

**CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY 2005
WOMAN'S QUESTIONNAIRE**

**MINISTRY OF PLANNING
NATIONAL INSTITUTE OF STATISTICS**

**MINISTRY OF HEALTH
NATIONAL INSTITUTE OF PUBLIC HEALTH**

DOMAIN PROVINCE _____ DISTRICT _____ COMMUNE _____ VILLAGE _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER NAME AND LINE NUMBER OF WOMAN _____	DOMAIN <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> PROVINCE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DISTRICT <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> COMMUNE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> VILLAGE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> CLUSTER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> HOUSEHOLD <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: IS THIS HOUSEHOLD SELECTED FOR CAUSE OF DEATH MODULE ? (YES = 1, NO = 2) IS THIS HOUSEHOLD SELECTED FOR WOMEN'S STATUS MODULE? (YES = 1, NO = 2) IS THIS HOUSEHOLD SELECTED FOR HOUSEHOLD RELATIONS MODULE? (YES = 1, NO = 2) IS THIS WOMAN SELECTED FOR HOUSEHOLD RELATIONS MODULE? (YES = 1, NO = 2)	CAUSE OF DEATH <input style="width:20px; height:20px;" type="text"/> WOMEN'S STATUS <input style="width:20px; height:20px;" type="text"/> HOUSEHOLD FOR HH RELATIONS <input style="width:20px; height:20px;" type="text"/> WOMAN FOR HH RELATIONS <input style="width:20px; height:20px;" type="text"/>
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INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
RESULT *	_____	_____	_____	RESULT * <input style="width:20px; height:20px;" type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width:20px; height:20px;" type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				

SUPERVISOR NAME _____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DATE _____	FIELD EDITOR NAME _____ <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DATE _____	OFFICE EDITOR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	KEYED BY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Ministry of Planning. 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 about 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 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? IF RESPONDENT DOES NOT KNOW GREGORIAN MONTH AND YEAR OF BIRTH, ASK FOR KHMER MONTH AND YEAR. USE DATE CONVERSION CHART. _____ (SPECIFY KHMER MONTH AND YEAR OF BIRTH)	GREGORIAN MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 GREGORIAN YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? IF GREGORIAN DATE IS RECORDED IN 105, COMPARE AGE TO DATE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, lower secondary, upper secondary, or higher?	PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 HIGHER 4	

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 are living with you? And how many daughters are living with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1238 367 1343 488" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1238 427 1343 488" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons 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 <table border="1" data-bbox="1238 658 1343 779" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1238 728 1343 779" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1238 1028 1343 1149" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1238 1088 1343 1149" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1238 1229 1343 1290" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: To make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 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? IF GREG. DATE OF BIRTH IS NOT KNOWN, ASK FOR KHMER DATE OF BIRTH AND CONVERT.	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	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), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 NO 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 NO 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 NO 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 NO 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 NO 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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? IF GREG. DATE OF BIRTH IS NOT KNOWN, ASK FOR KHMER DATE OF BIRTH AND CONVERT.	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	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), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS.. 3 <input type="text"/>	YES... 1 NO... 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS.. 3 <input type="text"/>	YES... 1 NO... 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS.. 3 <input type="text"/>	YES... 1 NO... 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS.. 3 <input type="text"/>	YES... 1 NO... 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS.. 3 <input type="text"/>	YES... 1 NO... 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2
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223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 229												
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>													
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 <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2000 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2000		→ 233A												
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>													
232A	Did this pregnancy end in an induced abortion?	YES 1 NO 2	→ 233												
232B	In the seven days after the abortion did you experience: fever? excessive bleeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>FEVER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	FEVER.....	1	2	8	BLEEDING	1	2	8	
	YES	NO	DK												
FEVER.....	1	2	8												
BLEEDING	1	2	8												
232C	Did anyone help you to initiate the induced abortion? IF YES: Who helped you to initiate the abortion? Anyone else? RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT ... A NURSE B MIDWIFE C OTHER HEALTH PROF. D OTHER PERSON TRADITIONAL BIRTH ATTENDANT . E PHARMACIST F KRU KHMER/MAGICIAN G RELATIVE/FRIEND H OTHER _____ X (SPECIFY) NO ONE Y													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232D	<p>Where did the induced abortion take place?</p> <p>IF HOSPITAL, PROBE: Do you mean a permanent building where health workers are present everyday?</p> <p>IF YES: Was it a provincial hospital, district hospital, health center, or private hospital?</p> <p>WRITE THE NAME OF THE PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>NATIONAL HOSPITAL (PP) 11</p> <p>PROVINCIAL HOSPITAL (RH) 12</p> <p>DISTRICT HOSPITAL (RH) 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH POST 15</p> <p>MILITARY HOSPITAL 16</p> <p>OTHER PUBLIC 17</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>HOME</p> <p>YOUR HOME 31</p> <p>OTHER HOME 32</p> <p>OTHER PLACE _____ 96</p> <p>(SPECIFY)</p>	
232E	<p>Was anyone present to help you at the time of the abortion?</p> <p>IF YES: Who was present to help you?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS ASSISTING.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR/MEDICAL ASSISTANT ... A</p> <p>NURSE B</p> <p>MIDWIFE C</p> <p>OTHER HEALTH PROF. D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . E</p> <p>PHARMACIST F</p> <p>KRU KHMER/MAGICIAN G</p> <p>RELATIVE/FRIEND H</p> <p>OTHER PERSON _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	
233	<p>Have you had any other pregnancies that miscarried, were aborted, or ended in a still birth?</p>	<p>YES 1</p> <p>NO 2</p>	→ 237
233A	<p>In total, how many induced abortions have you had in your lifetime?</p> <p>IF NONE, RECORD '00'.</p>	<p>TOTAL NUMBER ABORTIONS <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1238 152 1342 389"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 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	→ 240								
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									
240	Are you the primary care giver for any of your own children or any other children?	YES 1 NO 2	→ 301								
241	Are any of these children for whom you are the primary caregiver under the age of 18 years?	YES 1 NO 2	→ 301								
242	Now I would like to ask you about the children who are under the age of 18 years and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	DAILY PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	MONTHLY PILL or CHINESE PILL Women can take a pill once a month to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
05	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
06	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
07	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
08	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
09	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
10	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2
11	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
12	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
13	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
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	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 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 <input type="text"/>	
308	CHECK 302: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 329
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B DAILY PILL C MONTHLY PILL D IUD E INJECTABLES F IMPLANTS G CONDOM H FEMALE CONDOM I DIAPHRAGM J FOAM/JELLY K LACTATIONAL AMEN. METHOD L RHYTHM METHOD M WITHDRAWAL N OTHER _____ X (SPECIFY)	→ 313 → 312C → 312C → 316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	May I see the package of (pills/condoms) you are using? RECORD NAME OF BRAND.	PACKAGE SEEN 01 BRAND NAME _____ <input type="text"/> (SPECIFY) PACKAGE NOT SEEN 02	→ 312B
312A	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> (SPECIFY) DON'T KNOW 98	
312B	How many (monthly pill cycles/packages of condoms) did you get the last time?	NUMBER OF CYCLES/PACKAGES <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
312C	<p>The last time you obtained (CURRENT METHOD IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?</p>	<p>RIELS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DOLLARS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>FREE 999995 DON'T KNOW 999998</p>																					<p>→ 316A</p>
313	<p>In what facility did the sterilization take place?</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 MEDICAL SECTOR</p> <p>NATIONAL HOSPITAL (PP) 11 PROVINCIAL HOSPITAL (RH) 12 DISTRICT HOSPITAL (RH) 13 HEALTH CENTER 14 HEALTH POST 15 MILITARY HOSPITAL 16 OTHER PUBLIC _____ 17 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 OTHER PRIV. MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>																					
315	<p>CHECK 311/311A:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></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>																					
315A	<p>How much did you pay in total for the sterilization, including any consultation you may have had?</p>	<p>RIELS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DOLLARS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>FREE 999995 DON'T KNOW 999998</p>																					
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																					
316A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping? IF RESPONDENT DOES NOT KNOW GREGORIAN YEAR, USE CONVERSION CHART TO FIND GREGORIAN MONTH AND YEAR.</p>																						
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>DID RESPONDENT GIVE BIRTH OR HAVE A PREGNANCY TERMINATION AFTER MONTH AND YEAR REPORTED IN 316/316A ?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO BACK TO 316/316A, PROBE AND CORRECT THE MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>DAILY PILL 03</p> <p>MONTHLY PILL 04</p> <p>IUD 05</p> <p>INJECTABLES 06</p> <p>IMPLANTS 07</p> <p>CONDOM 08</p> <p>FEMALE CONDOM 09</p> <p>DIAPHRAGM 10</p> <p>FOAM/JELLY 11</p> <p>LACTATIONAL AMEN. METHOD ... 12</p> <p>RHYTHM METHOD 13</p> <p>WITHDRAWAL 14</p> <p>OTHER METHOD 96</p>	<p>→ 329</p> <p>→ 322</p> <p>→ 331</p> <p>→ 328</p> <p>→ 325</p> <p>→ 331</p>
321	<p>Where did you obtain (CURRENT METHOD) when you started using it in (DATE in 316A) ?</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 MEDICAL SECTOR</p> <p>NATIONAL HOSPITAL (PP) 11</p> <p>PROVINCIAL HOSPITAL (RH) 12</p> <p>DISTRICT HOSPITAL (RH) 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH POST 15</p> <p>MILITARY HOSPITAL 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>OTHER PRIV. MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>COMMUNITY DISTRIBUTOR 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
322	<p>Were you told about side effects or problems you might have with (CURRENT METHOD) when obtained it from (SOURCE OF METHOD IN 321) in (DATE IN 316A) ?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 324</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</p>	<p>→ 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>	
325	<p>Were you told about other methods of birth spacing you could use?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 327</p>
326	<p>Were you ever told by a health or family planning worker about other methods of birth spacing that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<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>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>DAILY PILL 03</p> <p>MONTHLY PILL 04</p> <p>IUD 05</p> <p>INJECTABLES 06</p> <p>IMPLANTS 07</p> <p>CONDOM 08</p> <p>FEMALE CONDOM 09</p> <p>DIAPHRAGM 10</p> <p>FOAM/JELLY 11</p> <p>LACTATIONAL AMEN. METHOD ... 12</p> <p>RHYTHM METHOD 13</p> <p>WITHDRAWAL 14</p> <p>OTHER METHOD 96</p>	<p>→ 331</p> <p>→ 331</p>
328	<p>Where did you obtain (CURRENT METHOD) the last time?</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 MEDICAL SECTOR</p> <p>NATIONAL HOSPITAL (PP) 11</p> <p>PROVINCIAL HOSPITAL (RH) 12</p> <p>DISTRICT HOSPITAL (RH) 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH POST 15</p> <p>MILITARY HOSPITAL 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>OTHER PRIV. MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>COMMUNITY DISTRIBUTOR 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 331</p>
329	<p>Do you know of a place where you can obtain a method of birth spacing?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 331</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</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 MEDICAL SECTOR</p> <p>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSPITAL (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>MILITARY HOSPITAL F</p> <p>OTHER PUBLIC G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>OTHER PRIV. MEDICAL J</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>COMMUNITY DISTRIBUTOR L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER X</p> <p>_____</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>	

