

10 AUGUST 2013

**VANUATU DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE**

**VANUATU
NATIONAL STATISTICS OFFICE/MINISTRY OF HEALTH**

IDENTIFICATION

ISLAND NAME _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="margin: 0 5px;">-</div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> </div>
VILLAGE NAME _____	
ENUMERATION AREA CODE	
HOUSEHOLD NUMBER	
NAME OF HOUSEHOLD HEAD _____	
URBAN/RURAL (URBAN = 1, RURAL1 = 2, RURAL2 = 3)	
NAME AND LINE NUMBER OF WOMAN _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
RESULT*	_____	_____	_____	YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
NEXT VISIT: DATE	_____	_____		INT. NUMBER <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
TIME	_____	_____		RESULT <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
	_____	_____		TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>

*RESULT CODES:

- | | | |
|---------------|--------------------|---------------|
| 1 COMPLETED | 4 REFUSED | |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | 7 OTHER _____ |
| 3 POSTPONED | 6 INCAPACITATED | (SPECIFY) |

LANGUAGE OF INTERVIEW	1 ENGLISH	2 BISLAMA	3 OTHER _____
LANGUAGE OF RESPONDENT	1 ENGLISH	2 BISLAMA	3 OTHER _____
			(SPECIFY)
TRANSLATOR USED?	1 YES	2 NO	

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with **Vanuatu National Statistics Office and Ministry of health**. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 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 if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

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

May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? <i>Yu stap long ples ia(Nem blong ples wei yu liv long hem naoia) hamas yia?</i> IF LESS THAN ONE YEAR, RECORD '00' YEARS. <i>Sipos hemi no bitm wan yia, raetem '00' yia</i>	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 106
103	Just before you moved here, where did you live? <i>Yu bin stap liv wea bifo yu muv ikam long ples ya?</i>	SAME ISLAND 1 ELSEWHERE IN VANUATU (SPECIFY ISLAND) 2 OTHER COUNTRY (SPECIFY COUNTRY) 3	
104			
105			
106	In what month and year were you born? <i>Yu bin bon long wanem manis mo long wanem yia?</i>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? <i>Hamas yia blong yu long las betdei blong yu?</i> COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school? <i>Yu bin ko long wan skul?</i>	YES 1 NO 2	→ 112a

109	<p>What is the highest level of school you attended: primary, secondary, or higher?</p> <p><i>Wanem nao haest level blong skul we yu kasem prmary, sekonderi mo narafala haya level?</i></p>	<p>PRE SCHOOL 0</p> <p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>TERTIARY 3</p> <p>VOCATIONAL 4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	
110	<p>What is the highest year you completed at that level?</p> <p><i>Wanem nao haest level(gred,fom, yia) blong edukesen we yu kasem?</i></p>	<p>YEAR <input type="text"/> <input type="text"/></p>	
111	<p>CHECK 109:</p> <p>PRE-SCHOOL <input type="checkbox"/> OR PRIMARY</p> <p>SECONDARY <input type="checkbox"/> OR HIGHER</p> <p>→</p>		115
112a	<p>Now I would like you to read this sentence to me.</p> <p><i>Mi wantem se yu ridim toktok ia long mi</i></p> <p>SHOW CARD IN BISLAMA TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p> <p><i>Yu save ridim eni pat blong toktok ia lo mi?</i></p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4</p> <p>(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED . . . 5</p>	→ 113
112b	<p>SHOW CARD IN ENGLISH TO RESPONDENT.</p> <p><i>Soem kad long Englis long woman we yu askem kwesjen long hem</i></p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p> <p><i>Yu save ridim eni pat blong sentens ia long mi?</i></p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4</p> <p>(SPECIFY LANGUAGE)</p>	
112c	<p>SHOW CARD IN FRENCH TO RESPONDENT.</p> <p><i>Soem kad long Franis long woman we yu askem kwesjen long hem</i></p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p> <p><i>Yu save ridim eni pat blong sentens ia long mi?</i></p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4</p> <p>(SPECIFY LANGUAGE)</p>	
113	<p>Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?</p> <p><i>Yu eva tekem pat long wan prokram blong literesi or eni narafala prokram we hemi tijim hao blong rid mo raet (be ino inkludum primari skul)?</i></p>	<p>YES 1</p> <p>NO 2</p>	
114	<p>CHECK 112a, 112b and 112c:</p> <p>AT LEAST ONE CODE '2', '3' OR '4' <input type="checkbox"/></p> <p>CIRCLED <input type="checkbox"/></p> <p>NO CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></p> <p>→</p>		116

115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? <i>Yu stap ridim niuspepa or magasin evridei, klosap evridei, wantaem long wan wik, klosap wantaem long wan wik, nokat natin</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? <i>Yu stap lisen long redio evridei, wantaem long wan wik klosap wan taem long wan wik, nokat nating?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all? <i>Yu stap lukluk TV klosap evridei, wantaem long wan wik klosap wan taem long wan wik, nokat nating?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion? <i>Wanem nao rilijen blong yu?</i>	ANGELICAN 10 PRESBYTERIAN 11 CATHOLIC 12 SDA 13 CHURCH OF GOD 14 ASSEMBLIES OF GOD 15 NEIL THOMAS MINISTRY 16 APOSTOLIC 17 CUSTOMARY BELIEFS 18 NO RELIGION/FAITH 19 OTHER _____ 96 REFUSED TO ANSWER 97 DON'T KNOW 98	
119	What is your ethnic origin? <i>Wanem nao res blong yu?</i>	NI-VANUATU 01 PART NI-VANUATU 02 OTHER MELANESIAN 03 POLYNESIAN 04 MICRONESIAN 05 EU/AUS/US/NZ 06 ASIAN 07 AFRICAN 08 OTHER _____ 96	

