED　CIRCLED ↓　　(SKIP TO 537)←	TWO OR　　ONLY ☐ MORE　　ONE ☐ CODES　　CODE CIRCLED　CIRCLED ↓　　(SKIP TO 537)←	TWO OR　　ONLY ☐ MORE　　ONE ☐ CODES　　CODE CIRCLED　CIRCLED ↓　　(SKIP TO 537)←
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 　　　GO TO 538A ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 　　　GO TO 538A ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 　　　GO TO 538A ← DON'T KNOW 8
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS 　AMOX ORAL . . . . . A 　SUMOMED/AZYTRO- 　　MYCIN ORAL . . . . B 　CEFAZOLIN ORAL . . C 　OTHER ORAL 　　ANTIBIOTIC. . . . . . D 　INJECTION . . . E OTHER DRUGS 　ASPIRIN . . . . F 　PARACETOMOL . . . . G NUROPHEN/IBUPROFEI H DOCTOR MOM/SEPTIN/ 　TONZILGON/FERVEX/ 　COLDREX/TERAFLU I ACC/FLUCYTEC . . . . . J OTHER _____ X 　　(SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC DRUGS 　AMOX ORAL . . . . . A 　SUMOMED/AZYTRO- 　　MYCIN ORAL . . . . B 　CEFAZOLIN ORAL . . C 　OTHER ORAL 　　ANTIBIOTIC. . . . . . D 　INJECTION . . . E OTHER DRUGS 　ASPIRIN . . . . F 　PARACETOMOL . . . . G NUROPHEN/IBUPROFEI H DOCTOR MOM/SEPTIN/ 　TONZILGON/FERVEX/ 　COLDREX/TERAFLU I ACC/FLUCYTEC . . . . . J OTHER _____ X 　　(SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC DRUGS 　AMOX ORAL . . . . . A 　SUMOMED/AZYTRO- 　　MYCIN ORAL . . . . B 　CEFAZOLIN ORAL . . C 　OTHER ORAL 　　ANTIBIOTIC. . . . . . D 　INJECTION . . . E OTHER DRUGS 　ASPIRIN . . . . F 　PARACETOMOL . . . . G NUROPHEN/IBUPROFEI H DOCTOR MOM/SEPTIN/ 　TONZILGON/FERVEX/ 　COLDREX/TERAFLU I ACC/FLUCYTEC . . . . . J OTHER _____ X 　　(SPECIFY) DON'T KNOW . . . . . Z
538A	In the past 3 months has (NAME) visited a health provider for any reason?	YES . . . . 1 NO . . . . 2 　(SKIP TO 552) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 　(SKIP TO 552) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 　(SKIP TO 552) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

538B	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON
		HEALTH PERSONNEL
		  FAMILY DOCTOR . . 11
		  INTERNIST 12
		  PEDIATRICIAN. . . .13
		  GYNECOLOGIST. . 14
		  OTHER DOCTOR . . 15
		  FELDSHER 16
		  NURSE/MIDWIFE . . 17
		  PHARMACIST . . . 18
		
		OTHER PERSON
		  TRAVNIK 21
		  RELATIVE/FRIEND.22
		
		OTHER_____96
		    (SPECIFY)
			HEALTH PERSONNEL
			  FAMILY DOCTOR . . 11
			  INTERNIST 12
			  PEDIATRICIAN. . . .13
			  GYNECOLOGIST. . 14
			  OTHER DOCTOR . . 15
			  FELDSHER 16
			  NURSE/MIDWIFE . . 17
			  PHARMACIST . . . 18
			
			OTHER PERSON
			  TRAVNIK 21
			  RELATIVE/FRIEND.22
			
			OTHER_____96
			    (SPECIFY)
				HEALTH PERSONNEL
				  FAMILY DOCTOR . . 11
				  INTERNIST 12
				  PEDIATRICIAN. . . .13
				  GYNECOLOGIST. . 14
				  OTHER DOCTOR . . 15
				  FELDSHER 16
				  NURSE/MIDWIFE . . 17
				  PHARMACIST . . . 18
				
				OTHER PERSON
				  TRAVNIK 21
				  RELATIVE/FRIEND.22
				
				OTHER_____96
				    (SPECIFY)

538C	What type of care did (NAME) receive the last time (NAME) visited a health provider?	PREVENTIVE CARE . . 1 CURATIVE CARE . . . . 2 BOTH . . . . 3 DON'T KNOW 8	PREVENTIVE CARE . . 1 CURATIVE CARE . . . . 2 BOTH . . . . 3 DON'T KNOW 8	PREVENTIVE CARE . . 1 CURATIVE CARE . . . . 2 BOTH . . . . 3 DON'T KNOW 8

538D	Were you charged, or did you pay anything for any services provided for the last visit of (NAME) to a health provider?	YES 1
		
		NO 2
		  (SKIP TO 552)
			YES 1
			
			NO 2
			  (SKIP TO 552)
				YES 1
				
				NO 2
				  (SKIP TO 552)

538E	What is the total amount you paid for all services or treatments you received for the last visit of (NAME) to a health provider? Please include any money paid for services, laboratory tests or medicines. RECORD AMOUNT OF MONEY PAID SEPARATELY FOR: THE LABORATORY, MEDICINE, CONSULTATION AND OTHER SERVICES. PAID NO MONEY = 9999994 DON'T KNOW = 9999998	1) LABORATORY □□□□□□□ 2) MEDICINES □□□□□□□ 3) CONSULTATIONS □□□□□□□ 4) OTHER □□□□□□□	1) LABORATORY □□□□□□□ 2) MEDICINES □□□□□□□ 3) CONSULTATIONS □□□□□□□ 4) OTHER □□□□□□□	1) LABORATORY □□□□□□□ 2) MEDICINES □□□□□□□ 3) CONSULTATIONS □□□□□□□ 4) OTHER □□□□□□□
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

553	CHECK 214 AND 220, ALL ROWS:
	
	NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT
	
	    ONE OR MORE ☐ NONE ☐
	
	RECORD NAME OF YOUNGEST CHILD LIVING
	WITH HER AND CONTINUE WITH 554
	
	    _____ (NAME)
			→ 556

554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01
		PUT/RINSED
		   INTO TOILET OR LATRINE 02
		PUT/RINSED
		   INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		OTHER _____ 96
		          (SPECIFY)	