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

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/>	→ 550		
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←	THEN 1 (SKIP TO 429) ← LATER 2 NOT AT ALL 3 (SKIP TO 429) ←
406	How much longer would you have liked to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER X (SPECIFY) NO ONE Y (SKIP TO 414) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS 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>HOME YOUR HOME A MIDWIFE/ TBA HOME B OTHER HOME C</p> <p>PUBLIC SECTOR NATL HOSP (PP) D PROV HOSP (RH) E DIST HOSP (RH) F HLTH CENTER G HLTH POST H OUTREACH I MILITARY HOSP J OTHER PUBLIC _____ K (SPECIFY)</p> <p>PRIVATE MED. SECTOR PRIV. HOSP L PRIV. CLINIC M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																				
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																				
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																				
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed? Was your height taken? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	WEIGHT	1	2	HEIGHT	1	2	BP	1	2	URINE	1	2	BLOOD	1	2		
	YES	NO																				
WEIGHT	1	2																				
HEIGHT	1	2																				
BP	1	2																				
URINE	1	2																				
BLOOD	1	2																				
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8</p>																				
413	<p>Were you told where to go if you had any of these complications?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																				
414	<p>Do you have a card where your vaccinations are written down? IF YES: May I see it please?</p>	<p>YES, SEEN 1 YES, NOT SEEN 2 (SKIP TO 415) ← NO CARD 3</p>																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																																										
		NAME _____	NAME _____	NAME _____																																										
414A	COPY TETANUS VACCINATION DATE FOR EACH VACCINE FROM THE CARD. WRITE '44' IN DAY COLUMN IF CARD SHOWS VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table style="margin-left: 40px;"> <tr> <td></td><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <tr> <td>TT1</td><td>....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>TT2</td><td>....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>TT3</td><td>....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>TT4</td><td>....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>TT5</td><td>....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>		D	D	M	M	Y	Y	TT1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	D	D	M	M	Y	Y																																								
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TT5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																								
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8																																												
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																																												
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420)																																												
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8																																												
419	Before this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																																												
420	Where did you receive most of your tetanus vaccinations?	OUTREACH ACTIVITIES 1 HEALTH CENTER 2 NATL HOSP/ PROV OR DIST TOWN 3 PRIV PRACTICE/ PRIV CLINIC 4 OTHER 6																																												
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 422A) ← DON'T KNOW 8																																												
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																																												
422A	During this pregnancy, did you take any drug for intestinal parasites?	YES 1 NO 2 DON'T KNOW 8																																												

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8		
429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
430	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8
431	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
432	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT A NURSE B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
433	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS 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>HOME</p> <p>YOUR HOME 11</p> <p>MIDWIFE/ TBA HOME 12</p> <p>OTHER HOME 13</p> <p>(SKIP TO 440) ←</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) 21</p> <p>PROV HOSP (RH) 22</p> <p>DIST HOSP (RH) 23</p> <p>HLTH CENTER 24</p> <p>HLTH POST 25</p> <p>MILITARY HOSP 26</p> <p>OTHER PUBLIC</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP 31</p> <p>PRIV. CLINIC 32</p> <p>OTHER PRIVATE</p> <p>MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 440) ←</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>MIDWIFE/ TBA HOME 12</p> <p>OTHER HOME 13</p> <p>(SKIP TO 441) ←</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) 21</p> <p>PROV HOSP (RH) 22</p> <p>DIST HOSP (RH) 23</p> <p>HLTH CENTER 24</p> <p>HLTH POST 25</p> <p>MILITARY HOSP 26</p> <p>OTHER PUBLIC</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP 31</p> <p>PRIV. CLINIC 32</p> <p>OTHER PRIVATE</p> <p>MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 441) ←</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>MIDWIFE/ TBA HOME 12</p> <p>OTHER HOME 13</p> <p>(SKIP TO 441) ←</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) 21</p> <p>PROV HOSP (RH) 22</p> <p>DIST HOSP (RH) 23</p> <p>HLTH CENTER 24</p> <p>HLTH POST 25</p> <p>MILITARY HOSP 26</p> <p>OTHER PUBLIC</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP 31</p> <p>PRIV. CLINIC 32</p> <p>OTHER PRIVATE</p> <p>MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 441) ←</p>																																				
434	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>												
435	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>																																				
436	<p>Before you were discharged after (NAME) was born, did a health professional check on your health?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 439) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 451) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 451) ←</p>																																				
437	<p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>																																						
438	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRAD. BIRTH ATTENDANT 14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 449) ←</p>																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
439	After you were discharged, did a health professional or a traditional birth attendant check on your health?	YES 1 (SKIP TO 442) ← NO 2 (SKIP TO 449) ←	YES 1 (SKIP TO 451) ← NO 2	YES 1 (SKIP TO 451) ← NO 2						
440	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN .. B TOO FAR/ NO TRANSPORT C DON'T TRUST FACILITY/POOR QUALITY SERVICE .. D NO FEMALE PROVID- ER AT FACILITY E HUSBAND/FAMILY NOT ALLOW F NOT NECESSARY G MIDWIFE CAME TO HOME H NO COMFORTABLE SPACE I NO BEDS J CHILD CARE K OTHER _____ X (SPECIFY)								
441	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 445) ←	YES 1 NO 2	YES 1 NO 2						
442	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="703 1021 839 1070"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="703 1070 839 1120"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="703 1120 839 1169"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998								
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT 11 NURSE 12 MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 14 OTHER _____ 96 (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
444	Where did this first check take place? 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 MIDWIFE/ TBA HOME 12 OTHER HOME 13 PUBLIC SECTOR NATL HOSP (PP) 21 PROV HOSP (RH) 22 DIST HOSP (RH) 23 HLTH CENTER 24 HLTH POST 25 OUTREACH 26 MILITARY HOSP 27 OTHER PUBLIC _____ 28 (SPECIFY) PRIVATE MED. SECTOR PRIV. HOSP 31 PRIV. CLINIC 32 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)														
444A	CHECK 439:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 449)														
445	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8														
446	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 <table border="1" data-bbox="703 1196 839 1240"> <tr><td> </td><td> </td></tr> </table> BIRTH 1 DAYS AFTER <table border="1" data-bbox="703 1240 839 1285"> <tr><td> </td><td> </td></tr> </table> BIRTH 2 WKS AFTER <table border="1" data-bbox="703 1285 839 1330"> <tr><td> </td><td> </td></tr> </table> BIRTH 3 DON'T KNOW 998														
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT 11 NURSE 12 MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 14 OTHER _____ 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH		
		NAME _____		NAME _____		NAME _____		
448	<p>Where did this first check of (NAME) take place?</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>HOME</p> <p>YOUR HOME A</p> <p>MIDWIFE/ TBA HOME B</p> <p>OTHER HOME C</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) D</p> <p>PROV HOSP (RH) E</p> <p>DIST HOSP (RH) F</p> <p>HLTH CENTER G</p> <p>HLTH POST H</p> <p>OUTREACH I</p> <p>MILITARY HOSP J</p> <p>OTHER PUBLIC _____ K (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP L</p> <p>PRIV. CLINIC M</p> <p>OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>						
449	<p>In the first eight weeks after delivery, did you receive a vitamin A dose like this?</p> <p>SHOW CAPSULE.</p>	<p>YES 1</p> <p>NO 2</p>						
449A	<p>In the first two months after delivery, did you receive iron tablets?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>						
450	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 452) ←</p> <p>NO 2 (SKIP TO 453) ←</p>						
451	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 455) ←</p>						
452	<p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>				
453	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/></p> <p>NANT UNSURE <input type="checkbox"/> (SKIP TO 455) ←</p>						
454	<p>Have you resumed sexual relations since the birth of (NAME)?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 456) ←</p>						
455	<p>For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>				