SECTION 2. REPRODUCTION											
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	<p>Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>Mi wantem askem se hao mas taem nao yu bonem wan pikinini long laef blong yu. Yu eva bonem pikinini long laef blong yu?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	→ 206								
202	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p> <p><i>Ikat samfala pikinini we oli stap wetem yu naoia we yu bin bonem olketa?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	→ 204								
203	<p>How many sons live with you?</p> <p><i>Hao mas boe blong yu oli stap wetem yu?</i></p> <p>And how many daughters live with you?</p> <p><i>Mo hao mas gel blon yu oli stap witem yu?</i></p> <p>IF NONE, RECORD '00'.</p>	<p>SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
204	<p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> <p><i>Yu kat eni boes o gels we yu bin bonem, we oli laev istap be oli no stap wetem yu?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	→ 206								
205	<p>How many sons are alive but do not live with you?</p> <p><i>Hao mas boe blong yu oli laef istap be oli no stap witem yu?</i></p> <p>And how many daughters are alive but do not live with you?</p> <p><i>Mo yu kat hao mas gels we oli laef istap be oli no stap witem yu?</i></p> <p>IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
206	<p>Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>Waswe, long laef blong yu, yu bin bonem eni pikinini boe o gel we hemi bin laef afta hemi bin bon be afta hemi bin ded?</i></p> <p>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?</p> <p><i>Sipos no, askem- Eni bebi we ibon mo hemi krae smol mo hemi soem samfala saen blong laef be hemi bin ded afta?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	→ 208								
207	<p>How many boys have died?</p> <p><i>Hae mas pikinini boe oli ded finis?</i></p> <p>And how many girls have died?</p> <p><i>Mo hao mas pikinini gel oli ded finis?</i></p> <p>IF NONE, RECORD '00'.</p>	<p>BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER</p> <p><i>Addem ansa blong 203,205, 207 mo putum total</i></p> <p>TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p>									
209	<p>CHECK 208:</p> <p>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> <p><i>Jas blong mekem sua se mi kasem i stret, yu bin bonem TOTAL _____ pikinini long laef blong yu, hemi stret?</i></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.</p>										
210	<p>CHECK 208:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226</p>										

<p>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. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).</p>									
<p>212</p> <p>What name was given to your (firsttext) baby?</p> <p><i>Wanem nem yu bin kivim long fesbon/ nekis bebi.</i></p> <p>(NAME)</p>	<p>213</p> <p>Were any of these births twins or triplets?</p> <p><i>I bin kat eni wan blong ol pikinini yia oli twins, triplets</i></p>	<p>214</p> <p>Is (NAME) a boy or a girl?</p> <p><i>Waswe hemi boe o gel?</i></p>	<p>215</p> <p>In what month and year was (NAME) born?</p> <p><i>Long wanem manis mo yia Nem hemi bon?</i></p> <p>PROBE: What is his/her birthday?</p> <p><i>Wanem nao betei blong hem?</i></p>	<p>216</p> <p>Is (NAME) still alive?</p> <p><i>(Nem) ie laet yet?</i></p>	<p>217</p> <p>IF ALIVE:</p> <p>How old was (NAME) at his/her last birthday?</p> <p><i>long las betei blong (NEM) ie kat hamas ya?</i></p> <p>RECORD AGE IN COMPELTED YEARS.</p>	<p>218</p> <p>IF ALIVE:</p> <p>Is (NAME) living with you?</p> <p><i>(NEM) ie stap liv wetem yu?</i></p>	<p>219</p> <p>IF ALIVE:</p> <p>RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).</p> <p><i>Sapos ie laet yet:</i></p> <p><i>Rikotem haus hol namba blong pikinini (raetem 00 sapos pikinini ie no stap long haus hol)</i></p>	<p>220</p> <p>IF DEAD:</p> <p>How old was (NAME) when he/she died?</p> <p><i>hamas yia blong (NEM) Taem hemi ded?</i></p> <p>IF '1 YR', PROBE: How many months old was (NAME)?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<p>221</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?</p> <p><i>Ibin kat narafala bebi we ie bon mo hemi laef bitwin (Nem blong bebi we hemi bon fastaem) mo (Nem) inkludum eni pikinini we I bin ded afta hemi bin bon?</i></p>
01	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"/> (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	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	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
03	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	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
04	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	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
05	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	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
06	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	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
07	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	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? <i>Wanem nem yu bin kivim long nekis bebi?</i> (NAME)	Were any of these births twins? <i>I bin kat eni long ol bebi yu bonem we oli twins?</i>	Is (NAME) a boy or a girl? <i>(NEM) hemi wan boy o gel?</i>	In what month and year was (NAME) born? (NAME) born? (NEM) ie bon long wenem manis mo yia? PROBE: What is his/her birthday? Wenem betei blong hem?	Is (NAME) still alive? <i>(NEM) hemi laef yet?</i>	How old was (NAME) at his/her last birthday? (NEM) ie kat hamas yia long las betei blong hem? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you? <i>(NEM) ie stap liv wetem yu?</i>	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? <i>hamas yia blong (NEM) Taem hemi ded?</i> 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? <i>I bin kat narafala bebi we ie bon mo hemi laef bitwin (Nem blong bebi we hemi bon fastaem) mo (Nem) inkludum eni pikinini we I bin ded afta hemi bin bon?</i>
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	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
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	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
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	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
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	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
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	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE. <i>Yu bin bonem wan bebe we ie bon mo ie laef (NEM BLONG LAS BEBE WE IE BON) Sapos YES, rikotem long table.</i>					YES NO		1 2	
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 BIRTH SINCE JANUARY 2008: MONTH AND YEAR OF BIRTH ARE 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>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2008 , ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now? <i>Yu kat bel nao ya?</i>	YES..... 1 NO 2 UNSURE..... 8	→ 229
227	How many months pregnant are you? <i>Yu kat hamas manis nao ya?</i> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228a	When you got pregnant, did you want to get pregnant at the time? <i>Taem yu kat bel, yu bin wantem blong kat bel long taem ya o yu no bin wantem?</i>	YES..... 1 NO 2	→ 229
228b	IF NO ASK: Did you want to wait to become pregnant later, or did you not want any (more) children? <i>Yu bin wantem blong kat bel long nara taem o yu no bin wantem blong kat nara pikinini bakeken?</i>	LATER 1 NO MORE 2	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? <i>Wan pikinini blong yu ie bin nokut long bel o ie ded insaet long bel mo taem ie bon hemi nomo pulum win?</i>	YES..... 1 NO 2	→ 237
230	When did the last such pregnancy end? <i>wetaem nao kaen samting olsem ie happen long yu taem yu bin kat bel?</i>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>LAST PREGNANCY ENDED IN <input type="text"/> JAN. 2008 OR LATER</div> <div>LAST PREGNANCY ENDED BEFORE <input type="text"/> JAN. 2008</div> </div>		→ 237
232	How many months pregnant were you when the last such pregnancy ended? <i>Yu bin kat bel hamas manis nao taem kaen samting olsem ie bin mekem yu?</i> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2008, have you had any other pregnancies that did not result in a live birth? <i>long jonewari 2008 kasem tedei yu bin kat bel bakeken mo bebe we yu bonem hemi no bin laet?</i>	YES..... 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		