555	CHECK 522(a) ALL COLUMNS:
	
	    NO CHILD ANY CHILD
	  RECEIVED FLUID ☐ RECEIVED FLUID ☐
	  FROM ORS PACKET FROM ORS PACKET
			→ 557

556	Have you ever heard of a special product called Rehydron or ORS you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	

557	CHECK 214 AND 220, ALL ROWS:
	
	NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT
	
	    ONE OR MORE ☐ NONE ☐
	
	RECORD NAME OF YOUNGEST CHILD LIVING
	WITH HER AND CONTINUE WITH 558
	
	    _____ (NAME)
			→ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

| 558 | Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. | | |

Did (NAME FROM 557) (drink/eat):　　　　　　　　　　　　　　　　　　YES　NO　DK

a)	Plain water?	**a)**　　1　2　8	
b)	Juice or juice drinks?	**b)**　　1　2　8	
c)	Soup?	**c)**　　1　2　8	
d)	Milk such as tinned, powdered, or fresh animal milk?	**d)**　　1　2　8	
	IF YES: How many times did (NAME) drink milk?　　　IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK ☐	
e)	Infant formula?(CERELAC,HIPP,NESTLE,VINNY,MALYSH,NAN,NESTOGE)	**e)**　　1　2　8	
	IF YES: How many times did (NAME) drink infant formula?　　　IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA ☐	
f)	Tea or coffee	**f)**　　1　2　8	
g)	Any other liquids?	**g)**　　1　2　8	
h)	Yogurt/Kefir/Narine/mazoni?	**h)**　　1　2　8	
	IF YES: How many times did (NAME) eat yogurt/kefir/Narine/mazoni?　　　IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT ☐	
i)	Any commercially fortified baby food (HIPP, Nestle,Vinny, Malysh, NAN, Nestoge)	**i)**　　1　2　8	
j)	Bread, rice, noodles, porridge, or other foods made from grains?	**j)**　　1　2　8	
k)	Red sweet pepper, pumpkin, carrots and squash that are yellow or orange inside?	**k)**　　1　2　8	
l)	White potatoes or any other foods made from roots?	**l)**　　1　2　8	
m)	Any dark green, leafy vegetables, for example spinach, parsley, coriander?	**m)**　　1　2　8	
n)	Ripe mangoes, ripe or dried apricots, dried peaches.	**n)**　　1　2　8	
o)	Any other fruits or vegetables?	**o)**　　1　2　8	
p)	Liver, kidney, heart or other organ meats?	**p)**　　1　2　8	
q)	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	**q)**　　1　2　8	
r)	Eggs?	**r)**　　1　2　8	
s)	Fresh or dried fish or shellfish?	**s)**　　1　2　8	
t)	Any foods made from beans, peas, lentils, or nuts?	**t)**　　1　2　8	
u)	Cheese or other food made from milk?	**u)**　　1　2　8	
v)	Any other solid, semi-solid, or soft food?	**v)**　　1　2　8	

| 559 | CHECK 558 (CATEGORIES "h" THROUGH "v"):

　　　　　ALL ☐　　　　　　　AT LEAST ONE ☐
　　　　"NO"　　　　　　　　　　"YES"
　　　　　　　　　　　　　　OR ALL DKs | | → 561 |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?
	
	IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?
		YES 1
		   (GO BACK TO 558 TO RECORD ↵
		   FOOD EATEN YESTERDAY)
		
		NO . . . . 2 → 601	

561	How many times did (NAME FROM 557) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . [ ] DON'T KNOW 8	

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	→ 604
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	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
605	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. . . . . ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ In what month and year did you start living with your (husband/partner)? Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE . . . . ☐☐	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 619)	YES . . . . 1 NO . . . . 2 (SKIP TO 619)	YES . . . . 1 NO . . . . 2 (SKIP TO 619)
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

619	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 '2'.
	IF NO, CIRCLE '3'.
		HUSBAND 1
		LIVE-IN PARTNER . . . 2
		BOYFRIEND NOT
		  LIVING WITH
		  RESPONDENT . . . 3
		CASUAL
		  ACQUAINTANCE . . . 4
		PROSTITUTE 5
		OTHER _____ 6
		(SPECIFY)
		(SKIP TO 622)
			HUSBAND 1
			LIVE-IN PARTNER . . . 2
			BOYFRIEND NOT
			  LIVING WITH
			  RESPONDENT . . . 3
			CASUAL
			  ACQUAINTANCE . . . 4
			PROSTITUTE 5
			OTHER _____ 6
			(SPECIFY)
			(SKIP TO 622)
				HUSBAND 1
				LIVE-IN PARTNER . . . 2
				BOYFRIEND NOT
				  LIVING WITH
				  RESPONDENT . . . 3
				CASUAL
				  ACQUAINTANCE . . . 4
				PROSTITUTE 5
				OTHER _____ 6
				(SPECIFY)
				(SKIP TO 622)

620	CHECK 609:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
623	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
624	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98
625	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 616 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627)	YES . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627)	
626	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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 . . . . 1 2 MALE ADULTS . . . . 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 701

630	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	      (NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . A
		  MATERNITY HOME . . . . B
		  DIAGNOSTIC CENTER C
		  WOMEN' S CONSULTATION . . . . D
		  POLYCLINIC . . . . E
		  AMBULATORY/FML DOC.OFFICE . . F
		  FAP . . . . G
		  OTHER PUBLIC
		    SECTOR _____ H
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL I
		  MATERNITY HOME . . . . J
		  DIAGNOSTIC CENTER . . . . K
		  WOMEN' S CONSULTATION L
		  POLYCLINIC . . . . M
		  FAMILY DOCTOR'S OFFICE . . . . . N
		  FAP . . . . O
		  PHARMACY . . . . P
		
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ Q
		          (SPECIFY)
		
		OTHER SOURCE
		  SHOP/MARKET/KIOSK R
		  CHURCH . . . . S
		  FRIEND/RELATIVE . . . . T
		
		OTHER _____ X
		          (SPECIFY)	

631	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER ☐ HE OR SHE ☐ STERILIZED STERILIZED		→ 712
702	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE . . . . 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	 → 707 → 712 → 710
705	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ 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	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ CURRENTLY ☐ CURRENTLY USING USING		→ 712
708	CHECK 705: NOT ☐ 24 OR MORE MONTHS ☐ 00-23 MONTHS ☐ ASKED OR 02 OR MORE YEARS OR 00-01 YEAR		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

709	CHECK 703 AND 704:
	
	WANTS TO HAVE A/ANOTHER CHILD WANTS NO MORE/ NONE
	
	You have said that you do not want (a/another) child soon.
	Can you tell me why you are not using a method to prevent pregnancy? You have said that you do not want any (more) children.
	
	Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason? Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		  NOT HAVING SEX . . . . B
		  INFREQUENT SEX C
		  MENOPAUSAL/HYSTERECTOMY D
		  CAN'T GET PREGNANT . . . . E
		  NOT MENSTRUATED SINCE
		    LAST BIRTH . . . . F
		  BREASTFEEDING . . . . G
		  UP TO GOD/FATALISTIC . . . . H
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED I
		  HUSBAND/PARTNER OPPOSED . . . J
		  OTHERS OPPOSED . . . . K
		  RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHOD . . . . M
		  KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		  SIDE EFFECTS/HEALTH
		    CONCERNS . . . . O
		  LACK OF ACCESS/TOO FAR . . . . . P
		  COSTS TOO MUCH . . . . Q
		  PREFERRED METHOD
		    NOT AVAILABLE . . . . R
		  NO METHOD AVAILABLE . . . . S
		  INCONVENIENT TO USE . . . . T
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES . . . . U
		
		OTHER _____ X
		         (SPECIFY)
		DON'T KNOW . . . . Z	

710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED NO, NOT CURRENTLY USING YES, CURRENTLY USING		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
712	CHECK 218: HAS LIVING CHILDREN NO LIVING CHILDREN 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)	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER OTHER _____ 96 (SPECIFY)	
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Heard about family planning at a community event? Read about family planning in a pamphlet/poster/leaflet/booklet?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 COMMUNITY EVENT . . . . 1 2 PAMPHLET, ETC. 1 2	
714A	Do you know how to give yourself a breast exam?	YES . . . . 1 NO 2	→ 714C
714B	Have you ever given yourself a breast exam? IF YES: When was the last time that you gave yourself a breast exam?	MONTHS AGO . . . . NEVER GAVE EXAM 95	
714C	Has a health care provider ever given you a breast exam? IF YES: The last time a health care provider gave you a breast exam, what kind of a breast exam was it?	NEVER GIVEN EXAM . . . . 1 MANUAL . . . . 2 ULTRASOUND . . . . 3 MAMMOGRAM . . . . 4 OTHER _____ (SPECIFY) 6	
714D	Have you ever had a PAP smear test to check for cervical cancer?	YES . . . . 1 NO 2	→ 716
714E	Have you had a PAP smear test in the last 3 years?	YES . . . . 1 NO 2	
716	CHECK 601: YES, YES, NO, CURRENTLY LIVING NOT IN MARRIED WITH A MAN UNION		→ 801

717	CHECK 303: USING A CONTRACEPTIVE METHOD?
	         NOT
	CURRENTLY CURRENTLY
	USING USING
	         OR NOT ASKED
			→ 720

718	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)	
719	CHECK 304: NEITHER HE OR SHE STERILIZED STERILIZED		→ 801
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→ 803 → 807
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) (husband/partner) ever attend school?	YES . . . . 1 NO 2	→ 806
803A	What is the total number of years of schooling he has had?	YEARS OF SCHOOLING . . . . . ☐☐	
804	What was the highest level of school he attended: primary/secondary, secondary-special or higher?	PRIMARY/SECONDARY . . . . . . 1 SECONDARY-SPECIAL . . . . 2 HIGHER . . . . 3 DON'T KNOW 8	→ 806
805	What was the highest (grade/class/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/CLASS . . . . ☐☐ DON'T KNOW 98	
805A	CHECK 804 AND 805: CODES "1" PRIMARY/ SECONDARY LEVEL AND GRADE 10+ CIRCLED OR CODE "2" SECONDARY-SPECIAL LEVEL CIRCLED, ASK: ☐ OTHER (CODES "1" PRIMARY/SECONDARY LEVEL AND GRADE 1-9 CIRCLED OR CODE "3" HIGHER LEVEL CIRCLED) ☐ Did he receive a diploma (attestat) for completing secondary education?	 YES . . . . 1 NO 2	→ 806
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do? What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?	☐☐ _____ _____	
806A	In the last 3 years, has your husband/partner been working abroad for three or more months at a time?	YES . . . . 1 NO 2	
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	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____	
812	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	
814	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	

815	CHECK 601:
	
	    CURRENTLY
	    MARRIED/LIVING NOT IN UNION
	    WITH A MAN
			→ 823

816	CHECK 814:
	
	    CODE 1 OR 2
	    CIRCLED OTHER
			→ 819

817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		   HUSBAND/PARTNER JOINTLY . . . 3
		OTHER _____ 6
		          (SPECIFY)	

818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . 4 DON'T KNOW 8	→ 820

819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		   HUSBAND/PARTNER JOINTLY . . . 3
		HUSBAND/PARTNER HAS
		   NO EARNINGS 4
		OTHER _____ 6
		          (SPECIFY)	

820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 SOMEONE ELSE HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	

825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.
		CHILDREN < 10	1	2	3
		HUSBAND	1	2	3
		OTHER MALES	1	2	3
		OTHER FEMALES . . .	1	2	3

826	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	If she goes out without telling him?	GOES OUT	1	2	8
	If she neglects the children?	NEGL. CHILDREN . . .	1	2	8
	If she argues with him?	ARGUES	1	2	8
	If she refuses to have sex with him?	REFUSES SEX	1	2	8
	If she burns the food?	BURNS FOOD	1	2	8

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	→ 937
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex 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 chance 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 get the AIDS virus through saliva by kissing someone infected with the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY. . . 1 2 8 BREASTFEEDING . . . 1 2 8	

909	CHECK 908:
	     AT LEAST □ OTHER □
	     ONE 'YES' ↓
			→ 926

910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . □□ TWO OR MORE YEARS 96	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

929	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  MATERNITY HOME 12
		  DIAGNOSTIC CENTEI 13
		  WOMEN' S CONSULTATIO 14
		  POLYCLINIC 15
		  AMBULATORY/FML DOC.OFI 16
		  FAP 17
		  OTHER PUBLIC
		    SECTOR _____ 18
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  MATERNITY HOME 22
		  DIAGNOSTIC CENTER 23
		  WOMEN' S CONSULTATIO 24
		  POLYCLINIC 25
		  FAMILY DOCTOR'S OFFICE 26
		  FAP 27
		  PHARMACY 28
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 29
		           (SPECIFY)
		OTHER SOURCE
		  HOME 31
		  CORRECTIONAL FACILITʏ 32
		
