

DEMOGRAPHIC AND HEALTH SURVEYS
MODEL "A" WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION ¹	
PLACE NAME _____	
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	+)))0))) * * *
HOUSEHOLD NUMBER .....	.)))3)))1 * * *
REGION	/)))3)))1 * * *
URBAN/RURAL (URBAN=1, RURAL=2) .....	.)))3)))1 * * *
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ²	/)))1 * * *
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	+)))3)))1 * * *
NAME AND LINE NUMBER OF WOMAN _____	.)))2)))-

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY +)))0))) * * *												
				/)))3)))1 * * *												
				MONTH +)))0)))3)))3)))1 * * * * *												
				YEAR .)))2)))3)))3)))1 * * * * *												
INTERVIEWER'S NAME	_____	_____	_____	NAME .)))3)))1 * * *												
RESULT*	_____	_____	_____	RESULT .))) * * *												
NEXT VISIT: DATE	_____	_____		TOTAL NO. +))) * * *												
TIME	_____	_____		OF VISITS .)))-												
<p>*RESULT CODES:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;">7 OTHER _____</td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td></td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____		2 NOT AT HOME	5 PARTLY COMPLETED		(SPECIFY)	3 POSTPONED	6 INCAPACITATED		
1 COMPLETED	4 REFUSED	7 OTHER _____														
2 NOT AT HOME	5 PARTLY COMPLETED		(SPECIFY)													
3 POSTPONED	6 INCAPACITATED															

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 _____ +)))0))) * * *	NAME _____ +)))0))) * * *	+)))0))) * * *	+)))0))) * * *
DATE _____ .)))2)))-	DATE _____ .)))2)))-	.)))2)))-	.)))2)))-

¹ This section should be adapted for country-specific survey design.

² The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; remaining urban sample points are "towns".

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.¹</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2)) ▶END</p>	
--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR +))0)), * * * MINUTES /))3))1 * * * .))2))-	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS +))0)), * * * .))2))- ALWAYS 95 VISITOR 96	2 ▶105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH +))0)), * * * .))2))- DON'T KNOW MONTH 98 YEAR +))0))0))0)), * * * * * .))2))2))2))- DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . +))0)), * * * .))2))-	
107	Have you ever attended school?	YES 1 NO 2	) ▶111
108	What is the highest level of school you attended: primary, secondary, or higher? ²	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest (grade/form/year) you completed at that level? ²	GRADE +))0)), * * * .))2))-	

¹ Wording of this paragraph should be modified in countries where participation is legally required.

² Revise according to the local education system.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: PRIMARY +))), SECONDARY +))), /)))- OR HIGHER .)))2)))))))))))))))))))))))))))))))))))))))))) ▼		) ▶114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. ¹ IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? ²	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' +))), CODE '1' +))), OR '4' /)))- CIRCLED .)))2)) CIRCLED ▼		) ▶115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	COUNTRY-SPECIFIC QUESTION ON RELIGION.		
118	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.		

¹ Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children", "Farming is hard work", "The child is reading a book", "Children work hard at school"). Cards should be prepared for every language in which respondents are likely to be literate.

² In countries with an interest in measuring participation across a number of literacy programs, an additional multiple-response question may be included for women who participated in a literacy program (for example, "What type of literacy programs have you participated in? PROBE: Any other programs?")