235	<p>Did you have any miscarriages, abortions or stillbirths that ended before 2008? <i>Yu bin lusum bebe, kilim bebe long bel, o bebe ie bon be ie ded ie tek ples bifo 2008?</i></p>	<p>YES..... 1 NO 2</p>	→ 237												
236	<p>When did the last such pregnancy that terminated before 2008 end? <i>Wetaem nao yu lusum bebe, kilim bebe o bebe ie bon be ie ded ie stop bifo 2008?</i></p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
236a	<p>What was the cause of the miscarriage, abortion, or stillbirth? <i>Wenem nao ie mekem se bebe ie lus, yu kilim bebe or bebe ie bon be ie ded?</i></p>	<p>NATURAL/SPONTANEOUS/ACT OF GOD 1 INDUCED HEALTH WORKER GAVE A TABLET OR INJECTION .. 2 TRADITIONAL HEALER PROVIDED KASTOM MEDICINE 3 SELF INDUCED 4 (SPECIFY) INDUCED OTHER 5 (SPECIFY) OTHER 6 (SPECIFY)</p>													
236b	<p>Did you seek medical care as a result of the miscarriage/abortions/stillbirth? <i>Yu go luk docta, nes taem ol yu lusum bebe, kilim bebe o bebe ie bon be ie ded?</i></p>	<p>YES..... 1 NO 2</p>	→ 237												
236c	<p>Where did you seek advice or treatment for the miscarriage/abortions/stillbirth? <i>Yu go askem advaes o tritmen taem yu lusum bebe, kilim bebe o bebe ie bon be ie ded?</i></p> <p>Anywhere else? <i>Eni narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC G PHARMACY H PVT DOCTOR I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE L MED. _____ (SPECIFY)</p> <p>OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N</p> <p>OTHER X (SPECIFY)</p>													

237	<p>When did your last menstrual period start? <i>Wetaem nao las sikmun blong yu hemi stat?</i></p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY .. 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	<table border="1"> <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>								
238	<p>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? <i>From wan sikmun ko kasem nara manis blong sikmun ikat samfala deis we wan woman hemi save kat bel sipos hemi kat sex?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<div>→ 301</div>								
239	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? <i>Waswe taem ia we wan woman ie savekat bel hemi jas bifo wan woman hemi luk sikmun blong hem, taem hemi luk sikmun blong hemi stret, stret afta sikmun blong hem I finis mo long midel long tufala sikmun piriet?</i></p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>									



SECTION 3. CONTRACEPTION			
301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p><i>Naoia mi wantem tokabaot famili planing mo ol diferen wei o metod blong wn man witem woman, tufala isave usum blong tufala inokat bel</i></p> <p>Which ways or methods have you heard about?</p> <p><i>Wanem wei o metod yu bin harem abaot?</i></p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? <i>Yu bin harem abaot metod ya?</i></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>302 Have you ever used <i>Yu yusum</i></p> <p>(METHOD)?</p>
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> <p><i>Fasem tube blong ek blong ol woman. Ol woman oli save kat operesen blong blokem se oli nomo kat narafala pikinini</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>Have you ever had an operation to avoid having any more children?</p> <p><i>Oli katem yu finis blong yu no mo karem pikinini?</i></p> <p>YES 1</p> <p>NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> <p><i>Fasem tube blong ek ol man. Ol man oli save kat operesen blong stopem se oli nomo kat narafala pikinini.</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>Have you ever had a partner who had an operation to avoid having any more children?</p> <p><i>Yu kat wan patna we oli katem hem blong ie nomo karem pikinini?</i></p> <p>YES 1</p> <p>NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p> <p><i>Meresin blong dring blong blokem pikinini. Ol woman oli save tekem pill evridel blong blokem olketa blong nokat bel.</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p><i>IUD Ol woman oli save putum IUD insaed long basket blong pikinini wetem help blong dokta mo nurse.</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p><i>INJEKTEBOLS wan helt woka ie stikim ol woman blong oli no kat bel long wan o mo manis.</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
06	<p>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.</p> <p><i>Implants. Ol woman oli save putum ol smol smol meresin long insaed blong ol han klosap long titi blong olketa we ol dokta mo nurse is save putum blong blokem se oli nokat bel blong wan yia o moa</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> <p><i>KONDOM. Ol man oli save putum condom long tabu pat bifo oli kat sex.</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p> <p><i>KONDOM BLO OL WOMAN. Ol woman oli save putum kondom long rod blong bebebi bifo oli kat sex</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Following childbirth, a woman provides exclusive breastfeeding to her infant. This prevents ovulation and menstruation in the first 6 months after birth.</p> <p><i>Kivim titi nomo blong six manis, no kivim wota mo sopsop kaekae long bebebi long taem ia. Sipos yu tolem hemia bai wan woman ie blokem blong hemi nokat bel</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
10	<p>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.</p> <p><i>KALENDA METHOD. Evri manis wan woman we hemi stap kat sex hemi save blokem hemi kat bel taem hemi nokat sex long deis long wan manisbifo long sikmun, we sipos hemi kat sex bae hemi kat bel</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p> <p><i>WITHDRAWAL. Ol man oli save tekem aot tabu pat blong olketa long. woman long rod blong bebebi hemi bon.</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p> <p><i>EMERGENCY CONTRACEPTION Olsem wan emejensi metod afta wan woman ino protektem hem wan blong inokat bel, wan woman o gel hemi mas tekem spesel pills long enitaem long five deis bong blokem bel</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p><i>Waswe yu harem abaot narafala fasen blong wan woman o man ie save usum blong blokem bel</i></p>	<p>YES 1</p> <p>_____ (SPECIFY) _____</p> <p>_____ (SPECIFY) _____</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/></p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		307