		OTHER _____ 96
		        (SPECIFY)
			→ 932

930	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 932

931	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . A
		  MATERNITY HOME . . . . B
		  DIAGNOSTIC CENTEI C
		  WOMEN' S CONSULTATIO . . . . D
		  POLYCLINIC . . . . E
		  AMBULATORY/FML DOC.OFI . . . . . F
		  FAP . . . . G
		  OTHER PUBLIC H
		    SECTOR _____
		
		             (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL I
		  MATERNITY HOME . . . . J
		  DIAGNOSTIC CENTER . . . . K
		  WOMEN' S CONSULTATIO L
		  POLYCLINIC . . . . M
		  FAMILY DOCTOR'S OFFICE . . . . . N
		  FAP . . . . O
		  PHARMACY . . . . P
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ Q
		           (SPECIFY)
		
		OTHER _____ X
		        (SPECIFY)	

932	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
933	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	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
935	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	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	→ 938
937A	Please tell me the names of all STI diseases you have ever heard about. CIRCLE ALL MENTIONED	GONORRHEA . . . . A SYPHILIS . . . . B CHLAMYDIA . . . . C HERPES GENITAL . . . . D MYCOPLASMA . . . . E CANDIDA . . . . F GARDNERELLA . . . . G CYTOMEGALOVIRUS . . . . H HPV . . . . I TB . . . . J AIDS . . . . K HEPATITIS C OR B . . . . L OTHER_____ X (SPECIFY)	
938	CHECK 613: HAS HAD SEXUAL ☐ NEVER HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 941
940	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	
941	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	
942	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 946

945	Where did you go?
	
	 Any other place?
	
	 PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	 IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	 _____
	 (NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . . . A
		   MATERNITY HOME . . . . B
		   DIAGNOSTIC CENTEI C
		   WOMEN' S CONSULTATIO . . . . . . D
		   POLYCLINIC . . . . E
		   AMBULATORY/FML DOC.OFI . . . . . F
		   FAP . . . . G
		   OTHER PUBLIC H
		     SECTOR _____
		                  (SPECIFY)
		 PRIVATE MEDICAL SECTOR
		   HOSPITAL I
		   MATERNITY HOME . . . . J
		   DIAGNOSTIC CENTER . . . . K
		   WOMEN' S CONSULTATIO L
		   POLYCLINIC . . . . M
		   FAMILY DOCTOR'S OFFICE . . . . . N
		   FAP . . . . O
		   PHARMACY . . . . P
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ Q
		                  (SPECIFY)
		
		 OTHER SOURCE
		   SHOP . . . . R
		   OTHER _____ X
		                 (SPECIFY)	

946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN ↓ NOT IN UNION		→ 1001
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . ☐☐	
1006	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	→ 1008
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C CIGARS . . . . D WATER PIPE/NARGILE . . . . E OTHER _____ X (SPECIFY)	
1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		
		BIG NOT A BIG PROB- PROB- LEM LEM	
	Getting permission to go to the doctor?	PERMISSION TO GO . . . 1 2	
	Getting money needed for advice or treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
1009	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1011

1010	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		BASIC BENEFIT PACKAGE . . . . A
		HEALTH INSURANCE THROUGH
		   EMPLOYER . . . . B
		ANY OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE C
		OTHER _____ X
		(SPECIFY)	

1011	In the last few months have you:	YES NO	
	a) Heard messages on any health issues on the radio?	RADIO 1 2	
	b) Seen anything about on any health issues on the television?	TELEVISION 1 2	
	c) Read about on any health issues in a newspaper or magazine?	NEWSPAPER OR MAGAZINE . . . 1 2	
1012	Now I would like to ask about your primary health care provider. Have you already chosen your primary doctor?	YES . . . . 1 NO 2	→ 1017

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	What is the specialty of your primary doctor?	FAMILY DOCTOR . . . . 1 INTERNIST (TERAPEVT) . . . . 2 PEDIATRICIAN . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 1017
1014	Does your family doctor work in a health facility serving your home location ("uchastkovaya" clinic)?	YES . . . . 1 NO 2	
1015	Is (s)he your former general-doctor-internist ("uchastkoviy terapevt") or former pediatrician?	YES, INTERNIST(TERAP . . . . 1 YES, PEDIATRICIAN . . . . 2 OTHER DOCTOR SERVED BEFOR . . . . 3 NO 4	
1016	In general, which of the following statements describes best your opinion of the service given by your family doctor the last time you visited him/her for any reason? (READ ALL STATEMENTS, CHECK ONLY ONE) a) I am **very satisfied** with the service given b) I am **more or less satisfied** with the service c) I am **not** satisfied with the service given	 VERY SATISFIED . . . . 1 MORE OR LESS SATISFIED . . . . 2 NOT SATISFIED 3	
1017	In the past three years since 2007, have you visited a primary health care facility to conduct a preventive (prophylactic) health examination?	YES . . . . 1 NO 2	→ 1023
1018	When was the last time you visited a health facility to conduct a preventive health examination?	LESS THAN 6 MONTHS AGO . . . . 1 6-11 MONTHS AGO . . . . 2 1-3 YEARS AGO . . . . 3 OTHER _____ 6 (SPECIFY)	
1019	During this last visit, did your doctor tell you that you have hypertension or high blood pressure? IF YES, PROBE WHETHER OR NOT IT WAS THE FIRST TIME	YES, FIRST TIME . . . . 1 YES, NOT THE FIRST TIME . . . . 2 NO 3	
1020	During this visit have you been given breast examination?	YES . . . . 1 NO 2	
1021	During this visit did you have a PAP- smear test to detect cervical cancer?	YES . . . . 1 NO 2	
1022	During this last visit, did your doctor tell you that you have diabetes or high level of sugar/glucose in blood? IF YES, PROBE WHETHER OR NOT IT WAS THE FIRST TIME	YES, FIRST TIME . . . . 1 YES, NOT THE FIRST TIME . . . . 2 NO 3	
1023	Was there a time in the past two months when you felt that you needed to go to the polyclinic or ambulatory?	YES, AND WENT . . . . 1 YES, DID NOT GO . . . . 2 NO 3	→ 1100 → 1100
1024	Did you instead go to a hospital or to a specialist?	YES . . . . 1 NO 2	