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH									
		NAME _____		NAME _____		NAME _____									
456	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 463) ←		YES 1 NO 2 (SKIP TO 463) ←		YES 1 NO 2 (SKIP TO 463) ←									
456A	Did you provide colostrum with the breastmilk?	YES 1 NO 2 DON'T KNOW 8													
457	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk, such as chheu em?	YES 1 NO 2 (SKIP TO 460) ←													
459	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	PLAIN WATER A SUGAR OR HONEY WATER B SUGAR/SALT WATER C HERBAL TEA D JUICE/COCONUT WATER E MILK (NOT BREASTMILK) F INFANT FORMULA G OTHER _____ X (SPECIFY)													
460	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 462) ←													
461	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 464) ← NO 2													
462	For how many months did you breastfeed (NAME)?	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98													
463	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466)	DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466)	DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 468)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466)	DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 468)								

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																				
468	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 469)</p> <p>_____</p> <p>(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	501																																																																																				
469	<p>Now I would like to ask you about liquids (NAME FROM 468) drank yesterday during the day or at night.</p> <p>Did (NAME FROM 468) drink:</p> <p>Plain water?</p> <p>Infant formula?</p> <p>Any other milk such as tinned, powdered, condensed, or fresh animal milk?</p> <p>Fruit juice such as coconut juice?</p> <p>Tea or coffee?</p> <p>Any other liquids such as sugar water, carbonated drinks, or soup broth?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MILK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA/COFFEE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER	1	2	8	FORMULA	1	2	8	MILK	1	2	8	JUICE	1	2	8	TEA/COFFEE	1	2	8	OTHER LIQUIDS	1	2	8																																																									
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TEA/COFFEE	1	2	8																																																																																				
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470	<p>Now I would like to ask you about the food (NAME FROM 468) ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>Did (NAME FROM 468) eat:</p> <p>a. Any porridge?</p> <p>b. Any commercially produced baby cereal?</p> <p>c. Any bread, rice, noodles, or any other staple foods made from grains?</p> <p>d. Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>e. Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>f. Any dark green, leafy vegetables?</p> <p>g. Any ripe mangoes or papayas?</p> <p>h. Any other fruits or vegetables?</p> <p>i. Any liver, kidney, heart or other organ meats?</p> <p>j. Any beef, pork, lamb, goat, rabbit or deer?</p> <p>k. Any chicken, duck or other birds?</p> <p>l. Any eggs?</p> <p>m. Any fresh or dried fish or shellfish?</p> <p>n. Any foods made from beans, peas, or lentils?</p> <p>o. Any nuts?</p> <p>p. Any fish paste?</p> <p>q. Any food made with oil, fat, or butter?</p> <p>r. Any snake, snail, frog, rat, or insects?</p> <p>s. Any sugary foods such as chocolates, sweets, candies, cakes or pastries ?</p> <p>t. Any other solid or semi-solid food?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>t</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a	1	2	8	b	1	2	8	c	1	2	8	d	1	2	8	e	1	2	8	f	1	2	8	g	1	2	8	h	1	2	8	i	1	2	8	j	1	2	8	k	1	2	8	l	1	2	8	m	1	2	8	n	1	2	8	o	1	2	8	p	1	2	8	q	1	2	8	r	1	2	8	s	1	2	8	t	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
471	CHECK 470: AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>	→ 501	
472	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

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

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)
504	Has (NAME) ever received a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8
505	How many months ago did (NAME) take the last dose?	MONTHS AGO .. <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS AGO .. <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS AGO .. <input type="text"/> <input type="text"/> DON'T KNOW 98
506	In the last 7 days, did (NAME) take iron pills?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
506A	Has (NAME) taken any drug for intestinal parasites in the past 6 months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
507	Do you have a yellow card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 511) ← NO CARD 3	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 511) ← NO CARD 3	YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 511) ← NO CARD 3
508	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 511) ← NO 2	YES 1 (SKIP TO 511) ← NO 2	YES 1 (SKIP TO 511) ← NO 2

(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH						NEXT-TO-LAST BIRTH						SECOND-FROM-LAST BIRTH					
	DAY		MONTH		YEAR		DAY		MONTH		YEAR		DAY		MONTH		YEAR	
BCG							BCG						BCG					
POLIO 0							P0						P0					
POLIO 1							P1						P1					
POLIO 2							P2						P2					
POLIO 3							P3						P3					
DTC 1							D1						D1					
DTC 2							D2						D2					
DTC 3							D3						D3					
MEASLES							MEA						MEA					
VITAMIN A (MOST RECENT)							VIT A						VIT A					
VITAMIN A (2nd MOST RECENT)							VIT A						VIT A					

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←
		NO 2 (SKIP TO 513) ←	NO 2 (SKIP TO 513) ←	NO 2 (SKIP TO 513) ←
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
511	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 (SKIP TO 515) ←
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 512D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512D) ← DON'T KNOW 8
512C	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
512D	A DPT vaccination, that is, an injection given in the thigh or buttocks, usually at the same time as polio drops?	YES 1 NO 2 (SKIP TO 512F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512F) ← DON'T KNOW 8
512E	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
512F	An injection at nine months to prevent 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
513	Where did (NAME) receive most of the vaccinations?	OUTREACH ACTIVITIES 01 HEALTH CENTER . 02 NATL, PROV, DIST HOSPITAL 03 PRIV PRACTICE/ PRIV CLINIC ... 04 OTHER 96 (SPECIFY) (SKIP TO 515) ←	OUTREACH ACTIVITIES 01 HEALTH CENTER . 02 NATL, PROV, DIST HOSPITAL 03 PRIV PRACTICE/ PRIV CLINIC ... 04 OTHER 96 (SPECIFY) (SKIP TO 515) ←	OUTREACH ACTIVITIES 01 HEALTH CENTER . 02 NATL, PROV, DIST HOSPITAL 03 PRIV PRACTICE/ PRIV CLINIC ... 04 OTHER 96 (SPECIFY) (SKIP TO 515) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
514	Why did you not vaccinate your child? RECORD ALL MENTIONED.	UNAWARE OF NEED A PLACE/TIME UNKNOWN B SIDE EFFECTS ... C CHILD SICK D TOO BUSY E NO NEED F TOO COSTLY G RUMOURS H OTHER _____ X (SPECIFY)	UNAWARE OF NEED A PLACE/TIME UNKNOWN B SIDE EFFECTS ... C CHILD SICK D TOO BUSY E NO NEED F TOO COSTLY G RUMOURS H OTHER _____ X (SPECIFY)	UNAWARE OF NEED A PLACE/TIME UNKNOWN B SIDE EFFECTS ... C CHILD SICK D TOO BUSY E NO NEED F TOO COSTLY G RUMOURS H OTHER _____ X (SPECIFY)
515	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
516	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
519	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A 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 NATL HOSP (PP) . A PROV HOSP (RH) B DIST HOSP (RH) . C HLTH CENTER... D HLTH POST E OUTREACH F MILITARY HOSP . G OTHER PUBLIC _____ H (SPECIFY)</p> <p>PRIVATE MED. SECTOR PRIV. HOSP ... I PRIV. CLINIC ... J PHARMACY K HOME OF TRAINED HEALTH WORKER ... L VISIT OF TRAINED HEALTH WORKER ... M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP O TRADITIONAL PRACTITIONER P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR NATL HOSP (PP) . A PROV HOSP (RH) B DIST HOSP (RH) . C HLTH CENTER... D HLTH POST E OUTREACH F MILITARY HOSP . G OTHER PUBLIC _____ H (SPECIFY)</p> <p>PRIVATE MED. SECTOR PRIV. HOSP ... I PRIV. CLINIC ... J PHARMACY K HOME OF TRAINED HEALTH WORKER ... L VISIT OF TRAINED HEALTH WORKER ... M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP O TRADITIONAL PRACTITIONER P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR NATL HOSP (PP) . A PROV HOSP (RH) B DIST HOSP (RH) . C HLTH CENTER... D HLTH POST E OUTREACH F MILITARY HOSP . G OTHER PUBLIC _____ H (SPECIFY)</p> <p>PRIVATE MED. SECTOR PRIV. HOSP ... I PRIV. CLINIC ... J PHARMACY K HOME OF TRAINED HEALTH WORKER ... L VISIT OF TRAINED HEALTH WORKER ... M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP O TRADITIONAL PRACTITIONER P OTHER _____ X (SPECIFY)</p>
521	CHECK 520:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 523) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 523) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 523) ←</p>
522	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 520.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
523	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
524	Does (NAME) still have diarrhea?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
525	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a A fluid made from a special packet called Oralyte?</p> <p>b A home fluid of porridge water or cooked rice with salt and sugar?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
527	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	TABLET OR SYRUP A INJECTION (IM OR IV) B PERFUSION C TRADITIONAL/HERBAL MEDICINE D OTHER _____ X (SPECIFY)	TABLET OR SYRUP A INJECTION (IM OR IV) B PERFUSION C TRADITIONAL/HERBAL MEDICINE D OTHER _____ X (SPECIFY)	TABLET OR SYRUP A INJECTION (IM OR IV) B PERFUSION C TRADITIONAL/HERBAL MEDICINE D OTHER _____ X (SPECIFY)
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 535) ←
534	CHECK 530: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 546) ←
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she 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
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 542) ←	YES 1 NO 2 (SKIP TO 542) ←	YES 1 NO 2 (SKIP TO 542) ←
538	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR NATL HOSP (PP) . A PROV HOSP (RH) . B DIST HOSP (RH) . C HLTH CENTER... D HLTH POST E VILLAGE MALARIA WORKER ... F OUTREACH G MILITARY HOSP .. H OTHER PUBLIC _____ I (SPECIFY) PRIVATE MED. SECTOR PRIV. HOSP. ... J PRIV. CLINIC ... K PHARMACY L HOME OF TRAINED HEALTH WORKER ... M VISIT OF TRAINED HEALTH WORKER ... N OTHER PRIVATE MED. _____ O (SPECIFY) OTHER SOURCE SHOP P TRADITIONAL PRACTITIONER Q OTHER _____ X (SPECIFY)	PUBLIC SECTOR NATL HOSP (PP) . A PROV HOSP (RH) . B DIST HOSP (RH) . C HLTH CENTER... D HLTH POST E VILLAGE MALARIA WORKER ... F OUTREACH G MILITARY HOSP .. H OTHER PUBLIC _____ I (SPECIFY) PRIVATE MED. SECTOR PRIV. HOSP. ... J PRIV. CLINIC ... K PHARMACY L HOME OF TRAINED HEALTH WORKER ... M VISIT OF TRAINED HEALTH WORKER ... N OTHER PRIVATE MED. _____ O (SPECIFY) OTHER SOURCE SHOP P TRADITIONAL PRACTITIONER Q OTHER _____ X (SPECIFY)	PUBLIC SECTOR NATL HOSP (PP) . A PROV HOSP (RH) . B DIST HOSP (RH) . C HLTH CENTER... D HLTH POST E VILLAGE MALARIA WORKER ... F OUTREACH G MILITARY HOSP .. H OTHER PUBLIC _____ I (SPECIFY) PRIVATE MED. SECTOR PRIV. HOSP. ... J PRIV. CLINIC ... K PHARMACY L HOME OF TRAINED HEALTH WORKER ... M VISIT OF TRAINED HEALTH WORKER ... N OTHER PRIVATE MED. _____ O (SPECIFY) OTHER SOURCE SHOP P TRADITIONAL PRACTITIONER Q OTHER _____ X (SPECIFY)
539	CHECK 538:	TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←	TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 541) ←
540	Where did you first seek advice or treatment? USE LETTER CODE FROM 538.	FIRST PLACE ... []	FIRST PLACE ... []	FIRST PLACE ... []
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS [][]	DAYS [][]	DAYS [][]