304	Have you ever used anything or tried in any way to delay or avoid getting pregnant? <i>Waswe yu eva usum eni samting o yu traem long wan wei blong blokem yuwan blong no kat bel?</i>	YES..... 1 NO 2	→ 306
304a	Why have you never used any method of contraception? <i>From wanem yu no usum eni metod blo kontrasepsen ia?</i>	WANTED TO GET PREGNANT . . . 01 TRYING TO HAVE A MALE (FEMALE) BABY 02 HUSBAND DOES NOT AGREE TO FAMILY PLANNING 03 RELIGIOUS OR CULUTURAL BELIEFS 04 NO TRANSPORT TO GO TO CLINIC 05 DONT HAVE MONEY TO GET TRANSPORT TO GO TO THE CLINIC 06 DOES NOT LIKE THE LOCAL HEALTH PROVIDER 07 HEALTH PROVIDER IS MALE AND SHE DOESNT FEEL COMFORTABLE SPEAKING TO HIM ABOUT THIS SUBJECT . . . 08 DOES NOT THINK SHE CAN GET PREGNANT 09 NOT SEXJALLY ACTIVE 10 OTHER _____ 96 (SPECIFY)	
305 C	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? <i>Wanem nao yu usum o mekem?</i> 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. <i>Nao mi wantem askem yu abaot firstfala taem yu bin mekem samting o usum sam metod blong blokem yu kat bel</i> How many living children did you have at that time, if any? <i>Hao mas pikinini we oli laev we yu bin kat long taem ia, sipos ikat?</i> IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): 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"/>	→ 322	
310	Are you currently doing something or using any method to delay or avoid getting pregnant? <i>Waswe, yu stap mekem wan samting naoia o yu stap usum wan samting blong blokem yu nokat bel?</i>	YES..... 1 NO 2	→ 322
311	Which method are you using? <i>Wanem metod yu stap usum?</i> CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOI K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		

312	<p>RECORD IF CODE C FOR PILL IS CIRCLED IN 311.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YES (USING PILL) <input type="checkbox"/></p> <p>May I see the package of pills you are using? <i>Mi save luk paket blong pills we yu stap usum?</i></p> </div> <div style="text-align: center;"> <p>NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/></p> <p>May I see the package of condoms you are using? <i>Mi save luk ol paket blong condom we yu stap usum?</i></p> </div> </div> <p>RECORD NAME OF BRAND IF PACKAGE SEEN.</p>	<p>PACKAGE SEEN 1</p> <p>BRAND NAME _____ (SPECIFY) <input type="text"/></p> <p>PACKAGE NOT SEEN 2</p>	<p>→ 314</p>
313	<p>Do you know the brand name of the (pills/condoms) you are using? <i>Yu save nem blong pills mo kondom we yu stap yusum?</i></p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____ (SPECIFY) <input type="text"/></p> <p>DON'T KNOW 98</p>	
314	<p>How many (pill cycles/condoms) did you get the last time? <i>Hao mas pills, kondoms yu bin karem long last taem yu pas?</i></p>	<p>NUMBER OF PILL CYCLES/CONDOMS..... <input type="text"/></p> <p>DON'T KNOW 998</p>	
315	<p>The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had? <i>Long last taem yu kasem ol metod IUD, injeksen, mo implant yu bin peim hao mas watu witem blong pas tu?</i></p>	<p>COST <input type="text"/></p> <p>FREE 9995</p> <p>DON'T KNOW 9998</p>	<p>→ 319A</p>
316	<p>In what facility did the sterilization take place? <i>Long wanem fasiliti oli bin katem yu blong nomo kat pikinini?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC _____ (SPECIFY) 16</p> <p>PRIVATE SECTOR</p> <p>OTHER PRIVATE _____ 21</p> <p>OTHER _____ (SPECIFY) 96</p> <p>DON'T KNOW 98</p>	
317	<p>CHECK 311/311A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' 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? <i>Bifo oli katem yu oli bin talem long yu se bae yu nomo save karem pikinini taem oli katem yu?</i></p> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Were you ever told by any health worker or anyone that you would not be able to have any (more) children after the sterilization operation? <i>Bifo oli katem yu oli bin talem long man blong yu or patna blong yu se bae hemi nomo sae karem wan pikinini?</i></p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had? <i>Hao mas yu mo man blong yu, yu tufala I peim blong operesen mo blong lukim dokta?</i></p>	<p>COST <input type="text"/></p> <p>FREE99995</p> <p>DON'T KNOW99998</p>	
319	<p>In what month and year was the sterilization performed? <i>Long wanem manis mo yia oli bin katem yu?</i></p>		
319A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping? <i>Long wanem manis mo yia yu bin stat blong usum metod we yu stap yusum naoia mo yu no bin stop yusum?</i></p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping? <i>Waswe ibin kat wan bebebi yu bonem o wan bel yu lusum afta long wan manis o wan yia afta long yu statem yusum famili planning</i></p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	

320	<p>CHECK 319/319A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>																																														
321 C	<p>CHECK 319/319A:</p> <p>YEAR IS 2008 OR LATER <input type="checkbox"/> YEAR IS 2007 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008</p> <p>THEN SKIP TO → 331</p>																																														
322 C	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><i>Mi wanem askem yu samfala kwesjen abaot ol taems we yu mo patna blong yu yutufala I bin yusum wan metod blong preventem yu tufala lkat bel long las fiu yias</i></p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2008.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * What method did you use between the birth of 'A' and 'B'? <i>wanem metod we yu usum afta yu bonem pikinini A mo bifo yu kat bel long pikinini B?</i> * How long did you use the method then? <i>Hamas yia nao yu bin stap usum metod ya?</i> * Did you ever use other methods other than those mentioned? <i>Yu bin stap yusum sam diferan metod tu mo ie no ol sem wan we yu talem olketa?</i> 																																														
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table> <tr><td>NO CODE CIRCLED</td><td>00</td><td>→ 333</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td><td>→ 326</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td><td>→ 335</td></tr> <tr><td>PILL</td><td>03</td><td></td></tr> <tr><td>IUD</td><td>04</td><td></td></tr> <tr><td>INJECTABLES</td><td>05</td><td></td></tr> <tr><td>IMPLANTS</td><td>06</td><td></td></tr> <tr><td>CONDOM</td><td>07</td><td></td></tr> <tr><td>FEMALE CONDOM</td><td>08</td><td></td></tr> <tr><td>DIAPHRAGM</td><td>09</td><td></td></tr> <tr><td>FOAM/JELLY</td><td>10</td><td></td></tr> <tr><td>LACTATIONAL AMEN. METHOD</td><td>11</td><td>→ 324A</td></tr> <tr><td>RHYTHM METHOD</td><td>12</td><td>→ 324A</td></tr> <tr><td>WITHDRAWAL</td><td>13</td><td>→ 335</td></tr> <tr><td>OTHER METHOD</td><td>96</td><td>→ 335</td></tr> </table>	NO CODE CIRCLED	00	→ 333	FEMALE STERILIZATION	01	→ 326	MALE STERILIZATION	02	→ 335	PILL	03		IUD	04		INJECTABLES	05		IMPLANTS	06		CONDOM	07		FEMALE CONDOM	08		DIAPHRAGM	09		FOAM/JELLY	10		LACTATIONAL AMEN. METHOD	11	→ 324A	RHYTHM METHOD	12	→ 324A	WITHDRAWAL	13	→ 335	OTHER METHOD	96	→ 335
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FEMALE CONDOM	08																																														
DIAPHRAGM	09																																														
FOAM/JELLY	10																																														
LACTATIONAL AMEN. METHOD	11	→ 324A																																													
RHYTHM METHOD	12	→ 324A																																													
WITHDRAWAL	13	→ 335																																													
OTHER METHOD	96	→ 335																																													