1025	What was the reason for not going to the polyclinic or ambulatory?
	
	    CIRCLE ALL APPLIED
		EXPENSIVE . . . . A
		NO TRANSPORT . . . . B
		LACK OF TIME C
		FEAR OF DIAGNOSIS . . . . D
		DIDN'T TRUST PROVIDE . . . . E
		NO QUALIFIED DOCTOR . . . . F
		NO EQUIMENT . . . . G
		FACILITY UNCLEAN . . . . H
		OTHER _____ X
		        (SPECIFY)
		DON'T KNOW . . . . Y	

INFORMATION ABOUT A HEALTH FACILITY WHERE THE IMMUNIZATION RECORDS (MOH FORMS 063 AND 112) ARE KEPT

1100	CHECK 503, 214 AND 218: HAS LIVING CHILDREN BORN IN JANUARY 2005 OR LATER
	YES ☐ NO ☐ ────────────────► 1109

1101	CHECK 502: FOR LIVING CHILDREN BORN IN JANUARY 2005 OR LATER	LAST BIRTH PREGNANCY LINE NUMBER ☐☐	NEXT-TO-LAST BIRTH PREGNANCY LINE NUMBER ☐☐	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER ☐☐
1102	CHECK 503: FOR LIVING CHILDREN BORN IN JANUARY 2005 OR LATER	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

RECORD MOTHER'S AND CHILD'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS ARE KEPT (MOH FORMS 063 OR 112)

1103	CHILD'S FULL NAME	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____
1104	MOTHER'S FULL NAME	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____
1105	RECORD CHILD'S DATE OF BIRTH FROM 214	DAY ☐☐ MONTH ☐☐ YR ☐☐☐☐	DAY ☐☐ MONTH ☐☐ YR ☐☐☐☐	DAY ☐☐ MONTH ☐☐ YR ☐☐☐☐
1106	CHILD HOME ADDRESS			
1107	NAME AND ADDRESS OF MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS (FORMS # 063 OR #112) ARE KEPT			
1108		GO BACK TO 1101 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 1109.	GO BACK TO 1101 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 1109.	GO TO 1101 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 1109.

1109	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐

AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, PLEASE GO TO A MEDICAL FACILITY AND RECORD DATES OF VACCINES IN SECTION 12.

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**</u>
B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 DIAPHRAGM
J FOAM OR JELLY
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD
M FERTILITY WHEEL CALCULATOR
N WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>
0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
                    (SPECIFY)
Z DON'T KNOW

				1	2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
0	05	MAY	08			0
*	04	APR	09			*
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
0	06	JUN	19			0
9	05	MAY	20			9
*	04	APR	21			*
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
0	06	JUN	31			0
8	05	MAY	32			8
*	04	APR	33			*
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
0	06	JUN	43			0
7	05	MAY	44			7
*	04	APR	45			*
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
0	06	JUN	55			0
6	05	MAY	56			6
*	04	APR	57			*
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
0	06	JUN	67			0
5	05	MAY	68			5
*	04	APR	69			*
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

* Year of fieldwork is assumed to be 2010. For fieldwork beginning
in 2011 or 2012, the years should be adjusted.

** Response categories may be added for other methods, including
fertility awareness methods.

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____
_____
_____
_____
_____
_____

NAME OF SUPERVISOR: _____   DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

_____
_____
_____
_____
_____

NAME OF EDITOR: _____   DATE: _____

SECTION 12. VISIT TO A HEALTH FACILITY TO COLLECT INFORMATION ABOUT IMMUNIZATION (MOH FORMS 063 or 112).

1201	ENTER IN THE TABLE LINE NUMBER, NAME AND INFORMATION ABOUT THE LIVING CHILD, BORN IN 2005 OR LATER, EXACTLY AS IN QUES.1101 AND 1103. (IF 3 OR MORE BIRTHS, USE THE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			

1202	CHECK 1101 AND 1103:	LAST BIRTH PREGNANCY LINE NUMBER . ☐☐ _____ FULL NAME OF THE CHILD	NEXT-TO-LAST-BIRTH PREGNANCY LINE NUMBER . ☐☐ _____ FULL NAME OF THE CHILD	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER . ☐☐ _____ FULL NAME OF THE CHILD

1203	CHECK 1107 ANY INFORMATION ABOUT MEDICAL INSTITUTION KEEPING IMMUNIZATION DATA?	CHECK 1107 YES . . . . 1 NO . . . . 2 NEXT CHILD ◄┘	CHECK 1107 YES . . . . 1 NO . . . . 2 NEXT CHILD ◄┘	CHECK 1107 YES . . . . 1 NO . . . . 2 NEXT CHILD ◄┘

1204	WAS A HEALTH FACILITY VISITED?	YES . . . . 1 NO . . . . 2 NEXT CHILD ◄┘	YES . . . . 1 NO . . . . 2 NEXT CHILD ◄┘	YES . . . . 1 NO . . . . 2 NEXT CHILD ◄┘

1205	ARE THERE IMMUNIZATION RECORDS (FORMS 063 OR 112) IN A HEALTH FACILITY (NAME)?	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . 2 NEXT CHILD ◄ NO RECORD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 NEXT CHILD ◄ NO RECORD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 NEXT CHILD ◄ NO RECORD 3

1206	(1) COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (MOH FORMS #063 OR #112) (2) ENTER '44' IN THE COLUMN 'DAY' IF THE CARD READS THAT VACCINATION TOOK PLACE BUT NO DATE IS PROVIDED (3) WRITE '98' FOR DON'T KNOW IN 'DAY' OR 'MONTH' OR "9998' IN 'YEAR' COLUMN FOR WHICH THE INFORMATION IS NOT GIVEN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT ONLY PART OF THE DATE IS RECORDED.			

	LAST BIRTH				NEXT-TO-LAST-BIRTH				SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR
BCG				BCG				BCG			
HEP1 AT BIRTH				HEP1 AT BIRTH				HEP1 AT BIRTH			
HEP 2				HEP2				HEP2			
HEP 3				HEP3				HEP3			
DPT 1				DPT1				DPT1			
DPT2				DPT2				DPT2			
DPT 3				DPT3				DPT3			
DPT 4 BOOST				DPT 4 BOOST				DPT 4 BOOST			
POLIO 1				POLIO1				POLIO1			
POLIO 2				POLIO2				POLIO2			
POLIO 3				POLIO3				POLIO3			
POLIO 4 BOOST				POLIO 4 BOOST				POLIO 4 BOOST			
PENTAV ALENT1				PE NTA VAL1				PE NTA VAL1			
PENTAV ALENT2				PE NTA VAL2				PE NTA VAL2			
PENTAV ALENT3				PE NTA VAL3				PE NTA VAL3			
MMR				MMR				MMR			

NOTE: Since 2009 the DPT(1-3) AND HEP B (2-3) vaccines are given as a combined pentavalent vaccine.