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	) ▶206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	) ▶204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME +)))0))), * * * /))3))1 DAUGHTERS AT HOME * * * .)))2))-	
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 +)))0))), * * * /))3))1 DAUGHTERS ELSEWHERE .. * * * .)))2))-	
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 +)))0))), * * * /))3))1 GIRLS DEAD * * * .)))2))-	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL +)))0))), * * * .)))2))-	
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 +))), .)))2)) ▶	PROBE AND CORRECT 201-208 AS NECESSARY.	
210	CHECK 208: ONE OR MORE BIRTHS +))), /)))- ▼	NO BIRTHS +))), .)))2))))))))))))))))))))))))))))))))))))))))))))))))))))))	) ▶226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 220	AGE IN YEARS +))0)), * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * * * * * * * * * * (NEXT BIRTH)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * *	
02	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 220	AGE IN YEARS +))0)), * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * * * * * * * * * * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * *	YES ... 1 NO 2
03	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 220	AGE IN YEARS +))0)), * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * * * * * * * * * * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * *	YES ... 1 NO 2
04	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 220	AGE IN YEARS +))0)), * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * * * * * * * * * * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * *	YES ... 1 NO 2
05	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 220	AGE IN YEARS +))0)), * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * * * * * * * * * * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * *	YES ... 1 NO 2
06	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 220	AGE IN YEARS +))0)), * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * * * * * * * * * * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * *	YES ... 1 NO 2
07	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 220	AGE IN YEARS +))0)), * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * * * * * * * * * * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * *	YES ... 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 * 220	AGE IN YEARS +))0)), * * * * * * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * * * * * * *	YES ... 1 NO 2
09	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 * 220	AGE IN YEARS +))0)), * * * * * * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * * * * * * *	YES ... 1 NO 2
10	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 * 220	AGE IN YEARS +))0)), * * * * * * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * * * * * * *	YES ... 1 NO 2
11	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 * 220	AGE IN YEARS +))0)), * * * * * * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * * * * * * *	YES ... 1 NO 2
12	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH * * * YEAR * * * * * * * * * *	YES . 1 NO .. 2 * 220	AGE IN YEARS +))0)), * * * * * * * * * * * * * * *	YES .. 1 NO ... 2	LINE NUMBER +))0)), * (GO TO 221)	DAYS ... 1 * * * * * MONTHS 2 * * * * * YEARS .. 3 * * * * * * * * * *	YES ... 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2
-----	---	---------------------------

223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME +)), /)))- * NUMBERS ARE DIFFERENT +)), .))2)) (PROBE AND RECONCILE)</p> <p>▼ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. * * * FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. /))1 * * * FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. /))1 * * * FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. /))1 * * * * * * * *</p>	<p>+)), * * * /))1 * * * /))1 * * * /))1 * * * * * * * *</p>
-----	--	--

224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 ¹ OR LATER. IF NONE, RECORD '0'.	+)), * * * * * * * *
-----	--	-------------------------

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1995, ¹ ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. 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.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	) ▶229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS +))0)), * * * ...)2))-	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	) ▶237
230	When did the last such pregnancy end?	MONTH +))0)), * * * YEAR +))0))3))3))1 * * * * * ...)2))2))2))-	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 1995 ¹ OR LATER +)), /))- ▾ LAST PREGNANCY ENDED BEFORE JAN. 1995 ¹ +)), .))2)))))		) ▶237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS +))0)), * * * ...)2))-	
233	Have you ever had any other pregnancies that did not result in a live birth?	YES 1 NO 2	) ▶237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1995. ¹ ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 1995 ¹ that did not result in a live birth?	YES 1 NO 2	) ▶237
236	When did the last such pregnancy that terminated before 1995 ¹ end?	MONTH +))0)), * * * YEAR +))0))3))3))1 * * * * * ...)2))2))2))-	

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	+))0)), DAYS AGO 1 * * * /))3))1 WEEKS AGO 2 * * * /))3))1 MONTHS AGO 3 * * * /))3))1 YEARS AGO 4 * * * .))2))- IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	, 2>301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

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. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302		
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2), ▼	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2), ▼	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2), ▼	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2), ▼	YES 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2), ▼	YES 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2), ▼	YES 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2), ▼	YES 1 NO 2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2), ▼	YES 1 NO 2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2), ▼	YES 1 NO 2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2), ▼	YES 1 NO 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2), ▼	YES 1 NO 2	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2), ▼	YES 1 NO 2	
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2), ▼	YES 1 NO 2	
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2), ▼	YES 1 NO 2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2	YES 1 NO 2 YES 1 NO 2	
303	CHECK 302: NOT A SINGLE +)), AT LEAST ONE +)), "YES" /)))- "YES" .))2)) (NEVER USED) ▼ (EVER USED)		) >307	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	) ▶306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.))) ▶329		
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN +)))0)), * * * * * ..))2)))-	
308	CHECK 302 (01): WOMAN NOT STERILIZED +)), /)))- ▼ WOMAN STERILIZED +)), .))2))) ▶311A		
309	CHECK 226: NOT PREGNANT OR UNSURE +)), /)))- ▼ PREGNANT +)), .))2))) ▶318		
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	) ▶318
311	Which method are you using? ¹ IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. 311A CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION A MALE STERILIZATION B PILL ² C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I /▶316A FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	, 2▶313 , * * * * * * * * * * * *
312	QUESTIONS ON SOCIAL MARKETING SHOULD BE ADDED IN COUNTRIES THAT HAVE AN ACTIVE SOCIAL MARKETING PROGRAM. ³		