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	Is (NAME) still sick with a (fever/ cough)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
542A	At any time during the illness, was (NAME)'s blood tested for malaria?	YES 1 NO 2 (SKIP TO 543) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 543) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 543) ← DON'T KNOW 8
542B	What type of test?	BLOOD SLIDE 1 RAPID TEST 2 DON'T KNOW 8	BLOOD SLIDE 1 RAPID TEST 2 DON'T KNOW 8	BLOOD SLIDE 1 RAPID TEST 2 DON'T KNOW 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 546) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 546) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 546) ← DON'T KNOW 8
544	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL FANSIDAR A CHLOROQUINE . B QUININE C MALARINE D A+M (2, 3, 4).... E MEFLOQUINE ... F ARTEMISININ ... G ARTESUNATE TABLET H ARTESUNATE SUPPOSITORY I ARTEKINE J COTEXIN K ANTIBIOTIC AMOXICILLINE... L COTRIMOXAZONE M TETRACYCLINE . N OTHER ASPIRIN O PARACETAMOL . P DRUG COCKTAIL Q MULTIVITAMIN... R OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL FANSIDAR A CHLOROQUINE . B QUININE C MALARINE D A+M (2, 3, 4).... E MEFLOQUINE ... F ARTEMISININ ... G ARTESUNATE TABLET H ARTESUNATE SUPPOSITORY I ARTEKINE J COTEXIN K ANTIBIOTIC AMOXICILLINE... L COTRIMOXAZONE M TETRACYCLINE . N OTHER ASPIRIN O PARACETAMOL . P DRUG COCKTAIL Q MULTIVITAMIN... R OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL FANSIDAR A CHLOROQUINE . B QUININE C MALARINE D A+M (2, 3, 4).... E MEFLOQUINE ... F ARTEMISININ ... G ARTESUNATE TABLET H ARTESUNATE SUPPOSITORY I ARTEKINE J COTEXIN K ANTIBIOTIC AMOXICILLINE... L COTRIMOXAZONE M TETRACYCLINE . N OTHER ASPIRIN O PARACETAMOL . P DRUG COCKTAIL Q MULTIVITAMIN... R OTHER _____ X (SPECIFY) DON'T KNOW Z
544A	CHECK 544: ANY CODE A-N CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 546) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 546) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 546) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
545	<p>Did you already have (NAME OF DRUG FROM 544) at home when the child became ill?</p> <p>IF YES, CIRCLE CODE FOR THAT DRUG.</p> <p>ASK SEPARATELY FOR EACH ANTIMALARIAL OR ANTIBIOTIC DRUG GIVEN IN 544.</p>	<p>ANTIMALARIAL</p> <p>FANSIDAR A</p> <p>CHLOROQUINE . B</p> <p>QUININE C</p> <p>MALARINE D</p> <p>A+M (2, 3, 4)..... E</p> <p>MEFLOQUINE ... F</p> <p>ARTEMISININ ... G</p> <p>ARTESUNATE</p> <p> TABLET H</p> <p>ARTESUNATE</p> <p> SUPPOSITORY I</p> <p>ARTEKINE J</p> <p>COTEXIN K</p> <p>ANTIBIOTIC</p> <p>AMOXICILLINE... L</p> <p>COTRIMOXAZONE M</p> <p>TETRACYCLINE . N</p>	<p>ANTIMALARIAL</p> <p>FANSIDAR A</p> <p>CHLOROQUINE . B</p> <p>QUININE C</p> <p>MALARINE D</p> <p>A+M (2, 3, 4)..... E</p> <p>MEFLOQUINE ... F</p> <p>ARTEMISININ ... G</p> <p>ARTESUNATE</p> <p> TABLET H</p> <p>ARTESUNATE</p> <p> SUPPOSITORY I</p> <p>ARTEKINE J</p> <p>COTEXIN K</p> <p>ANTIBIOTIC</p> <p>AMOXICILLINE... L</p> <p>COTRIMOXAZONE M</p> <p>TETRACYCLINE . N</p>	<p>ANTIMALARIAL</p> <p>FANSIDAR A</p> <p>CHLOROQUINE . B</p> <p>QUININE C</p> <p>MALARINE D</p> <p>A+M (2, 3, 4)..... E</p> <p>MEFLOQUINE ... F</p> <p>ARTEMISININ ... G</p> <p>ARTESUNATE</p> <p> TABLET H</p> <p>ARTESUNATE</p> <p> SUPPOSITORY I</p> <p>ARTEKINE J</p> <p>COTEXIN K</p> <p>ANTIBIOTIC</p> <p>AMOXICILLINE... L</p> <p>COTRIMOXAZONE M</p> <p>TETRACYCLINE . N</p>
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																				
564	Can tuberculosis be cured?	YES 1 NO 2 DONT KNOW 8																																																																																					
565	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DONT KNOW/NOT SURE/ DEPENDS 8																																																																																					
566	CHECK 468: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER</p> <input type="checkbox"/> </div> </div>	→ 570A																																																																																					
567	<p>Now I would like to ask you about the foods and liquids you had yesterday during the day or at night, either separately or combined with other foods or liquids.</p> <p>Did (YOU) eat or drink:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td>a 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>b 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>c 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>d 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>e 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>f 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>g 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>h 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>i 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>j 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>k 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>l 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>m 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>n 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>o 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>p 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>q 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>r 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>s 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>t 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DK	a 1	1	2	8	b 1	1	2	8	c 1	1	2	8	d 1	1	2	8	e 1	1	2	8	f 1	1	2	8	g 1	1	2	8	h 1	1	2	8	i 1	1	2	8	j 1	1	2	8	k 1	1	2	8	l 1	1	2	8	m 1	1	2	8	n 1	1	2	8	o 1	1	2	8	p 1	1	2	8	q 1	1	2	8	r 1	1	2	8	s 1	1	2	8	t 1	1	2	8	
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576	During the illness that led to (NAME)'s death, did you seek advice or treatment anywhere or from anyone? IF YES: Where did you go? RECORD ALL MENTIONED.	PUBLIC SECTOR NATL HOSPITAL (PP) A PROVINCIAL HOSP. (RH) ... B DISTRICT HOSP. (RH) ... C HEALTH CENTER D HEALTH POST . E VILLAGE MALARIA WORKER ... F OUTREACH G PRIVATE SECTOR PRIV HOSP..... H PRIV CLINIC ... I PHARMACY J OTHER PRIV ... K OTHER _____ X (SPECIFY) NONE Z	PUBLIC SECTOR NATL HOSPITAL (PP) A PROVINCIAL HOSP. (RH) ... B DISTRICT HOSP. (RH) ... C HEALTH CENTER D HEALTH POST . E VILLAGE MALARIA WORKER ... F OUTREACH G PRIVATE SECTOR PRIV HOSP..... H PRIV CLINIC ... I PHARMACY J OTHER PRIV ... K OTHER _____ X (SPECIFY) NONE Z	PUBLIC SECTOR NATL HOSPITAL (PP) A PROVINCIAL HOSP. (RH) ... B DISTRICT HOSP. (RH) ... C HEALTH CENTER D HEALTH POST . E VILLAGE MALARIA WORKER ... F OUTREACH G PRIVATE SECTOR PRIV HOSP..... H PRIV CLINIC ... I PHARMACY J OTHER PRIV ... K OTHER _____ X (SPECIFY) NONE Z
576A	Did any health worker make a diagnosis explaining the death?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
577	Where did (NAME) die?	AT HOME 1 IN A HEALTH FACILITY 2 ON THE WAY TO HEALTH FAC. ... 3 OTHER _____ 6 (SPECIFY)	AT HOME 1 IN A HEALTH FACILITY 2 ON THE WAY TO HEALTH FAC. ... 3 OTHER _____ 6 (SPECIFY)	AT HOME 1 IN A HEALTH FACILITY 2 ON THE WAY TO HEALTH FAC. ... 3 OTHER _____ 6 (SPECIFY)
578	CHECK 220: AGE AT DEATH	LESS THAN 1 MONTH <input type="checkbox"/> 1 MONTH/ OLDER <input type="checkbox"/> (SKIP TO 589)	LESS THAN 1 MONTH <input type="checkbox"/> 1 MONTH/ OLDER <input type="checkbox"/> (SKIP TO 589)	LESS THAN 1 MONTH <input type="checkbox"/> 1 MONTH/ OLDER <input type="checkbox"/> (SKIP TO 589)
579	Was (NAME) born after a difficult labor or delivery?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
580	Was (NAME) malformed in any way?	YES _____ 1 (SPECIFY) NO 2 DON'T KNOW 8	YES _____ 1 (SPECIFY) NO 2 DON'T KNOW 8	YES _____ 1 (SPECIFY) NO 2 DON'T KNOW 8
581	Did (NAME) suckle or drink normally during the first two days of life?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
582	Did (NAME) have a decrease in suckling or difficulty suckling during the days before death?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>
583	Did (NAME) have convulsions or spasms during the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
583A	During the illness that led to death, did (NAME) have tetanus?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
584	During the illness that led to death, did (NAME) have a cough?	YES 1 NO 2 (SKIP TO 588) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 588) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 588) ← DON'T KNOW 8
585	For how many days did the cough last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
586	When (NAME) had the illness with the cough, did (he/she) have difficult or rapid breathing?	YES 1 NO 2 (SKIP TO 588) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 588) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 588) ← DON'T KNOW 8
587	For how many days did the difficult or rapid breathing last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
588	GO BACK TO 570D FOR NEXT CHILD THAT DIED; IF NO MORE DEATHS GO TO 601.			
589	During the illness that led to death, did (NAME) have loose or liquid stools, that is, diarrhea?	YES 1 NO 2 (SKIP TO 593) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 593) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 593) ← DON'T KNOW 8
590	Was the episode of diarrhea mild or severe?	MILD 1 SEVERE 2 DON'T KNOW 8	MILD 1 SEVERE 2 DON'T KNOW 8	MILD 1 SEVERE 2 DON'T KNOW 8
591	For how long did the diarrhea last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
592	Was there any blood in the stool?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>
593	During the illness that led to death, did (NAME) have a cough?	YES 1 NO 2 (SKIP TO 597) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 597) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 597) ← DON'T KNOW 8
594	For how long did the cough last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
595	When (NAME) had the illness with the cough, did (he/she) have difficult or rapid breathing?	YES 1 NO 2 (SKIP TO 597) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 597) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 597) ← DON'T KNOW 8
596	For how long did the difficult or rapid breathing last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
597	During the illness that led to death, did (NAME) have a fever?	YES 1 NO 2 (SKIP TO 598) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 598) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 598) ← DON'T KNOW 8
597A	Was the fever mild or severe?	MILD 1 SEVERE 2 DON'T KNOW 8	MILD 1 SEVERE 2 DON'T KNOW 8	MILD 1 SEVERE 2 DON'T KNOW 8
597B	How long did the fever last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
597C	During the illness that led to death, was (NAME) tested for malaria?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
598	During the illness that led to death, was (NAME) unconscious?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>
598A	During the illness that led to death, did (NAME) have convulsions?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
598B	During the illness that led to death, did (NAME) have a skin rash all over (his/her) body and face?	YES 1 NO 2 (SKIP TO 598D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 598D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 598D) ← DON'T KNOW 8
598C	How long did the rash last? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
598D	During the illness that led to death, was there any bleeding from the nose, mouth, or gums?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
598E	During the illness that led to death, did (NAME) have black vomitting or bloody 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
598F	During the illness that led to death, was there any discharge from the eyes?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
598G	During the illness that led to death, was (NAME) very thin?	YES 1 NO 2 (SKIP TO 598J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 598J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 598J) ← DON'T KNOW 8
598H	How long was (NAME) very thin?	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS . 2 <input type="text"/> <input type="text"/> MONTHS . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
598J	During the illness that led to death, did (NAME) have swelling of the feet or legs?	YES 1 NO 2 (SKIP TO 599) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 599) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 599) ← DON'T KNOW 8
598K	How long was the swelling present? IF LESS THAN ONE DAY, WRITE '00'.	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS ... 2 <input type="text"/> <input type="text"/> MONTHS ... 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS ... 2 <input type="text"/> <input type="text"/> MONTHS ... 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS ... 1 <input type="text"/> <input type="text"/> WEEKS ... 2 <input type="text"/> <input type="text"/> MONTHS ... 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
599	GO BACK TO 570D FOR NEXT CHILD THAT DIED; IF NO MORE DEATHS, GO TO 601.			