2010 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE
MINISTRY OF HEALTH

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

REGION (MARZ) . . . .

NAME AND LINE NUMBER OF MAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	
RESULT*	_____	_____	_____	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)

COUNTRY-SPECIFIC INFORMATION: LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE
                                           LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

INTRODUCTION AND CONSENT

```
INFORMED CONSENT

Hello.  My name is _____.  I am working with National Statistical Service and Ministry of Health).
We are conducting a survey about health all over Armenia.  The information we collect will help the government  to plan health services.
Your household was selected for the survey.  The questions usually take about 20 minutes.  All of the answers you give will be confidential
and will not be shared with anyone other than members of our survey team.  You don't have to be in the survey, but we hope you will agree
to answer the questions since your views are important.  If I ask you any question you don't want to answer, just let me know and I will go
on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your
household.
Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER:_____        DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . .  1     RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . .  2 → END
```

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . [ ][ ] MINUTES . . . . [ ][ ]	
102	In what month and year were you born?	MONTH . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 110
104A	What is the total number of years of schooling you have had?	YEARS OF SCHOOLING . . . . . [ ][ ]	
105	What is the highest level of school you attended: primary/ secondary, secondary-special or higher?	PRIMARY/SECONDARY . . . . . . 1 SECONDARY-SPECIAL . . . . . . 2 HIGHER 3	
106	What is the highest (grade/class/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/CLASS/YEAR . . . . [ ][ ]	
106A	CHECK 105 AND 106: CODES "1" PRIMARY- SECONDARY LEVEL [ ] OTHER (CODES [ ] AND GRADE 10 + "1" PRIMARY/SECONDARY CIRCLED OR CODE "2" LEVEL AND GRADE 1-9 SECONDARY-SPECIAL CIRCLED OR CODE "3" LEVEL CIRCLED,ASK: HIGHER LEVEL CIRCLED) Did you receive a diploma (attestat) for completing secondary education?	 YES . . . . 1 NO 2	→ 110
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	In the last 3 years, have you been working abroad for three or more months at a time?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 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 . . . . ▢▢ DAUGHTERS AT HOME . . . . . ▢▢	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ▢▢ DAUGHTERS ELSEWHERE . . . ▢▢	
206	Have you ever fathered a son or a daughter 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 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ▢▢ GIRLS DEAD . . . . ▢▢	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . ▢▢	
209	CHECK 208: HAS HAD HAS HAD ▢ → 212 MORE THAN ONLY ONE CHILD ↓ ONE CHILD HAS NOT HAD ▢ ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . ▢▢	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . ▢▢	
213	CHECK 203 AND 205: AT LEAST ONE ▢ NO LIVING ▢ LIVING CHILD ↓ CHILDREN → 301		
214	How old is your (youngest) child?	AGE IN YEARS . . . . ▢▢	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD ☐　　　　OTHER ☐ 　IS AGE 0-2 YEARS		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD —————————————— 　(NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL . . . . 1 ABOUT THE SAME . . . . 2 LESS THAN USUAL . . . . 3 NOTHING TO DRINK . . . . 4 DON'T KNOW 8	

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Spermicides**: PROBE: Foam/jelly or vaginal pills that women can insert in their vagina before sexual intercourse to prevent pregnancy.	YES . . . . 1 NO 2	
09	**Lactational Amenorrhea Method** (LAM)	YES . . . . 1 NO 2	
10	**Rhythm Method**. PROBE: 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	
11	**Fertility Wheel Calculator.** PROBE: Ovulation Pinwheel calendar provides day-to-day information on fertility and peak ovulation when a sexually active woman is most likely to get pregnant.	YES . . . . 1 NO 2	
12	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
13	**Emergency Contraception**. PROBE: As an emergency measure, within three days (72 hours)after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Heard about family planning at a community event? Read about family planning in a pamphlet/poster/leaflet/booklet?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . 1 2 COMMUNITY EVENT . . . . 1 2 PAMPHLET, ETC . . 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES . . . . 1 NO 2	→ 304
303A	Who discussed family planning with you? RECORD ALL MENTIONED	FAMILY DOCTOR . . . . A INTERNIST (TERAP . . . . B PEDIATRICIAN. . . . . C GYNECOLOGIST . . . . D OTHER DOCTOR . . . . E FELDSHER . . . . F NURSE/MIDWIFE . . . . G DON'T KNOW . . . . Y	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when 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 <u> </u> 6
		              (SPECIFY)
		DON'T KNOW 8	

306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.
	
	a) Contraception is a woman's business and a man should not have to worry about it.
	b) Women who use contraception may become promiscuous.
		DIS-
		          AGREE AGREE DK
		
		CONTRACEPTION
		  WOMAN'S BUSINESS 1 2 8
		WOMEN MAY BECOME
		  PROMISCUOUS 1 2 8	

307	CHECK 301 (07): KNOWS MALE CONDOM YES ⌐ NO ☐		→ 401
308	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 401

309	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	      <u> </u>
	        (NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . A
		  MATERNITY HOME . . . . B
		  DIAGNOSTIC CENTER. C
		  WOMEN'S CONSULTATION . . . . D
		  POLYCLINIC . . . . E
		  AMBULATORY/FAMILY DOC.OFFICE F
		  FAP . . . . G
		  OTHER PUBLIC
		    SECTOR <u> </u> H
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL I
		  MATERNITY HOME . . . . J
		  DIAGNOSTIC CENTER . . . . K
		  WOMEN'S CONSULTATION L
		  POLYCLINIC . . . . M
		  FAMILY DOCTORS' OFFICE . . . . . N
		  FAP . . . . O
		  PHARMACY . . . . P
		  OTHER PRIVATE MEDICAL
		    SECTOR <u> </u> Q
		            (SPECIFY)
		
		OTHER SOURCE
		  SHOP/MARKET/KIOSK . . . . R
		  CHURCH . . . . S
		  FRIEND/RELATIVE . . . . T
		
		OTHER <u> </u> X
		          (SPECIFY)	

310	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO 2	

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	→ 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	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→ 410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . 1 STAYING ELSEWHERE 2	
405	RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
405A	In the last 3 years, has your wife/partner been working abroad for three or more months at a time?	YES . . . . 1 NO 2	
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	→ 411A
411 411A	In what month and year did you start living with your (wife/partner)? Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.
	