1 Response categories may be added for other methods.
2 In countries without a social marketing program for pills, pill users skip to 316A.
3 Pill users skip to 316A after last question on social marketing.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>In what facility did the sterilization take place?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
314	<p>CHECK 311:</p> <p>CODE 'A' +)), CODE 'A' +)),</p> <p>CIRCLED /)))- NOT /)))-</p> <p>* * *</p> <p>▼ ▼</p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
315	<p>IN COUNTRIES WHERE STERILIZATION IS COMMON, ADD ADDITIONAL APPROPRIATE QUESTIONS FROM STERILIZATION MODULE.</p>		
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH +))0)), * * *</p>	
316A	<p>For how long have you been using (CURRENT METHOD) now without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>	<p>YEAR +))0))3))3))1 * * * * *</p> <p>)))2))2))2)))-</p>	
317	<p>CHECK 316/316A:</p> <p>YEAR IS 1995² OR LATER +)), YEAR IS 1994³ OR EARLIER +)),</p> <p>/)))- /)))-</p> <p>+))))))))) - +))))))))) -</p> <p>▼ ▼</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1995²</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING. THEN SKIP TO))))))) ->327</p> <p>THEN CONTINUE WITH 318</p>		

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

³ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1995, 1996 or 1997, respectively.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1995.¹ USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: • Where did you obtain the method when you started using it? • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]?</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: • 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?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> • 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. 		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00)>329</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02)>331</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07)>328</p> <p>FEMALE CONDOM 08)>325</p> <p>DIAPHRAGM 09)>325</p> <p>FOAM/JELLY 10)>325</p> <p>LACTATIONAL AMEN. METHOD 11)>325</p> <p>PERIODIC ABSTINENCE 12)>331</p> <p>WITHDRAWAL 13)>331</p> <p>OTHER METHOD 96)>331</p>	
322	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1)>324</p> <p>NO 2</p>	
323	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2)>325</p>	
324	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES 1</p> <p>NO 2</p>	

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
331	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	) >401
333	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1995 ¹ OR LATER +)), /)))- * ▼	NO BIRTHS IN 1995 ¹ OR LATER +)), .)))2))))) - * ▼	487
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 ¹ OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER * * * +))0)), /))2)))- * * * ▼	NEXT-TO-LAST BIRTH LINE NUMBER * * * +))0)), /))2)))- * * * ▼
404	FROM 212 AND 216	NAME _____ LIVING +)), /)))- DEAD +)), /)))- ▼	NAME _____ LIVING +)), /)))- DEAD +)), /)))- ▼
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407+))))) - LATER 2 NOT AT ALL 3 (SKIP TO 407+))))) -	THEN 1 (SKIP TO 423+))))) - LATER 2 NOT AT ALL 3 (SKIP TO 423+))))) -
406	How much longer would you like to have waited?	MONTHS 1 * * * /))3))1 YEARS 2 * * * .))2)))- DON'T KNOW 998	MONTHS 1 * * * /))3))1 YEARS 2 * * * .))2)))- DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? ² IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415+))))) -	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS * * * .))2)))- DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES * * * .))2)))- DON'T KNOW 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE MORE THAN +)), ONCE OR DK /)))- +)), ▼ /)))- (SKIP TO 412) * ▼	

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.
² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
411	How many months pregnant were you the last time you received antenatal care?	MONTHS +)))0))), * * *)))2)))- DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2	
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415+))))))1 DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8	
415	During this pregnancy, were you given an injection in the arm ¹ to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417+))))))1 DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES +))), * * *)))- DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? ² SHOW TABLET/SYRUP. ²	YES 1 NO 2 (SKIP TO 419+))))))1 DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? ^{2,3} IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF +)))0)))0))), DAYS * * * * *)))2)))2)))- DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8	
421	During this pregnancy, did you take any drugs to prevent you from getting malaria? ⁴	YES 1 NO 2 (SKIP TO 423+))))))1 DON'T KNOW 8	