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 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	→ 614
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 606
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER 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. <input type="text"/> <input type="text"/>	
606	Have you been married or lived with only one man or more than one man?	ONLY ONE 1 MORE THAN ONE 2	
607	CHECK 606: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p><input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p><input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about when you started living with your first husband/partner. What month and year was that?</p> </div> </div> <p>IF RESPONDENT DOES NOT KNOW GREGORIAN DATE, ASK FOR KHMER DATE OF MARRIAGE. USE DATE CONVERSION CHART TO FIND GREGORIAN MONTH AND YEAR.</p> <p>_____ (SPECIFY KHMER MONTH AND YEAR OF MARRIAGE)</p>	GREGORIAN MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 GREGORIAN YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 609
608	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
609	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED OR NOT WIDOWED</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>WIDOWED</p> <p><input type="checkbox"/></p> <p>→ 612</p> </div> </div>		
610	CHECK 606: MARRIED MORE THAN ONCE <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MARRIED ONLY ONCE</p> <p><input type="checkbox"/></p> <p>→ 614</p> </div> </div>		
611	How did your previous marriage or union end?	DEATH/WIDOWHOOD 1 DIVORCE 2 SEPARATION 3	<input type="checkbox"/> → 614

		MOST RECENT SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
623	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 626) ←	YES 1 NO 2 (SKIP TO 626) ←	YES 1 NO 2 (SKIP TO 626) ←
624	Why did you use a condom?	BIRTH SPACING . 1 HIV PREVENTION . 2 BOTH 3 OTHER _____ 6 (SPECIFY)	BIRTH SPACING . 1 HIV PREVENTION . 2 BOTH 3 OTHER _____ 6 (SPECIFY)	BIRTH SPACING . 1 HIV PREVENTION . 2 BOTH 3 OTHER _____ 6 (SPECIFY)
625	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
626	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE01 (SKIP TO 632) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER _____96 (SPECIFY)	SPOUSE01 (SKIP TO 632) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER _____96 (SPECIFY)	SPOUSE01 (SKIP TO 632) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER _____96 (SPECIFY)
627	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>
628	CHECK 106:	15-24 25-49 Y. OLD Y. OLD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 632) ←	15-24 25-49 Y. OLD Y. OLD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 632) ←	15-24 25-49 Y. OLD Y. OLD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 632) ←
629	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 632) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 632) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 632) ← DON'T KNOW 98
630	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 632) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 632) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 632) ←
631	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER .. 1 LESS THAN TEN YEARS OLDER .. 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER .. 1 LESS THAN TEN YEARS OLDER .. 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER .. 1 LESS THAN TEN YEARS OLDER .. 2 OLDER, UNSURE HOW MUCH ... 3

		MOST RECENT SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
632	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 635) ←
633	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
634	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 623 ← IN NEXT COLUMN) NO 2 (SKIP TO 636) ←	YES 1 (GO BACK TO 623 ← IN NEXT COLUMN) NO 2 (SKIP TO 636) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
636	<p>In total, with how many different partners have you had sexual intercourse in your life?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
637	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 640
638	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>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>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSP (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>OUTREACH F</p> <p>MILITARY HOSPITAL G</p> <p>OTHER PUBLIC H</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>OTHER PRIV. MEDICAL K</p> <p>(SPECIFY) _____</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>COMMUNITY DISTRIBUTOR M</p> <p>FRIEND/RELATIVE N</p> <p>OTHER X</p> <p>(SPECIFY) _____</p>	
639	<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>	
640	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
641	<p>Where is that?</p> <p>IF SOURCE IS 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>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSP (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>OUTREACH F</p> <p>MILITARY HOSPITAL G</p> <p>OTHER PUBLIC _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>OTHER PRIV. MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>COMMUNITY DISTRIBUTOR M</p> <p>FRIEND/RELATIVE N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
642	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 311/311A:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		→ 713
702	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>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?</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</p> <p>NO MORE/NONE 2</p> <p>SAYS SHE CAN'T GET PREGNANT . 3</p> <p>UNDECIDED/DON'T KNOW:</p> <p>AND PREGNANT 4</p> <p>AND NOT PREGNANT OR UNSURE 5</p>	<p>→ 704</p> <p>→ 713</p> <p>→ 709</p> <p>→ 708</p>
703	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>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>MONTHS 1</p> <p>YEARS 2</p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994</p> <p>OTHER 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	<p>→ 708</p> <p>→ 713</p> <p>→ 708</p>
704	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		→ 709
705	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		→ 713
706	<p>CHECK 703:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></p>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method? Can you tell me why you are not using a method?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711
710	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>DAILY PILL 03</p> <p>MONTHLY PILL 04</p> <p>IUD 05</p> <p>INJECTABLES 06</p> <p>IMPLANTS 07</p> <p>MALE CONDOM 08</p> <p>FEMALE CONDOM 09</p> <p>DIAPHRAGM 10</p> <p>FOAM/JELLY 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
715	In the last few months have you heard about birth spacing: On the radio? On the television? In a newspaper or magazine? Through family or friends? From community council? Billboards, posters, or leaflets?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 FAMILY/FRIENDS 1 2 COMMUNITY COUNCIL 1 2 BILLBOARDS/POSTERS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 722	
717	CHECK 311/311A: NEITHER CODE B NOR CODE H CIRCLED, BUT ANY OTHER CODE CIRCLED <input type="checkbox"/> CODE B OR H CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>	→ 720 → 720	
718	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
719	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) _____	
720	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 722	
721	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	
722	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
723	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>	→ 801	
724	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/UNSURE 8	
725	Could you ask your husband/partner to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/UNSURE 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
804	What was the highest level of school he attended: primary, lower secondary, upper secondary, or higher?	<p>PRIMARY 1</p> <p>LOWER SECONDARY 2</p> <p>UPPER SECONDARY 3</p> <p>HIGHER 4</p> <p>DON'T KNOW 8</p>	→ 806
805	What was the highest grade he completed at that level?	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></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><input type="text"/></p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 812
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?	<p>YES 1</p> <p>NO 2</p>	→ 812
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?	<p>YES 1</p> <p>NO 2</p>	→ 812
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 812
811	What have you been doing for most of the time over the last 12 months?	<p>GOING TO SCHOOL/STUDYING 01</p> <p>LOOKING FOR WORK 02</p> <p>RETIRED 03</p> <p>TOO ILL TO WORK 04</p> <p>HANDICAPPED, CANNOT WORK ... 05</p> <p>HOUSEWORK/CHILD CARE 06</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	→ 901
812	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	CHECK 812: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 815
814	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
815	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	
816	Do you usually work at home or away from home?	HOME 1 AWAY 2	
817	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	
818	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	
819	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN CODE 1 OR 2 CIRCLED <input type="checkbox"/> NOT CURRENTLY MARRIED CODE 3 CIRCLED <input type="checkbox"/>		→ 901
820	CHECK 818: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 823
821	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6	
822	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 901
823	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6	