324	Where did you obtain (CURRENT METHOD) when you started using it? <i>Wea ples nao yu kasem metod yu stap usum naoia mo wat taem yu bin stat usum?</i>	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER . . . 12 FAMILY PLANNING CLINIC . . 13 DISPENSARY 14 OTHER PUBLIC 16 (SPECIFY)	
324A	Where did you learn how to use the rhythm/lactational amenorrhea method? <i>Wea ples nao yu bin lanem abaot rhythm/lactational/amenorrhea metod?</i> IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR/ PRACTITIONER 23 MOBILE CLINIC 24 FIELDWORKER 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 AID POST 34 SAVE THE CHILDREN 35 VANUATU FAMILY HEALTH 36 NGO 37 OTHER 96 (SPECIFY)	
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12	 → 332 → 329 → 329 → 329 → 329 → 329
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method? <i>Yu kasem metod we yu stap usum naoia long wanem ples mo long wanem deit. Long taem la oli bin tokabapt long yu ol nogud samting we yu save kasem long metod ia?</i>	YES 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method? <i>Wan helt staff o famili planning wokman I bin talem long yu abaot ol saed efek o problem we yu save kasem long metod ia?</i>	YES 1 NO 2	→ 329
328	Were you told what to do if you experienced side effects or problems? <i>Oli bin talem long yu wanem blong mekem sipos ikat ol nogud samting I happen witem metod ia?</i>	YES 1 NO 2	

329	<p>CHECK 326:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p><i>Long taem ya, oli talem sam fasin blong family planing we yu save usum?</i></p> <p>When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p> <p><i>Taem yu karem (fasin we yu stap usum nao ya long 323) long (sos blong fasin from 316 o 324) oli talem ol narafala fasin we yu save usum?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	→ 331
330	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p> <p><i>Waswe ibinkat wan helt worker or famili planning woka oli bin talem long yu abaot ol narafala metods we yu save yusum?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	
331	<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>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 335</p> <p>→ 335</p>
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p><i>Wea ples nao yu kasem metod ia long hem last taem?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>DISPENSARY 14</p> <p>MUNICIPAL 15</p> <p>OTHER PUBLIC _____ 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR/ PRACTITIONER 23</p> <p>MOBILE CLINIC 24</p> <p>FIELDWORKER 25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>AID POST 34</p> <p>SAVE CHILDREN 35</p> <p>VANUATU FAMILY HEALTH 36</p> <p>KAM PUSUM HEAD CLINIC 37</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→ 335</p> <p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p> <p><i>Waswe yu save long wan ples we yu save kasem famili planning?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	→ 335

334	<p>Where is that? <i>Wea ples stret?</i> Any other place? <i>Ikat narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC . . . C</p> <p>DISPENSARY D</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR/</p> <p>PRACTITIONER I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIEND/RELATIVE O</p> <p>AID POST P</p> <p>SAVE CHILDREN Q</p> <p>VANUATU FAMILY HEALTH R</p> <p>NGO S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p> <p><i>Long last twelve manis, ie bin kat wan helt woka hemi visitim yu storian abaot famili planing?</i></p>	<p>YES 1</p> <p>NO 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p> <p><i>Long last twelve manis yu bin visitim wan helt fasiliti blong jekep blong yu wetem ol pikinini?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 401
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p> <p><i>Waswe ibin kat eni klinik o dispenser woka ibin stori long yu abaot famili planing metods?</i></p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE				
401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2008 OR LATER ↓ </div> <div style="text-align: center;"> NO BIRTHS IN 2008 OR LATER ↓ </div> </div>			→ 576
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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.) <i>Naoia mi wantem askem yu sam kwesten abaot helt blong evri pikinini blong yu we oli bon long las faev yia? Bae yumi tok abaot wan wan long olketa</i>			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405a	When you got pregnant with (NAME), did you <u>want</u> to get pregnant at that time? <i>Taem yu kat bel wetem(NEM) yu bin wantem kat bel long taem ya?</i>	YES..... 1 (SKIP TO 407a) ← NO 2	YES..... 1 (SKIP TO 432) ← NO 2	YES..... 1 (SKIP TO 432) ← NO 2
405b	Did you want to have a baby <u>later on</u> , or did you not want any (more) children? <i>Yu bin wantem kat bebe samtaem afta o yu nomo wantem kat pikinini bakeken?</i>	LATER 1 NO MORE 2 (SKIP TO 407a) ←	LATER 1 NO MORE 2 (SKIP TO 432) ←	LATER 1 NO MORE 2 (SKIP TO 432) ←
406	How much longer would you have liked to wait? <i>Yu wantem wet kasem wetaem bifo yu kat bel bakeken?</i>	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
407a	Did you see anyone for antenatal care for this pregnancy? <i>Yu bin luk eni man/woman blong advaes from bebe we yu kat ie stap nao ya long bel blong yu?</i>	YES..... 1 NO 2 (SKIP TO 414) ←		
407b	Whom did you see? Yu go luk hu stret? Anyone else? <i>Eni narafala man o woman?</i> PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B ASSISTANT MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D COMMUNITY/VILLAGE HEALTH WORKER ... E OTHER _____ X (SPECIFY)		