¹ Vaccination practices may vary; this question should specify where the injection is given, e.g., arm or shoulder.
² Syrup should be deleted in countries where syrup is not used.
³ In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.
⁴ Delete in countries where malaria is not prevalent.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
422	What drugs did you take? ¹ RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR A CHLOROQUINE B UNKNOWN DRUG C OTHER _____ X (SPECIFY)	
423	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
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426)•))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426)•))))))1 DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM +))0))0))0)), CARD 1 * * * * *))2))2))2))- GRAMS FROM +))0))0))0)), RECALL 2 * * * * *))2))2))2))- DON'T KNOW 99998	GRAMS FROM +))0))0))0)), CARD 1 * * * * *))2))2))2))- GRAMS FROM +))0))0))0)), RECALL 2 * * * * *))2))2))2))- DON'T KNOW 99998
426	Who assisted with the delivery of (NAME)? ² Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)? ² IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 429)•))))))1 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) * (SKIP TO 429)•))))))-	HOME YOUR HOME 11 (SKIP TO 429)•))))))1 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) * (SKIP TO 429)•))))))-

¹ Delete in countries where malaria is not prevalent.

² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT +)), PREGNANT +)), PREG- /))- OR UNSURE .))1 NANT ▼ (SKIP TO 439+)))-	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440+)))))-	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS +))0)), * * *)2)))- DON'T KNOW 98	MONTHS +))0)), * * *)2)))- DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447+)))))-	YES 1 NO 2 (SKIP TO 447+)))))-
441	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 +))0)), 1 * * * DAYS /))3))1 2 * * *)2)))-	IMMEDIATELY 000 HOURS +))0)), 1 * * * DAYS /))3))1 2 * * *)2)))-
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444+)))))-	YES 1 NO 2 (SKIP TO 444+)))))-
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER . C GRYPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER . C GRYPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING +)), DEAD +)), /))- .))1 ▼ (SKIP TO 446+)))-	LIVING +)), DEAD +)), /))- .))1 ▼ (SKIP TO 446+)))-
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448+)))))- NO 2	YES 1 (SKIP TO 448+)))))- NO 2
446	For how many months did you breastfeed (NAME)?	MONTHS +))0)), * * *)2)))- DON'T KNOW 98	MONTHS +))0)), * * *)2)))- DON'T KNOW 98
447	CHECK 404: IS CHILD LIVING?	LIVING +)), DEAD +)), /))- /))- * ▼ * (GO BACK TO * 405 IN NEXT * COLUMN; OR, * IF NO MORE * BIRTHS, GO (SKIP TO 450) TO 454)	LIVING +)), DEAD +)), /))- /))- * ▼ * (GO BACK TO * 405 IN LAST * COLUMN OF * NEW * QUESTION- * NAIRE; OR, IF (SKIP TO 450) NO MORE BIRTHS, GO TO 454)

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . . . * * * * +)))0))), .)))2)))-	NUMBER OF NIGHTTIME FEEDINGS . . . * * * * +)))0))), .)))2)))-
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . . * * * * +)))0))), .)))2)))-	NUMBER OF DAYLIGHT FEEDINGS . . . * * * * +)))0))), .)))2)))-
450	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
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES * * +))), .)))- DON'T KNOW 8	NUMBER OF TIMES * * +))), .)))- DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 ¹ OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).		
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER +))0)), * * * * * ..))2)))-	NEXT-TO-LAST BIRTH LINE NUMBER +))0)), * * * * * ..))2)))-
456	FROM 212 AND 216	NAME _____ LIVING +)), DEAD +)), /))- /))- * * * * * * (GO TO 456 IN * NEXT COLUMN; * OR, IF NO * MORE BIRTHS, * GO TO 484) ▼	NAME _____ LIVING +)), DEAD +)), /))- /))- * * * * * * (GO TO 456 IN * LAST COLUMN * OF NEW * QUESTION- * NAIRE; OR, IF * NO MORE * BIRTHS, GO TO * 484) ▼
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
458	Do you have a card where (NAME'S) vaccinations are written down? ² IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460+))))) - YES, NOT SEEN 2 (SKIP TO 462+))))) - NO CARD 3	YES, SEEN 1 (SKIP TO 460+))))) - YES, NOT SEEN 2 (SKIP TO 462+))))) - NO CARD 3
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462+))))) 1 NO 2	YES 1 (SKIP TO 462+))))) 1 NO 2
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. ² (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR BCG ... +))0))H))0))H))0))0))0)), * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P0 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P1 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P2 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P3 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 D1 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 D2 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 D3 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 MEA ... * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 VIT. A . * * 5 * 5 * * * * * ..))2))J))2))J))2))2))2))2))-	DAY MONTH YEAR BCG ... +))0))H))0))H))0))0))0)), * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P0 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P1 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P2 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 P3 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 D1 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 D2 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 D3 * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 MEA ... * * 5 * 5 * * * * * (/))3))0))3))0))3))3))3))1 VIT. A . * * 5 * 5 * * * * * ..))2))J))2))J))2))2))2))2))-