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 944
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	└→ 910
909	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
911	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	
912	CHECK 911: AT LEAST <input type="checkbox"/> NO CODE '1' CIRCLED <input type="checkbox"/> ONE 'YES' ↓		→ 914
913	Are there any special medications 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	
914	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8	
915	CHECK 215: LAST BIRTH SINCE <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> JANUARY 2003 ↓ LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2003 ↓		→ 924 → 924
916	CHECK 407: SEE ANYONE FOR ANTENATAL CARE DURING THAT PREGNANCY? YES, <input type="checkbox"/> PERSON SEEN ↓ NO ONE <input type="checkbox"/>		→ 924
917	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
918	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
919	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 924
920	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
921	<p>Where was the test done?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. 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>NATIONAL HOSPITAL (PP) 11</p> <p>PROVINCIAL HOSP (RH) 12</p> <p>DISTRICT HOSPITAL (RH) 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH POST 15</p> <p>OUTREACH 16</p> <p>MILITARY HOSPITAL 17</p> <p>VCCT CENTER 18</p> <p>PMTCT SITE 19</p> <p>OTHER PUBLIC 20</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE LABORATORY 23</p> <p>OTHER PRIV. MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
922	<p>Have you been tested for the AIDS virus since that time you were tested during your pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 925</p>
923	<p>When was the last time you were tested for the AIDS virus?</p>	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	<p>→ 931</p>
924	<p>I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 929</p>
925	<p>When was the last time you were tested?</p>	<p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p>	
926	<p>The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?</p>	<p>ASKED FOR THE TEST 1</p> <p>OFFERED AND ACCEPTED 2</p> <p>REQUIRED 3</p>	
927	<p>I don't want to know the results, but did you get the results of the test?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	<p>Where was the test done?</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>NATIONAL HOSPITAL (PP) 11</p> <p>PROVINCIAL HOSP (RH) 12</p> <p>DISTRICT HOSPITAL (RH) 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH POST 15</p> <p>OUTREACH 16</p> <p>MILITARY HOSPITAL 17</p> <p>VCCT CENTER 18</p> <p>PMTCT SITE 19</p> <p>OTHER PUBLIC 20</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE LABORATORY 23</p> <p>OTHER PRIV. MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 931</p>
929	<p>Do you know of a place where people can go to get tested for the virus that causes AIDS?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 931</p>
930	<p>Where is that?</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>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSP (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>OUTREACH F</p> <p>MILITARY HOSPITAL G</p> <p>VCCT CENTER H</p> <p>PMTCT SITE I</p> <p>OTHER PUBLIC J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL K</p> <p>PRIVATE CLINIC L</p> <p>PRIVATE LABORATORY M</p> <p>OTHER PRIV. MEDICAL N</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
931	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	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	
933	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
934	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	
935	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2 DK ANYONE WITH AIDS 8	→ 940
936	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2	
937	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES 1 NO 2	
938	CHECK 935, 936, AND 937: OTHER <input type="checkbox"/> ↓ AT LEAST ONE 'YES' <input type="checkbox"/> →		→ 940
939	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES 1 NO 2	
940	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
941	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
942	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
943	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
944	Do you believe that young men should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
946	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
947	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
948	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
949	Do you think that most married men you know have sex only with their wives?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
950	Do you believe that young women should wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
951	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
952	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
953	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
954	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
955	Do you think that most married women you know have sex only with their husbands?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
956	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
957	CHECK 615: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> →		→ 1001
958	CHECK 956: YES HAS HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> ↓ NO HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> →		→ 960
959	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	
960	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	
961	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	
962	CHECK 959, 960, AND 961: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> →		→ 1001
963	The last time you had (PROBLEM FROM 959 / 960 / 961), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1001

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
964	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSP (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>OUTREACH F</p> <p>MILITARY HOSPITAL G</p> <p>VCCT CENTER H</p> <p>PMTCT SITE I</p> <p>STD CLINIC J</p> <p>NGO CLINIC K</p> <p>OTHER PUBLIC _____ L</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL M</p> <p>PRIVATE CLINIC N</p> <p>PRIVATE LABORATORY O</p> <p>STD CLINIC P</p> <p>NGO CLINIC Q</p> <p>OTHER PRIV. MEDICAL _____ R</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	

SECTION 10. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1001	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1002	CHECK 1001: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ 1101
1003	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1004	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1005	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1006	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (7) ←	
1007	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1008	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1009	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1010	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	
1011	Did (NAME) die during childbirth?	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	
1012	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1013	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
GO BACK TO 1004 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO 1101.								

1004	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1005	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1006	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (8) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (9) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (10) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (11) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (12) ←	YES ... 1 NO ... 2 GO TO 1008 ← DK ... 8 GO TO (13) ←
1007	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1008	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1009	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1010	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2
1011	Did (NAME) die during childbirth?	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2	YES ... 1 GO TO 1013 ← NO ... 2
1012	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1013	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
GO BACK TO 1004 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO 1101.							