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? <i>Yu go stap jekap from bebe blong yu lon wea?</i> Anywhere else? <i>le kat eni mo ples we yu stap go?</i> PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME . . . A</p> <p>OTHER HOME . . . B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D GOVT. AID POST E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC G OTHER PRIVATE MED. _____ H (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy? <i>Hamas manis yu kat taem u go festaem long klinik blong jekap?</i></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? <i>Hamas taem yu ko pas long klinik taem yu kat bel?</i></p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
411a	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once? <i>Olsew pat blong kea long taem yu kat bel mo stap pass. Oli bin mekem olketa samtink ya long yu wan taem?</i> Were you weighed? <i>yu go long skel?</i> Was your blood pressure measured? <i>oli tekem blad blong you</i> Did you give a urine sample? <i>Oli bin testem pispis blong yu?</i> Did you give a blood sample? <i>Yu bin kivim blad?</i></p>	<p>YES NO</p> <p>WEIGHT . . . 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD . . . 1 2</p>		
411b	<p>CHECK 411a: NOT A SINGLE YES AT LEAST ONE YES <input type="checkbox"/> <input type="checkbox"/> Did you get the results of at least one test? <i>Yu karem risol blong eni tes?</i></p>	<p>YES 1 NO 2</p>		
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications? <i>taem yu pass ol nurse oli talem long yu ol saen blong nogud samting we isave hapen long taem wan woman ikat bel?</i></p>	<p>YES 1 NO 2 (SKIP TO 413a) ← DONT KNOW 8</p>		

413	<p>Were you told where to go if you had any of these complications?</p> <p><i>Oli bin talem we ples blong ko sipos ol nogud saen I happen?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
413a	<p>During (any of) your antenatal care visit(s), did the doctor or nurse discuss with you where you planned to give birth?</p> <p><i>Taem yu pass ol dokta mo nurse oli toktok witem yu long wea ples yu planem blong bonem pikinini? Taem we ie bon?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p><i>Taem yu kat bel, oli bin stikim yu from tetanus blong blokem pikinini blong ie no kasem sik Tetanus Taem we ie bon?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>(SKIP TO 417) ←</p> <p>DON'T KNOW 8</p>	
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p> <p><i>Long taem yu bin kat bel oli kivim hamas tetanus injeksen long yu?</i></p>	<p>TIMES..... <input type="text"/></p> <p>DON'T KNOW 8</p>	
416	CHECK 415:	<p>2 OR MORE TIMES <input type="text"/> OTHER <input type="text"/></p> <p>(SKIP TO 421) ↓</p>	
417	<p>At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?</p> <p><i>yu bin risivim tetanus injeksen enitaem bifo yu kat bel ia blong protektem yu o narafala bebe</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>(SKIP TO 421) ←</p> <p>DON'T KNOW 8</p>	
418	<p>Before this pregnancy, how many other times did you receive a tetanus injection?</p> <p><i>Bifo yu kat bel ia, yu bin risivim tetanus injeksen hamas taem?</i></p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>TIMES..... <input type="text"/></p> <p>DON'T KNOW 8</p>	
419	<p>In what month and year did you receive the last tetanus injection before this pregnancy?</p> <p><i>Long wanem manis mo yia yu bin risivim las tetanus injeksen bifo yu kat bel naeia?</i></p>	<p>MONTH ... <input type="text"/> <input type="text"/></p> <p>DK MONTH 98</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(SKIP TO 421) ←</p> <p>DK YEAR..... 9998</p>	

420	How many years ago did you receive that tetanus injection? <i>Hamas yia finis yu bin risivim tetanus injeksan?</i>	YEARS AGO <input type="text"/> <input type="text"/>			
421	During this pregnancy, were you given or did you buy any iron tablets? <i>Naoia yu kat bel, oli bin kivim' meresin blong blad o yu bin peim</i> SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DONT KNOW 8			
421a	During this pregnancy, were you given or did you buy any folic acid tablets or vitamins that contain folic acid? <i>Nao ya we yu kat bel, oli kivim o yu pem eni folic acid meresin o vitamins we ie kat folic acid long hem?</i> SHOW TABLETS/VITAMINS.	YES 1 NO 2 (SKIP TO 423) ← DONT KNOW 8			
422	During the whole pregnancy, for how many days did you take the tablets or syrup? <i>Naoia yu kat bel hamas dei yu bin tekem meresin blong blad?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW . . . 998			
423	During this pregnancy, did you take any drug for intestinal worms? <i>Naoia yu kat bel yu bin tekem eni meresin blong ol worms</i>	YES 1 NO 2 DONT KNOW 8			
424	During this pregnancy, did you have difficulty with your vision during daylight? <i>Naoia yu kat bel yu kat problem wetem lukluk long dei?</i>	YES 1 NO 2 DONT KNOW 8			
425	During this pregnancy, did you suffer from night blindness? <i>Naoia yu kat bel, yu kasem sik blong no lukluk gud long naet?</i>	YES 1 NO 2 DONT KNOW 8			
426					
427					
428					
429					
430					
431					
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? <i>Taem (NEM) hemi bin bon hemi wan bigwan tumas, bigwan lelebet, averej, smol, smol tumas.</i>	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8	

433	Was (NAME) weighed at birth? <i>Oli putum (NEM) long skel taem hemi bon?</i>	YES..... 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8
434	How much did (NAME) weigh? <i>Wenem skel namba blong (NEM)</i> 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 . 99.998	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 . 99.998	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 . 99.998
435	Who assisted with the delivery of (NAME)? <i>Who nao hemi help blong bonem (NEM)?</i> Anyone else? <i>Eni nara man o woman?</i> PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE. B ASSISTANT MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE. B ASSISTANT MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE.. B ASSISTANT MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y
436	Where did you give birth to (NAME)? <i>Wea ples nao yu bin bonem (NEM) long hem?</i> PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 (SKIP TO 443) ← OTHER HOME... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←	HOME YOUR HOME ... 11 (SKIP TO 444) ← OTHER HOME... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←	HOME YOUR HOME ... 11 (SKIP TO 444) ← OTHER HOME... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←