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.
² To be developed locally since immunization practices may vary from country to country, as may the terms used for the written record and for the vaccinations. Add yellow fever, rubella, MMR, HIB (3 doses), and hepatitis B (3 doses) in 460 in countries where these vaccinations are listed on the vaccination card.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
474	What drugs did (NAME) take? ^{1,2} RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR A CHLOROQUINE B ASPIRIN C IBUPROFEN/ACETAMINOPHEN . D OTHER _____ X (SPECIFY) DON'T KNOW Z	FANSIDAR A CHLOROQUINE B ASPIRIN C IBUPROFEN/ACETAMINOPHEN . D OTHER _____ X (SPECIFY) DON'T KNOW Z
475	Has (NAME) had diarrhea in the last 2 weeks? ³	YES 1 NO 2 (SKIP TO 483+))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483+))))))1 DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered 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
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered 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
478	Was he/she given any of the following to drink: ⁴ a A fluid made from a special packet called [LOCAL NAME]? b A government-recommended 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
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481+))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481+))))))1 DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483+))))))-	YES 1 NO 2 (SKIP TO 483+))))))-

¹ Delete in countries where malaria is not prevalent.

² Coding categories to be developed locally and revised based on the pretest. Common brand names of drugs, such as Bayer, Tylenol or Paracetamol, should be added to the response categories for aspirin or ibuprofen/acetaminophen, as appropriate.

³ The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.

⁴ The items should be adapted to include the terms used locally for the recommended home fluid. The ingredients promoted by the National Control of Diarrheal Diseases Program or by the Ministry of Health for making the recommended home fluid should be reflected in the categories.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRAD. PRACTITIONER N</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRAD. PRACTITIONER N</p> <p>OTHER _____ X (SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad coding categories must be maintained.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
484	CHECK 456, ALL COLUMNS: NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1995 ¹ OR LATER ONE OR MORE +))), /))) - ▼ NONE +))), .)))2))		▶487																
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE .. 02 THROW OUTSIDE THE DWELLING . 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 RINSE AWAY 06 USE DISPOSABLE DIAPERS 07 USE WASHABLE DIAPERS 08 NOT DISPOSED OF 09 OTHER _____ 96 (SPECIFY)																	
486	CHECK 478a, ALL COLUMNS: NO CHILD +))), ANY CHILD +))), RECEIVED FLUID /))) - RECEIVED FLUID .)))2)) FROM ORS PACKET ▼ FROM ORS PACKET		▶488																
487	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES 1 NO 2																	
488	CHECK 218: HAS ONE OR MORE +))), HAS NO CHILDREN +))), CHILDREN LIVING /))) - LIVING WITH HER .)))2)) WITH HER ▼		▶490																
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3																	
490	Now I would like to ask you some questions about medical care for you yourself. 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? Knowing where to go. Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider.	<table border="0"> <thead> <tr> <th data-bbox="976 1297 1084 1346">BIG PROBLEM</th> <th data-bbox="1192 1297 1300 1346">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1371 1036 1388">1</td> <td data-bbox="1240 1371 1252 1388">2</td> </tr> <tr> <td data-bbox="1024 1419 1036 1436">1</td> <td data-bbox="1240 1419 1252 1436">2</td> </tr> <tr> <td data-bbox="1024 1467 1036 1484">1</td> <td data-bbox="1240 1467 1252 1484">2</td> </tr> <tr> <td data-bbox="1024 1516 1036 1533">1</td> <td data-bbox="1240 1516 1252 1533">2</td> </tr> <tr> <td data-bbox="1024 1564 1036 1581">1</td> <td data-bbox="1240 1564 1252 1581">2</td> </tr> <tr> <td data-bbox="1024 1612 1036 1629">1</td> <td data-bbox="1240 1612 1252 1629">2</td> </tr> <tr> <td data-bbox="1024 1661 1036 1677">1</td> <td data-bbox="1240 1661 1252 1677">2</td> </tr> </tbody> </table>	BIG PROBLEM	NOT A BIG PROBLEM	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
BIG PROBLEM	NOT A BIG PROBLEM																		
1	2																		
1	2																		
1	2																		
1	2																		
1	2																		
1	2																		
1	2																		