SECTION 11. WOMEN'S STATUS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	CHECK WOMEN'S STATUS BOX ON COVER PAGE: IS HOUSEHOLD SELECTED FOR WOMEN'S STATUS MODULE? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1235
1102	CHECK 601, 602, 603: CURRENT MARITAL STATUS	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	→ 1111
1103	CHECK 610: NUMBER OF TIMES MARRIED MARRIED ONLY ONCE <input type="checkbox"/> ↓ IGNORE WORDS IN PARENTHESES IN QUESTIONS 1104 - 1106.	MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ 1) IF CURRENTLY MARRIED OR SEPARATED: USE (CURRENT) IN QUESTIONS 1104 - 1106. 2) IF CURRENTLY DIVORCED OR WIDOWED: USE (LAST) IN QUESTIONS 1104 - 1106.	
1104	I would like to ask some questions about your (current/last) marriage. How long had you known your (current/last) husband before you married him?	MET ON THE WEDDING DAY 1 LESS THAN ONE MONTH 2 1 MONTH TO LESS THAN 1 YEAR ... 3 1 YEAR OR MORE 4 KNEW SINCE CHILDHOOD 5 OTHER 6	
1105	Who chose your (current/last) husband for you?	RESPONDENT CHOSE 1 RESPONDENT AND HUSBAND CHOSE EACH OTHER 2 RESPONDENT WITH SOMEONE ELSE CHOSE 3 RESPONDENT'S FAMILY CHOSE ... 4 HUSBAND OR HIS FAMILY CHOSE RESPONDENT 5 SOMEONE ELSE CHOSE 6 FORCED TO BE MARRIED BY HUSBAND 7	→ 1107 → 1107
1106	Was your consent sought when your (current/last) husband was being chosen for you, that is, were you asked whether you wanted to marry him or not?	YES 1 NO 2	
1107	Did you sign a marriage contract in front of the (Commune/Sangkat) Authorities?	YES 1 NO 2	
1108	Are you registered in your husband's household book or new family book as his wife?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	CHECK 1102: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DIVORCED/ WIDOWED <input type="checkbox"/>		→ 1111
1110	Do you and your husband talk about the following with each other often, sometimes, or never? a) Things that happen at his work/on the farm? b) Things that happen at home? c) What to spend money on? d) Things that happen in the community?	SOME- NE- OFTEN TIMES VER EVENTS AT WORK 1 2 3 EVENTS AT HOME 1 2 3 MONEY MATTERS 1 2 3 COMMUNITY HAPPENINGS 1 2 3	
1111	Who in your family usually has the final say on making large household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1112	Who in your family usually has the final say on making household purchases for daily needs?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1113	Who in your family usually has the final say on whether you should do work to earn money?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1114	Who in your family usually has the final say on your own health care?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1115	Who in your family usually has the final say on whether to use contraception?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1116	Who in your family usually has the final say on visits to family, friends, or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1117	CHECK 202 AND 204: HAS LIVING CHILDREN HAS ONE OR MORE LIVING CHILDREN <input type="checkbox"/>	HAS NO LIVING CHILDREN <input type="checkbox"/>	<input type="checkbox"/> → 1121
1118	Who in your family usually has the final say on any decisions about children's schooling?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1119	Who in your family usually has the final say on what to do if a child falls sick?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1120	Who in your family usually has the final say on whether to have another child?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 DECISION NOT MADE/NOT APPLIC . 6	
1121	Now I would like to get your opinion on some aspects of family life. Please tell me if you agree or disagree with each statement: a) The important decisions in the family should be made by the men of the family. b) If the wife is working outside the home, then the husband should help her with the household chores. c) A married woman should not be allowed to work outside the home even if she wants to. d) The wife has a right to express her opinion if she disagrees with what her husband is telling her. e) It is acceptable for a man to have sex outside his marriage. f) A wife should tolerate being beaten by her husband in order to keep the family together. g) It is better to educate a son than a daughter.	DIS- AGREE AGREE DK FAMILY DECISIONS BY MEN 1 2 8 HUSBAND SHOULD HELP 1 2 8 WOMEN SHOULD NOT WORK 1 2 8 WIFE TO EXPRESS OPINION 1 2 8 SEX OUTSIDE MARRIAGE . 1 2 8 TOLERATE BEING BEATEN 1 2 8 BETTER TO EDUCATE SON 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1122	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>a) She knows her husband has a sexually transmitted disease or AIDS?</p> <p>b) She knows her husband has sex with other women?</p> <p>c) She has recently given birth?</p> <p>d) She is tired or not in the mood?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/MOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STD/AIDS	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8					
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TIRED/MOOD	1	2	8																								
1123	<p>Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him.</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If food is late or not well prepared?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEGLECTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARGUES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>REFUSES SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FOOD LATE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGLECTS	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	FOOD LATE	1	2	8	
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ARGUES	1	2	8																								
REFUSES SEX	1	2	8																								
FOOD LATE	1	2	8																								
1124	<p>CHECK 1102: MARITAL STATUS</p> <p>MARRIED/SEPARATED/ <input type="checkbox"/> WIDOWED ↓</p> <p>DIVORCED/ <input type="checkbox"/> NEVER MARRIED →</p>		→ 1126																								
1125	<p>Do any of your husband's relatives usually live with you?</p> <p>IF YES: Which of your husband's relatives usually live with you?</p> <p>RECORD ALL MENTIONED.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>FATHER</td><td style="text-align: center;">A</td></tr> <tr><td>MOTHER</td><td style="text-align: center;">B</td></tr> <tr><td>BROTHER(S)</td><td style="text-align: center;">C</td></tr> <tr><td>SISTER(S)</td><td style="text-align: center;">D</td></tr> <tr><td>WIFE (WIVES) OF BROTHERS</td><td style="text-align: center;">E</td></tr> <tr><td>HUSBAND(S) OF SISTER(S)</td><td style="text-align: center;">F</td></tr> <tr><td>OTHER</td><td style="text-align: center;">X</td></tr> <tr><td>NO</td><td style="text-align: center;">Y</td></tr> </tbody> </table>	FATHER	A	MOTHER	B	BROTHER(S)	C	SISTER(S)	D	WIFE (WIVES) OF BROTHERS	E	HUSBAND(S) OF SISTER(S)	F	OTHER	X	NO	Y									
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HUSBAND(S) OF SISTER(S)	F																										
OTHER	X																										
NO	Y																										
1126	<p>Now tell me about your birth family.</p> <p>Is your father currently living?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																			
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NO	2																										
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1127	<p>Is your mother currently living?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																			
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1128	<p>What is the highest level of school your father attended?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>NONE</td><td style="text-align: center;">1</td></tr> <tr><td>PRIMARY</td><td style="text-align: center;">2</td></tr> <tr><td>SECONDARY</td><td style="text-align: center;">3</td></tr> <tr><td>HIGHER THAN SECONDARY</td><td style="text-align: center;">4</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	NONE	1	PRIMARY	2	SECONDARY	3	HIGHER THAN SECONDARY	4	DON'T KNOW	8	→ 1130														
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1129	<p>(Could/Can) your father read a newspaper or letter?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																			
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1130	<p>What is the highest level of school your mother attended?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>NONE</td><td style="text-align: center;">1</td></tr> <tr><td>PRIMARY</td><td style="text-align: center;">2</td></tr> <tr><td>SECONDARY</td><td style="text-align: center;">3</td></tr> <tr><td>HIGHER THAN SECONDARY</td><td style="text-align: center;">4</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	NONE	1	PRIMARY	2	SECONDARY	3	HIGHER THAN SECONDARY	4	DON'T KNOW	8	→ 1132														
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DON'T KNOW	8																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1131	(Could/Can) your mother read a newspaper or letter?	YES 1 NO 2 DON'T KNOW 8																													
1132	Are any members of your birth family living close enough for you to be able to visit them and come home on the same day?	YES 1 NO 2 LIVING IN THE SAME HOUSE 3																													
1133	If you need help or have a problem, is there someone from your family who you can depend on to: a) give you shelter for a few nights if you need it? b) give you financial support if you need it? c) give you advice?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>SHELTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FINANCIAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ADVICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	SHELTER	1	2	8	FINANCIAL	1	2	8	ADVICE	1	2	8													
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1134	Now I would like to ask you some questions about financial matters. I ask these questions only to understand more about the financial position of women. Please tell me if you alone, or jointly with someone else own the following: a) Land? b) This house/dwelling or the house/dwelling where you usually live? c) Any other house, apartment, or other dwelling? d) Jewelry or gems? e) Livestock such as ox, cow, buffalo? f) Car or motorbike?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES ALONE</th> <th style="text-align: center;">YES JOINTLY</th> <th style="text-align: center;">DOES NOT OWN</th> </tr> </thead> <tbody> <tr> <td>LAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>THIS/USUAL DWELLING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER DWELLING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>JEWELRY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>LIVESTOCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CAR OR MOTORBIKE .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES ALONE	YES JOINTLY	DOES NOT OWN	LAND	1	2	3	THIS/USUAL DWELLING	1	2	3	OTHER DWELLING ...	1	2	3	JEWELRY	1	2	3	LIVESTOCK	1	2	3	CAR OR MOTORBIKE .	1	2	3	
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CAR OR MOTORBIKE .	1	2	3																												
1135	CHECK 1134: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>AT LEAST ONE '1' CIRCLED. <input type="checkbox"/></p> <p>OWNS AT LEAST ONE ASSET ALONE. ↓</p> </div> <div style="text-align: center;"> <p>NOT ONE '1' CIRCLED. <input type="checkbox"/></p> <p>DOES NOT OWN ANY ASSET ALONE.</p> </div> </div>	→ 1137																													
1136	In an emergency, could you sell (any of) these assets without anyone else's permission? (ASK ONLY THOSE ASSETS CODED '1' IN 1134; FOR ASSETS CODED '2' OR '3' IN 1134, CIRCLE CODE '3'.) a) The Land? b) This house/dwelling where you usually live? c) The other house, apartment, or other dwelling? d) The jewelry or gems? e) The livestock? f) The car or motorbike?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DOES NOT OWN ALONE</th> </tr> </thead> <tbody> <tr> <td>LAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>USUAL DWELLING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER DWELLING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>JEWELRY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>LIVESTOCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CAR / MOTORBIKE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	DOES NOT OWN ALONE	LAND	1	2	3	USUAL DWELLING ...	1	2	3	OTHER DWELLING ...	1	2	3	JEWELRY	1	2	3	LIVESTOCK	1	2	3	CAR / MOTORBIKE ...	1	2	3	
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CAR / MOTORBIKE ...	1	2	3																												
1137	Do you yourself control the money needed to buy the following things? a) Perishable food items like vegetables or fruits? b) Staple foods such as rice? c) Clothes for yourself/ d) Any kind of medicinal care for yourself? e) Toiletries for yourself like lipstick or perfume?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DOES NOT BUY</th> </tr> </thead> <tbody> <tr> <td>PERISHABLE FOOD .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STAPLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CLOTHES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TOILETRIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	DOES NOT BUY	PERISHABLE FOOD .	1	2	3	STAPLES	1	2	3	CLOTHES	1	2	3	MEDICINE	1	2	3	TOILETRIES	1	2	3					
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1138	Do you know of any programs in this area that give loans to women so they can start or expand a business of their own?	YES 1 NO 2																													
1139	Have you yourself ever taken out or been given a loan either in cash or in kind to start or expand a business?	YES 1 NO 2																													
1140	Are you a member of any type of association, group or club,	YES 1																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	which holds regular meetings?	NO 2	→ 1142

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1141	What kind of association, group, or club is it? RECORD ALL MENTIONED.	RELIGIOUS A SOCIAL B WOMEN'S ORGANIZATION C LABOR UNION D POLITICAL E DEVELOPMENT COMMITTEE F OTHER X	
1142	When there is a local or a national election of any kind do you vote always, sometimes, or never?	ALWAYS VOTES 1 SOMETIMES VOTES 2 NEVER VOTES 3 TOO YOUNG TO VOTE 4 NEVER AN ELECTION 5	
1143	Are you aware of the trafficking of women?	YES 1 NO 2	
1144	Do you know if there are any laws in Cambodia protecting women's rights?	YES 1 NO 2	→ 1201
1145	Could you tell me what laws you have heard about? RECORD ALL MENTIONED.	EQUAL RIGHTS A MARRIAGE/DIVORCE B LABOR C ABORTION D TRAFFICKING E OTHER X	