437	How long after (NAME) was delivered did you stay there? <i>Hao long afta (NEM) hemi bin bon yu bin stap long thea?</i> IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . 98													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 98													HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 98												
438	Was (NAME) delivered by caesarean section? <i>Waswe oli bin katem yu blong bonem (NEM)?</i>	YES..... 1 NO 2	YES 1 NO 2	YES..... 1 NO 2																																				
439	Before you were discharged after (NAME) was born, did any health care provider check on your health? <i>Bifo oli sendem yu ko long haos afta we (NEM) hemi bon, ibin kat eni helt provida ibin jekem yu blong helt blong yu?</i>	YES..... 1 NO 2 (SKIP TO 442) ←	YES 1 (SKIP TO 455) ← NO 2	YES..... 1 (SKIP TO 455) ← NO 2																																				
440	How long after delivery did the first check take place? <i>Hao long afta yu bonem bebei, ol helt woka ibin kam jekem yu?</i> IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 98																																						
441	Who checked on your health at that time? <i>Who nao hemi jekem yu long saed blong helt blong yu long taem ia?</i> PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22 OTHER _____ 96 (SPECIFY) (SKIP TO 454) ←																																						
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health? <i>Afta yu bin ko long haos, ibin kat wan helt woka o tradisenel woman we oli stap bonem ol bebei olabaot long ol aelen ibin kam jekem yu?</i>	YES..... 1 (SKIP TO 445) ← NO 2 (SKIP TO 454) ←	YES 1 (SKIP TO 455) ← NO 2	YES..... 1 (SKIP TO 455) ← NO 2																																				
443	Why didn't you deliver in a health facility? <i>Wae nao yu no bin bonem bebei long wan helt fasiliti?</i> PROBE: Any other reason? <i>Eni narafala risen?</i> RECORD ALL MENTIONED.	COST TOO MUCH . A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICED NO FEMALE PROVIDER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H NOT TIME/BABY COME TO EARLY... I OTHER _____ (SPECIFY) X																																						

444	<p>After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?</p> <p><i>Afta (NEM) hemi bon, ibin kat eni helt kea woka o tradisenal kea provida ibin kam jekem helt blong yu?</i></p>	<p>YES..... 1 NO 2 (SKIP TO 449) ←</p>	<p>YES 1 NO 2</p>	<p>YES..... 1 NO 2</p>																			
445	<p>How long after delivery did the first check take place?</p> <p><i>Hao long afta yu bonem bebei ibin ' kat wan jekap hemi tekem ples?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 98</p>																					
446	<p>Who checked on your health at that time?</p> <p><i>Who ie bin jekem helt blong yu?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>																					
447	<p>Where did this first check take place?</p> <p><i>Wea ples fas jekap ibin tek ples?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>																					
448	CHECK 442:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 454)</p>																					
449	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p> <p><i>Long tu manis afta we (NEM) hemi bon ibin kat eni helt kea provida o tradisenal bot atendan ikam jekem (NEM)?</i></p>	<p>YES..... 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8</p>																					

450	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place? <i>Hamas hava, deis o wiks afta (NEM) hemi bon, ibin kat fes jekap?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH . . 1 <input type="text"/><input type="text"/></p> <p>DAYS AFTER BIRTH . . 2 <input type="text"/><input type="text"/></p> <p>WKS AFTER BIRTH . . 3 <input type="text"/><input type="text"/></p> <p>DONT KNOW . . . 998</p>		
451	<p>Who checked on (NAME)'s health at that time? <i>Who ibin jekem (NEM)'s helt long taem ia?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER . . . 22</p> <p>OTHER _____ 96 (SPECIFY)</p>		
452	<p>Where did this first check of (NAME) take place? <i>Wea ples nao fas jekap ibin tek ples?</i> PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME . . . 11 OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. AID POST 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>		
453				
454	<p>Has your menstrual period returned since the birth of (NAME)? <i>Sikmun blong yu hemi kam bak afta yu bonem (NEM)?</i></p>	<p>YES 1 (SKIP TO 456) ←</p> <p>NO 2 (SKIP TO 457) ←</p>		
455	<p>Did your period return between the birth of (NAME) and your next pregnancy? <i>Yu bin luk sikmun blong yu afta (NEM) hemi bon mo nekis taem yu bin kat bel?</i></p>		<p>YES 1 NO 2 (SKIP TO 459) ←</p>	<p>YES 1 NO 2 (SKIP TO 459) ←</p>

456	For how many months after the birth of (NAME) did you not have a period? <i>Blong hao mas manis afta (NEM) hemi bon yu no bin luk sikmun blong yu?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> NANT (SKIP TO 459) ↓		
458	Have you begun to have sexual intercourse again since the birth of (NAME)? <i>Yu stat kat sex bakaken afta (NEM) hemi bon?</i>	YES..... 1 NO 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you not have sexual intercourse? <i>Long hao mas manis afta (NEM) hemi bon, yu no bin kat sex?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)? <i>Yu bin kivim titi long (NEM)</i>	YES..... 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←	YES..... 1 NO 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast? <i>Hao long afta (NEM) hemi bon yu putum hem hemi titi?</i> IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? <i>Long fas tri dei afta yu bonem (NEM) oli bin kivim wan narafala samting blong hemi drink apat long titi?</i>	YES..... 1 NO 2 (SKIP TO 464) ←		
463	What was (NAME) given to drink? <i>Wanem nao oli kivim long (NEM) hemi drink</i> Anything else? <i>Eni nara samtin?</i> RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)? <i>Yu stap kivim titi long (NEM) yet?</i>	YES..... 1 (SKIP TO 468) ← NO 2		

466	For how many months did you breastfeed (NAME)? <i>Yu bin kivim titi long (NEM) long hao mas manis?</i>	MONTHS . . . <input type="text"/> DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> STILL BF 95 DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> STILL BF 95 DON'T KNOW . . . 98
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? <i>Hamas taem yu kivim titi long naet bitwin sunset mo sunraes?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours? <i>Hao mas taem yu bin kivim titi long pikinini long las naet hemia bitwin long taem sun hemi kodaon mo taem sun hemi kirap bakegen</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/>		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? <i>Waswe (NEM) ibin drink eni samtin long botel witem titi rubber yestedei o long naet yestedei?</i>	YES 1 NO 2 DON'T KNOW . . . 8	YES 1 NO 2 DON'T KNOW . . . 8	YES 1 NO 2 DON'T KNOW . . . 8
471		GO BACK TO 405a IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405a IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405a IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION
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501	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.</p> <p>(IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p>
-----	---

LINE

--	--

NUMBER

NAME _____

LIVING DEAD

(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)

YES, SEEN 1
(SKIP TO 506) ←

YES, NOT SEEN 2
(SKIP TO 508) ←

NO CARD 3

YES 1
(SKIP TO 508) ← |
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.