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD +))), BORN IN 1997¹ OR LATER /)))- AND LIVING WITH HER ▼</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 1997¹ OR LATER AND LIVING WITH HER +))), .)))2)))))))))>494</p>	
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>
493	<p>Now I would like to ask you about the types of foods² (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Any food made from grains [e.g., millet, sorghum, maize, rice, wheat, porridge, or other local grains]?</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes³?</p> <p>c Any other food made from roots or tubers [e.g., white potatoes, white yams, manioc, cassava, or other local roots/tubers]?</p> <p>d Any green leafy vegetables?</p> <p>e Mango, papaya [or other local vitamin A rich fruits]?</p> <p>f Any other fruits and vegetables [e.g., bananas, apples/sauce, green beans, avocados, tomatoes]?</p> <p>g Meat, poultry, fish, shellfish, or eggs?</p> <p>h Any food made from legumes [e.g., lentils, beans, soybeans, pulses, or peanuts]?</p> <p>i Cheese or yoghurt?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1998, 1999 or 2000, respectively.

² The following separate food categories must be added in countries where these foods are fed to children: commercially prepared baby food; chicken/beef liver, tripe, other organ meats; grubs, snails, insects, other small protein food.

³ Items in this category should be modified to include only vitamin A rich tubers, starches, or red or yellow vegetables that are consumed in the country.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
494	Did you sleep under a bednet last night? ¹	YES 1 NO 2	
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEAL 3	
496	Do you currently smoke cigarettes or tobacco? ² IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
497	CHECK 496: CODE 'A' CIRCLED +)), /)))- ▼	CODE 'A' NOT CIRCLED +)), .))2))))))))))))))))))))))))))))))))))))))))))	) ▶501
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES +))0)), * * * .))2)))-	

¹ Delete in countries where malaria is not prevalent.
² Add local terms.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	+)0)), DAYS AGO 1 * * * /)3))1 WEEKS AGO 2 * * * /)3))1 MONTHS AGO 3 * * * /)3))1 YEARS AGO 4 * * * .))2))-	)>524
516	The last time you had sexual intercourse, was a condom used? ¹	YES 1 NO 2	
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER .. 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	)>519
518	For how long have you had sexual relations with this man?	+)0)), DAYS 1 * * * /)3))1 WEEKS 2 * * * /)3))1 MONTHS 3 * * * /)3))1 YEARS 4 * * * .))2))-	
519	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	)>524
520	The last time you had sexual intercourse with another man, was a condom used? ¹	YES 1 NO 2	
521	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER .. 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	)>523
522	For how long have you had sexual relations with this man?	+)0)), DAYS 1 * * * /)3))1 WEEKS 2 * * * /)3))1 MONTHS 3 * * * /)3))1 YEARS 4 * * * .))2))-	
523	In total, with how many different men have you had sex in the last 12 months?	+)0)), NUMBER OF PARTNERS * * * .))2))-	
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	)>527

¹ In countries with an active female condom program, a question should be added on use of a female condom.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	<p>Where is that?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
526	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
527	<p>Do you know of a place where a person can get female condoms?²</p>	<p>YES 1</p> <p>NO 2</p>	) >601
528	<p>Where is that?^{1,2}</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
529	<p>If you wanted to, could you yourself get a female condom?²</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² Question may be deleted in countries where female condoms are not actively promoted.