SECTION 12. HOUSEHOLD RELATIONS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1201	CHECK HOUSEHOLD RELATIONS BOX ON COVER PAGE: IS THIS WOMAN SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1235																												
1202	CHECK FOR PRESENCE OF OTHERS. DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED <input type="checkbox"/> PRIVACY NOT POSSIBLE <input type="checkbox"/>		→ 1235																												
1203	READ TO ALL RESPONDENTS: Now I would like to ask you questions about some aspects of the relationship between couples. I know that some of these questions are very personal. However, your answers are very important for helping to understand the condition of women in Cambodia. Let me assure you that your answers are completely confidential and will not be told to anyone. No one in the household will be asked or hear the questions. The interviewing must pause if privacy is lost.																														
1204	CHECK 601 AND 602: MARITAL STATUS CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ FORMERLY LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		→ 1215																												
1205	Now I am going to ask you about some situations which happen to some women. Please tell me if these phrases apply to your relationship with your (last) husband? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet with your girl friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	
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1206	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband. 1206A. (Does/Did) your (last) husband ever: a) say or do something to humiliate you in front of others? b) threaten you or someone close to you with harm? c) swear at you?	1206B How many times did this happen during the last 12 months? a) NUMBER OF TIMES <input type="text"/> <input type="text"/> b) NUMBER OF TIMES <input type="text"/> <input type="text"/> c) NUMBER OF TIMES <input type="text"/> <input type="text"/>																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1207	<p>1207A. (Does/Did) your (last) husband ever:</p> <p>a) push you, shake you, or throw something at you? YES ... 1 → NO ... 2 ↴</p> <p>b) slap you or twist your arm? YES ... 1 → NO ... 2 ↴</p> <p>c) punch you with his fist or with something that could hurt you? YES ... 1 → NO ... 2 ↴</p> <p>d) kick you or drag you? YES ... 1 → NO ... 2 ↴</p> <p>e) try to strangle you or burn you? YES ... 1 → NO ... 2 ↴</p> <p>f) threaten you with a knife, gun, or other type of weapon? YES ... 1 → NO ... 2 ↴</p> <p>g) attack you with a knife, gun, or other type of weapon? YES ... 1 → NO ... 2 ↴</p> <p>h) physically force you to have sexual intercourse even when you did not want to? YES ... 1 → NO ... 2 ↴</p> <p>i) force you to perform types of other sexual acts you did not want to? YES ... 1 → NO ... 2 ↴</p>	<p>1207B. How many times did this happen during the last 12 months?</p> <p>a) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>b) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>c) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>d) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>e) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>g) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>h) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>i) NUMBER OF TIMES <input type="text"/> <input type="text"/></p>	
1208	<p>CHECK 1207:</p> <p>AT LEAST ONE YES' <input type="checkbox"/> NOT A SINGLE YES' <input type="checkbox"/></p>		→ 1210
1209	<p>How long after you first got married to your (last) husband did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR ENTER '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE 95</p> <p>AFTER SEPARATION/DIVORCE 96</p>	
1210	<p>1210A. Did the following ever happen because of something your (last) husband did to you:</p> <p>a) You had bruises and aches? YES ... 1 → NO ... 2 ↴</p> <p>b) You had an injury or a broken bone? YES ... 1 → NO ... 2 ↴</p> <p>c) You went to a health facility as a result of something your husband had done to you? YES ... 1 → NO ... 2 ↴</p>	<p>1210B. How many times did this happen during the last 12 months?</p> <p>a) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>b) NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>c) NUMBER OF TIMES <input type="text"/> <input type="text"/></p>	
1211	<p>Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1213
1212	<p>In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband at a time when he was not already beating or physically hurting you?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1213	(Does/Did) your (last) husband drink alcohol?	YES 1 NO 2	→ 1215
1214	How often (does/did) he get drunk: very often, only sometimes, or never?	VERY OFTEN 1 SOMETIMES 2 NEVER 3	
1215	From the time you were 15 years old has anyone (other than your current/last husband) hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 NO ANSWER 6	→ 1220
1216	Who has physically hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H EX-HUSBAND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER FEMALE IN-LAWS L OTHER MALE IN-LAWS M OTHER FEMALE RELATIVES N OTHER MALE RELATIVES O FEMALE FRIEND/ACQUAINTANCE ... P MALE FRIEND/ACQUAINTANCE Q TEACHER R EMPLOYER S POLICEMAN/MILITARY T STRANGER U OTHER X	
1217	CHECK 1216: MORE THAN ONE PERSON MENTIONED <input type="checkbox"/>	ONLY ONE PERSON MENTIONED <input type="checkbox"/>	→ 1219

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1218	Who is the person who has hit, slapped, kicked, or done something to physically hurt you most often?	MOTHER 01 FATHER 02 STEP-MOTHER 03 STEP-FATHER 04 SISTER 05 BROTHER 06 DAUGHTER 07 SON 08 EX-HUSBAND 09 MOTHER-IN-LAW 10 FATHER-IN-LAW 11 OTHER FEMALE IN-LAWS 12 OTHER MALE IN-LAWS 13 OTHER FEMALE RELATIVES 14 OTHER MALE RELATIVES 15 FEMALE FRIEND/ACQUAINTANCE ... 16 MALE FRIEND/ACQUAINTANCE 17 TEACHER 18 EMPLOYER 19 POLICEMAN/MILITARY 20 STRANGER 21 OTHER 96	
1219	In the last 12 months, how many times has this person hit, slapped, kicked, or done something to physically hurt you in any other way?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
1220	CHECK 208 FOR LIVE BIRTHS AND 229 FOR NON - LIVE BIRTHS CHECK 226 FOR CURRENTLY PREGNANT ONE OR MORE LIVE OR <input type="checkbox"/> NON-LIVE BIRTHS ↓ CURRENTLY <input type="checkbox"/> PREGNANT ↓ NO LIVE BIRTHS, NOT PREGNANT, AND NO NON-LIVE BIRTHS <input type="checkbox"/> → 1223		
1221	Has anyone ever hit, slapped, kicked, or done something else to hurt you physically during (any/this or any other) pregnancy?	YES 1 NO 2	→ 1224
1222	Who has done any of these things to physically hurt you during pregnancy? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H EX-HUSBAND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER FEMALE IN-LAWS L OTHER MALE IN-LAWS M OTHER FEMALE RELATIVES N OTHER MALE RELATIVES O FEMALE FRIEND/ACQUAINTANCE ... P MALE FRIEND/ACQUAINTANCE Q TEACHER R EMPLOYER S POLICEMAN/MILITARY T STRANGER U HUSBAND V OTHER X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1223	CHECK 615: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1228
1224	The first time that you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO 1 FORCED TO 2 REFUSED ANSWER/NO RESPONSE . 3	→ 1226 → 1226
1225	Were you physically forced?	YES 1 NO 2 REFUSED ANSWER/NO RESPONSE . 3	
1226	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN NEVER MARRIED/ NEVER LIVED WITH A MAN In the last 12 months, has anyone other than your (current/last) husband/ partner forced you to have sexual intercourse against your will? In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1228
1227	Were you physically forced?	YES 1 NO 2 REFUSED ANSWER/NO RESPONSE . 3	
1228	CHECK 1207, 1210, 1215 1221, 1224, AND 1226: AT LEAST ONE 'YES' IN 1207, 1210, 1215, 1221 <input type="checkbox"/> CODE '2' CIRCLED IN 1224 <input type="checkbox"/> CODE '1' CIRCLED IN 1226 <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 1232
1229	Have you ever tried to get help?	YES 1 I KEPT IT QUIET 2 NO 3	→ 1231
1230	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H EX-HUSBAND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER FEMALE IN-LAWS L OTHER MALE IN-LAWS M OTHER FEMALE RELATIVES N OTHER MALE RELATIVES O FEMALE FRIEND/ACQUAINTANCE ... P MALE FRIEND/ACQUAINTANCE Q TEACHER R EMPLOYER S POLICEMAN/MILITARY T STRANGER U OTHER X	→ 1232

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1231	What is the main reason you have never sought help?	DON'T KNOW WHO TO GO TO 01 NO USE 02 PART OF LIFE 03 AFRAID OF DIVORCE/DESERTION . . 04 AFRAID OF FURTHER BEATINGS ... 05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE ... 06 EMBARRASSED 07 NO MONEY 08 OTHER _____ 96 (SPECIFY)																													
1232	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																													
THANK THE RESPONDENT AGAIN FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE IMPLEMENTATION OF THE HOUSEHOLD RELATIONS MODULE ONLY.																															
1233	PRESENCE OF CHILDREN	<table border="0"> <tr> <td></td> <td style="text-align: center;">PRESENT</td> <td style="text-align: center;">PRESENT</td> <td style="text-align: center;">NOT</td> </tr> <tr> <td></td> <td style="text-align: center;">ALL THE</td> <td style="text-align: center;">SOME OF</td> <td style="text-align: center;">PRE-</td> </tr> <tr> <td></td> <td style="text-align: center;">TIME</td> <td style="text-align: center;">THE TIME</td> <td style="text-align: center;">SENT</td> </tr> <tr> <td>CHILDREN UNDER</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 YEARS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CHILDREN AGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 OR OLDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>		PRESENT	PRESENT	NOT		ALL THE	SOME OF	PRE-		TIME	THE TIME	SENT	CHILDREN UNDER				10 YEARS	1	2	3	CHILDREN AGE				10 OR OLDER	1	2	3	
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1234	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE THE LISTED PERSON WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERRUPTED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">YES, MORE</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">ONCE</td> <td style="text-align: center;">THAN ONCE</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>HUSBAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> </tr> <tr> <td> MALE ADULT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td> FEMALE ADULT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>		YES	YES, MORE			ONCE	THAN ONCE	NO	HUSBAND	1	2	3	OTHER				MALE ADULT	1	2	3	FEMALE ADULT	1	2	3					
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INTERVIEWER'S COMMENTS ON THE HOUSEHOLD RELATIONS MODULE ONLY. _____ _____ _____ _____																															
1235	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																													

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____