	How old were you when you had sexual intercourse for the very first time?
		NEVER HAD SEXUAL
		  INTERCOURSE 00
		
		AGE IN YEARS . . . .
		
		FIRST TIME WHEN STARTED
		  LIVING WITH (FIRST)
		  WIFE/PARTNER 95
			→ 501

415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 420)	YES . . . . 1 NO . . . . 2 (SKIP TO 420)	YES . . . . 1 NO . . . . 2 (SKIP TO 420)
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
420	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 '2'. IF NO, CIRCLE '3'.	WIFE . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)
421	CHECK 410:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 423)
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
424	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
425	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
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 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ↵	YES . . . . 1 (GO BACK TO 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ↵	
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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐↓ NO PARTNERS ARE PROSTITUTES ☐ ⟶ 430			
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ ⟶ 433 OTHER ☐ ⟶ 434			
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 ⟶ 432 NO 2		
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . 1 NO . . . . 2 ⟶ 434		
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 ⟶ 434		
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
434	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98		

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER

435 CHECK 418, MOST RECENT PARTNER (FIRST COLUMN):

NOT ASKED ☐ ──────────────────────→ 438

CONDOM USED ☐↓   NO CONDOM USED ☐ ──────────────→ 438

---

437 From where did you obtain the condom the last time?

PROBE TO IDENTIFY TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.

_____
(NAME OF PLACE)

PUBLIC SECTOR
  GOVT. HOSPITAL 11
  MATERNITY HOME 12
  DIAGNOSTIC CENTEF 13
  WOMEN' S CONSULTATIOI 14
  POLYCLINIC   15
  AMBULATORY/FAMILY DOC.OFFICE16
  FAP   17
  OTHER PUBLIC
    SECTOR _____ 18
             (SPECIFY)
PRIVATE MEDICAL SECTOR
  HOSPITAL   21
  MATERNITY HOME 22
  DIAGNOSTIC CENTER 23
  WOMEN' S CONSULTATIOI 24
  POLYCLINIC   25
  FAMILY DOCTOR'S OFFICE 26
  FAP   27
  PHARMACY   28
  OTHER PRIVATE MEDICAL
    SECTOR _____ 29
             (SPECIFY)
OTHER SOURCE
  SHOP/MARKET/KIOSK   31
  CHURCH 32
  FRIEND/RELATIVE 33

OTHER _____ 96
             (SPECIFY)

---

438 The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?

YES 1
NO 2
DON'T KNOW   . . . . 8 → 501

---

439 What method did you or your partner use?

PROBE:
Did you or your partner use any other method to prevent pregnancy?

RECORD ALL MENTIONED.

FEMALE STERILIZATION   . . . . A
MALE STERILIZATION   . . . . B
IUD C
INJECTABLES   . . . . D
IMPLANTS   . . . . E
PILL . . . . F
DIAPHRAGM   . . . . G
FOAM/JELLY   . . . . H
LAM I
RHYTHM METHOD . . . . J
FERTILITY WHEEL CALCULATOR . . . K
WITHDRAWAL   L
OTHER MODERN METHOD   X
OTHER TRADITIONAL METHOD . . . . . Y

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR ☐ LIVING WITH A WOMAN ↓ NOT IN UNION ☐ →		→ 509
502	CHECK 439: MAN NOT ☐ MAN ☐ → STERILIZED ↓ STERILIZED		→ 509
503	Is your (wife/partner) currently pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	┐ ┘→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 507 → 509

505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS COUPLE
		   CAN'T GET PREGNANT 3
		WIFE/PARTNER
		   STERILIZED 4
		UNDECIDED/DON'T KNOW 8
			→ 509

507	CHECK 503: WIFE/PARTNER ☐ WIFE/PARTNER ☐ NOT PREGNANT PREGNANT ↓ OR DON'T KNOW ↓ 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 COUPLE INFECUND . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

509	CHECK 203 AND 205:
	
	HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐
	    ↓ ↓
	
	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)
			→ 601
			
			→ 601

510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 604
602	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, or any other such reason?	YES . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
605	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	
606	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	

607	CHECK 401:
	
	  CURRENTLY MARRIED OR ☐ NOT IN UNION ☐
	  LIVING WITH A WOMAN ↓
			→ 612

608	CHECK 606:
	
	  CODE 1 OR 2 ☐ OTHER ☐_____
	  CIRCLED ↓
			→ 610

609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1
		WIFE/PARTNER 2
		RESPONDENT AND WIFE/
		  PARTNER JOINTLY 3
		OTHER _____ 6
		              SPECIFY	

610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1
		WIFE/PARTNER 2
		RESPONDENT AND WIFE/
		  PARTNER JOINTLY 3
		SOMEONE ELSE 4
		OTHER _____ 6
		              SPECIFY	

611	Who usually makes decisions about making major household purchases?	RESPONDENT 1
		WIFE/PARTNER 2
		RESPONDENT AND WIFE/
		  PARTNER JOINTLY 3
		SOMEONE ELSE 4
		OTHER _____ 6
		              SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
614	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 723
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
706	Can people get the AIDS virus through saliva by kissing someone infected with the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

709	CHECK 708:
	    AT LEAST ☐ OTHER ☐
	    ONE 'YES' ↓
			→ 711

710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	
714	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

715	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  MATERNITY HOME 12
		  DIAGNOSTIC CENTEI 13
		  WOMEN' S CONSULTATIO 14
		  POLYCLINIC 15
		  AMBULATORY/FAMILY DOC.OFFICE 16
		  FAP 17
		  OTHER PUBLIC
		    SECTOR _____ 18
		            (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  MATERNITY HOME 22
		  DIAGNOSTIC CENTER 23
		  WOMEN' S CONSULTATIO 24
		  POLYCLINIC 25
		  FAMILY DOCTORS' OFFICE 26
		  FAP 27
		  PHARMACY 28
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 29
		            (SPECIFY)
		OTHER SOURCE
		  HOME 31
		  CORRECTIONAL FACILITY 32
		