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p align="center">NEITHER +)), HE OR SHE +)), STERILIZED /)))- STERILIZED .))2))))))))))))))))))))))))))))))))))))))))))))))))))))))))))</p> <p align="center">▼</p>		) ▶614
602	<p>CHECK 226:</p> <p align="center">NOT PREGNANT +)), PREGNANT +)), OR UNSURE /)))- * /)))- *</p> <p align="center">▼ ▼</p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT .. 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5</p>	) ▶604) ▶614) ▶610) ▶608
603	<p>CHECK 226:</p> <p align="center">NOT PREGNANT +)), PREGNANT +)), OR UNSURE /)))- * /)))- *</p> <p align="center">▼ ▼</p> <p>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?</p>	<p align="right">+))0)),</p> <p>MONTHS 1 * * * /))3))1</p> <p>YEARS 2 * * * /))2)))-</p> <p>SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998</p>	) ▶609) ▶614 , *) ▶609 * -
604	<p>CHECK 226:</p> <p align="center">NOT PREGNANT +)), PREGNANT +)), OR UNSURE /)))- * /)))- *</p> <p align="center">▼</p>		) ▶610
605	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p align="center">NOT +)), NOT +)), CURRENTLY +)), ASKED /)))- USING /)))- USING .))2))))))))))))))))))))))))))))))))))))))))))))))))))))))))))</p> <p align="center">▼ ▼ ▼</p>		) ▶608
606	<p>CHECK 603:</p> <p align="center">NOT +)), 24 OR MORE MONTHS +)), 00-23 MONTHS +)), ASKED /)))- OR 02 OR MORE YEARS /)))- OR 00-01 YEAR .))2))))))))))))))))))))))))))))))))))))))))))))))))))))))))))</p> <p align="center">▼ ▼ ▼</p>		) ▶610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)	
621	CHECK 501: YES, +)), CURRENTLY /)))- MARRIED ▼	YES, +)), LIVING /)))- WITH A MAN ▼	NO, +)), NOT IN .))2))))))))))))))))))))))))))))))) >628 UNION
622	CHECK 311/311A: ANY CODE CIRCLED +)), /)))- ▼	NO CODE CIRCLED +)), .))2))))))))))))))))))))))))))))))) >624	
623	You have told me that you are currently using contraception. 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)	
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
626	CHECK 311/311A: NEITHER +)), STERILIZED /)))- ▼	HE OR SHE +)), STERILIZED .))2))))))))))))))))))))))))))))))) >628	
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? ¹ She has recently given birth? She is tired or not in the mood?	YES NO DK HAS STD 1 2 8 OTHER WOMEN 1 2 8 RECENT BIRTH 1 2 8 TIRED/MOOD 1 2 8	

¹ In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives'.

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN +))), /)))- * ▼</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN +)))0))))))))) /)))- * ▼</p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN +))), .)))2)))))))))</p>	<p>►703</p> <p>►707</p>
702	<p>How old was your husband/partner on his last birthday?</p>	<p>AGE IN COMPLETED YEARS +)))0))), * * * .)))2)))-</p>	
703	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES 1 NO 2</p>	<p>►706</p>
704	<p>What was the highest level of school he attended: primary, secondary, or higher?¹</p>	<p>PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8</p>	<p>►706</p>
705	<p>What was the highest (grade/form/year) he completed at that level?¹</p>	<p>GRADE +)))0))), * * * .)))2)))- DON'T KNOW 98</p>	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN +))), /)))- ▼</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN +))), /)))- ▼</p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<p>..... +)))0))), * * * .)))2)))- _____ _____</p>	
707	<p>Aside from your own housework, are you currently working?</p>	<p>YES 1 NO 2</p>	<p>►710</p>
708	<p>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. Are you currently doing any of these things or any other work?</p>	<p>YES 1 NO 2</p>	<p>►710</p>
709	<p>Have you done any work in the last 12 months?</p>	<p>YES 1 NO 2</p>	<p>►719</p>
710	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<p>..... +)))0))), * * * .)))2)))- _____ _____</p>	
711	<p>CHECK 710:</p> <p>WORKS IN AGRICULTURE +))), /)))- ▼</p> <p>DOES NOT WORK IN AGRICULTURE +))), .)))2)))))))))</p>		<p>►713</p>
712	<p>Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?</p>	<p>OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4</p>	
713	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3</p>	