		OTHER _____ 96
		            (SPECIFY)
			→ 718

716	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 718

717	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . A
		  MATERNITY HOME . . . . B
		  DIAGNOSTIC CENTEI C
		  WOMEN' S CONSULTATIO . . . . . . D
		  POLYCLINIC . . . . E
		  AMBULAT/FAMILY DOC.OFFICE . . . . F
		  FAP . . . . G
		  OTHER PUBLIC
		    SECTOR _____ H
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL I
		  MATERNITY HOME . . . . J
		  DIAGNOSTIC CENTER . . . . K
		  WOMEN' S CONSULTATIO L
		  POLYCLINIC . . . . M
		  FAMILY DOCTORS' OFFICE . . . . . N
		  FAP . . . . O
		  PHARMACY . . . . P
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ Q
		            (SPECIFY)
		
		OTHER _____ X
		            (SPECIFY)	

718	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	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	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
721	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	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	→ 724
723A	Please tell me the names of all STI diseases you have ever heard about. CIRCLE ALL MENTIONED	GONORRHEA . . . . A SYPHILIS . . . . B CHLAMYDIA . . . . C HERPES GENITAL . . . . D MYCOPLASMA . . . . E CANDIDA . . . . F GARDNERELLA . . . . G CYTOMEGALOVIRUS . . . . H HPV . . . . I TB . . . . J AIDS . . . . K HEPATITIS C OR B . . . . L OTHER_____ X (SPECIFY)	
724	CHECK 414: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 727
726	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	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	CHECK 726, 727, AND 728: HAS HAD AN HAS NOT HAD AN INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 732

731	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . . . A
		   MATERNITY HOME . . . . B
		   DIAGNOSTIC CENTEI C
		   WOMEN' S CONSULTATIO . . . . D
		   POLYCLINIC . . . . E
		   AMBULATORY/FAMILY DOC . . . . . . F
		   FAP . . . . G
		   OTHER PUBLIC
		      SECTOR _____ H
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   HOSPITAL I
		   MATERNITY HOME . . . . J
		   DIAGNOSTIC CENTER . . . . K
		   WOMEN' S CONSULTATIO L
		   POLYCLINIC . . . . M
		   FAMILY DOCTORS' OFFICE . . . . . N
		   FAP . . . . O
		   PHARMACY . . . . P
		   OTHER PRIVATE MEDICAL
		      SECTOR _____ Q
		                (SPECIFY)
		
		OTHER SOURCE
		   SHOP/MARKET/KIOSK R
		     CHURCH . . . . S
		     FRIEND/RELATIVE . . . . T
		
		OTHER _____ X
		               (SPECIFY)	

732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . ☐☐	
810	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	→ 812
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C CIGARS . . . . D WATER PIPE/NARGIL . . . . E OTHER _____ X (SPECIFY)	
812	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 814

813	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		BASIC BENEFIT PACKAGE . . . . A
		HEALTH INSURANCE THROUGH
		    EMPLOYER . . . . B
		ANY OTHER PRIVATELY PURCHASED
		    COMMERCIAL HEALTH INSURANCE C
		OTHER _____ X
		(SPECIFY)	

814	In the last few months have you: a)Heard messages on any health issues on the radio? b)Seen anything about on any health issues on the television? c) Read about on any health issues in a newspaper or magazine?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	Now I would like to ask about your primary health care provider. Have you already chosen your primary doctor?	YES . . . . 1 NO 2	→ 820
816	What is the specialty of your primary doctor?	FAMILY DOCTOR . . . . 1 INTERNIST (TERAPEVT) . . . . 2 PEDIATRICIAN . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 820
817	Does your family doctor work in a health facility serving your home location ("uchastkovaya" clinic)?	YES . . . . 1 NO 2	
818	Is (s)he your former general-doctor-internist ("uchastkoviy terapevt") or former pediatrician?	YES, INTERNIST(TERAP . . . . 1 YES, PEDIATRICIAN . . . . 2 OTHER DOCTOR SERVED BEFOR . . . . 3 NO 4	
819	In general, which of the following statements describes best your opinion of the service given by your family doctor the last time you visited him/her for any reason? (READ ALL STATEMENTS, CHECK ONLY ONE) a) I am **very satisfied** with the service given b) I am **more or less satisfied** with the service c) I am **not** satisfied with the service given	 VERY SATISFIED . . . . 1 MORE OR LESS SATISFIED . . . . 2 NOT SATISFIED 3	
820	In the past three years since 2007, have you visited a primary health care facility to conduct a preventive (prophylactic) health examination?	YES . . . . 1 NO 2	→ 826
821	When was the last time you visited a health facility to conduct a preventive health examination?	LESS THAN 6 MONTHS AGO . . . . 1 6-11 MONTHS AGO . . . . 2 1-3 YEARS AGO . . . . 3 OTHER _____ 6 (SPECIFY)	
822	During this last visit, did your doctor tell you that you have hypertension or high blood pressure? IF YES, PROBE WHETHER OR NOT IT WAS THE FIRST TIME	YES, FIRST TIME . . . . 1 YES, NOT THE FIRST TIME . . . . 2 NO 3	
823	During this visit have you been given prostate examination?	YES . . . . 1 NO 2	
824	During this last visit, did your doctor tell you that you have lung disease? IF YES, PROBE WHETHER OR NOT IT WAS THE FIRST TIME	YES, FIRST TIME . . . . 1 YES, NOT THE FIRST TIME . . . . 2 NO 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
825	During this last visit, did your doctor tell you that you have diabetes or high level of sugar/glucose in blood? IF YES, PROBE WHETHER OR NOT IT WAS THE FIRST TIME	YES, FIRST TIME . . . . 1 YES, NOT THE FIRST TIME . . . . 2 NO 3	
826	Was there a time in the past two months when you felt that you needed to go to the polyclinic or ambulatory?	YES, AND WENT . . . . 1 YES, DID NOT GO . . . . 2 NO 3	→ 829 → 829
827	Did you instead go to a hospital or to a specialist?	YES . . . . 1 NO 2	
828	What was the reason for not going to the polyclinic or ambulatory? CIRCLE ALL APPLIED	EXPENSIVE . . . . A NO TRANSPORT . . . . B LACK OF TIME . . . . C FEAR OF DIAGNOSIS . . . . D DIDN'T TRUST PROVIDER . . . . E NO QUALIFIED DOCTOR . . . . F NO EQUIPMENT . . . . G FACILITY UNCLEAN . . . . H OTHER _____ X (SPECIFY) DON'T KNOW . . . . Y	
829	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: _____ DATE: _____