¹ Revise according to the local educational system.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	
715	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	
716	Are you paid or do you earn 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	2>719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. . 6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	)>817
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	, 2>809
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS .. G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES .. K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	, 2>813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY . 1 2 8 BREASTFEEDING. . . 1 2 8	
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN +)), (/)))- ▼	NO, NOT IN UNION +)), (.))2)))))))))	)>815

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

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

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L PERIODIC ABSTINENCE
- M WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL.2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 FAMILY PLANNING CLINIC
- 4 GOVT. MOBILE CLINIC
- 5 GOVT. FIELDWORKER
- 6 OTHER PUBLIC
- 7 PVT. HOSPITAL/CLINIC
- 8 PHARMACY
- 9 PRIVATE DOCTOR
- A NON-GOVT. MOBILE CLINIC
- B NON-GOVT. FIELDWORKER
- C OTHER PRIVATE MEDICAL
- D SHOP
- E CHURCH
- F FRIENDS/RELATIVES
- X OTHER _____
(SPECIFY)

COL.3: DISCONTINUATION OF CONTRACEPTIVE USE

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

COL.4: MARRIAGE/UNION

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

* For fieldwork beginning in 2001, 2002 or 2003, the years should be adjusted.

** Response categories may be added for other methods.

		1	2	3	4		
12 DEC	01					01	DEC
11 NOV	02					02	NOV
10 OCT	03					03	OCT
09 SEP	04					04	SEP
2 08 AUG	05					05	AUG
0 07 JUL	06					06	JUL
0 06 JUN	07					07	JUN
0 05 MAY	08					08	MAY
* 04 APR	09					09	APR
03 MAR	10					10	MAR
02 FEB	11					11	FEB
01 JAN	12					12	JAN
12 DEC	13					13	DEC
11 NOV	14					14	NOV
10 OCT	15					15	OCT
09 SEP	16					16	SEP
1 08 AUG	17					17	AUG
9 07 JUL	18					18	JUL
9 06 JUN	19					19	JUN
9 05 MAY	20					20	MAY
* 04 APR	21					21	APR
03 MAR	22					22	MAR
02 FEB	23					23	FEB
01 JAN	24					24	JAN
12 DEC	25					25	DEC
11 NOV	26					26	NOV
10 OCT	27					27	OCT
09 SEP	28					28	SEP
1 08 AUG	29					29	AUG
9 07 JUL	30					30	JUL
9 06 JUN	31					31	JUN
8 05 MAY	32					32	MAY
* 04 APR	33					33	APR
03 MAR	34					34	MAR
02 FEB	35					35	FEB
01 JAN	36					36	JAN
12 DEC	37					37	DEC
11 NOV	38					38	NOV
10 OCT	39					39	OCT
09 SEP	40					40	SEP
1 08 AUG	41					41	AUG
9 07 JUL	42					42	JUL
9 06 JUN	43					43	JUN
7 05 MAY	44					44	MAY
* 04 APR	45					45	APR
03 MAR	46					46	MAR
02 FEB	47					47	FEB
01 JAN	48					48	JAN
12 DEC	49					49	DEC
11 NOV	50					50	NOV
10 OCT	51					51	OCT
09 SEP	52					52	SEP
1 08 AUG	53					53	AUG
9 07 JUL	54					54	JUL
9 06 JUN	55					55	JUN
6 05 MAY	56					56	MAY
* 04 APR	57					57	APR
03 MAR	58					58	MAR
02 FEB	59					59	FEB
01 JAN	60					60	JAN
12 DEC	61					61	DEC
11 NOV	62					62	NOV
10 OCT	63					63	OCT
09 SEP	64					64	SEP
1 08 AUG	65					65	AUG
9 07 JUL	66					66	JUL
9 06 JUN	67					67	JUN
5 05 MAY	68					68	MAY
* 04 APR	69					69	APR
03 MAR	70					70	MAR
02 FEB	71					71	FEB
01 JAN	72					72	JAN