[illegible]

	AT BIRTH				1				2				3				Booster/Rappel			
	DD	MM	YYYY		DD	MM	YYYY		DD	MM	YYYY		DD	MM	YYYY		DD	MM	YYYY	
BCG																				
HEP.B.0																				
DPT/D.T. Coq																				
PENTA																				
POLIO																				
Measles/Rougeole																				

	AT BIRTH				1				2				3				Booster/Rappel			
	DD	MM	YYYY		DD	MM	YYYY		DD	MM	YYYY		DD	MM	YYYY		DD	MM	YYYY	
BCG																				
HEP.B.0																				
DPT/D.T. Coq																				
PENTA																				
POLIO																				
Measles/Rougeole																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? <i>Waswe (NEM) hemi bin risivim eni vaksinesen we oli no rikodem long kad ia we hemi inkludum vaksinesen long wan imunisesen kampen?</i></p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, HEP. B.O 0-3, DPT/D.T. Coq 1-3, PENT 1-3, POLIO 1-3 AND MEASLES VACCINES.</p>	<p>YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510)</p> <p>NO 2 (SKIP TO 510)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510)</p> <p>NO 2 (SKIP TO 510)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510)</p> <p>NO 2 (SKIP TO 510)</p> <p>DON'T KNOW 8</p>
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign? <i>Waswe (NEM) hemi eva risivim eni vaksinesens blong blokem hem blong no kasem sik we hemi inkludum vaksinesens we hemi risivim long wan nasonal vaksinesen kampen?</i></p>	<p>YES 1 NO 2 (SKIP TO 514)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 NO 2 (SKIP TO 514)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 NO 2 (SKIP TO 514)</p> <p>DON'T KNOW 8</p>
509	<p>Please tell me if (NAME) received any of the following vaccinations: <i>Plis talem long mi sipos (NEM) hemi risivim ol vaksin ia:</i></p>			
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? <i>BCG vaksin akens TB, wan injeksan we oli stikim han/arm long hem mo yu lukim mak blong hem long han/arm</i></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>
509B	<p>Polio vaccine, that is, drops in the mouth? <i>Polio vaksin, hemia ol drops we oli kivim long maot blong pikinini</i></p>	<p>YES..... 1 NO 2 (SKIP TO 509E)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 NO 2 (SKIP TO 509E)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 NO 2 (SKIP TO 509E)</p> <p>DON'T KNOW 8</p>
509C	<p>Was the first polio vaccine received in the first two weeks after birth or later? <i>Waswe fas fala Polio vaksin hemi bin risivim long fas 2 weeks afta hemi bon o sam narafala taem?</i></p>	<p>FIRST 2 WEEKS ... 1 LATER..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER..... 2</p>
509D	<p>How many times was the polio vaccine received? <i>Hamas taem hemi risivim polio vaksin?</i></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>
509E	<p>A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? <i>Ikat DPT vaksinesen. Hemi wan injeksan we oli kivim long lek o has blong wan pikinini mo samtaem oli kivim semtaem witem polio drops?</i></p>	<p>YES..... 1 NO 2 (SKIP TO 509G)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 NO 2 (SKIP TO 509G)</p> <p>DON'T KNOW 8</p>	<p>YES..... 1 NO 2 (SKIP TO 509G)</p> <p>DON'T KNOW 8</p>
509F	<p>How many times was a DPT vaccination received? <i>Hamas taem hemi risivim DPT vaksinesen</i></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>

509G	<p>A Pentavalent vaccination - that is, a vaccine that combines DPT, hepatitis and Hib in one vaccine?</p> <p><i>Pentavalent vaksinesen hemi mek ap long DPT, Hepatitis and Hib long wan ples.</i></p>	<p>YES 1 NO 2 (SKIP TO 509I) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 509I) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 509I) ← DON'T KNOW 8</p>
509H	<p>How many times was a Pentavalent vaccination received?</p> <p><i>Hamas taem yu tekem stik blong Pentavalent?</i></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>
509I	<p>A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?</p> <p><i>Wan measles injeks-en-hemi wan stik we oli kivim long han/arm long taem pikinini hemi kasem 9 manis o moa- blong blokem hem forom kasem measles?</i></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>
510	<p>Were any of the vaccinations (NAME) received during the last two years as part of a immunization campaign?</p> <p><i>Waswe, ibinkat eni vaksinesen (NEM) hemi risivim long last 2 yia we hemi pat blong wan immunisesen kampen?</i></p>	<p>YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 514) ←</p>	<p>YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 514) ←</p>	<p>YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 514) ←</p>
511	<p>At which national immunization day campaigns did (NAME) receive vaccinations?</p> <p><i>Long wanem nasional imunisesen dei kampen (NEM)hemi risivim vaksinesen?</i></p> <p>RECORD ALL CAMPAIGNS MENTIONED.</p>	<p>MEASLES CAMPAIGN 2009 A MEASLES CAMPAIGN 2013 B</p>	<p>MEASLES CAMPAIGN 2009 A MEASLES CAMPAIGN 2013 B</p>	<p>MEASLES CAMPAIGN 2009 A MEASLES CAMPAIGN 2013 B</p>
512				
513				
514	<p>HAS (NAME) ever received a vitamin A dose (like this/ any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p> <p><i>Waswe (NEM) hemi eva risivim Vitamin A dos olsem: some diferan meresin fom eg. kapsul, sirup, klas.</i></p>	<p>YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8</p>
515	<p>Did (NAME) receive a vitamin A dose within the last six months?</p> <p><i>Waswe (NEM) hemi risivim Vitamin A dos long las 6 manis?</i></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>
516				

517	Has (NAME) taken any drug for intestinal worms in the last six months? <i>Olsem wanem (NEM) hemi tekem eni meresin blong woms long las six manis</i>	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW..... 8	YES..... 1 NO 2 DON'T KNOW..... 8
518	Has (NAME) had diarrhea in the last 2 weeks? <i>Olsem wanem (NEM) hemi binkat sitsit wota long las 2 wiks?</i>	YES..... 1 NO 2 (SKIP TO 533a)← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 533a)← DON'T KNOW..... 8	YES..... 1 NO 2 (SKIP TO 533a)← DON'T KNOW..... 8
519	Was there any blood in the stools? <i>I bin kat blad long sitsit blong hem?</i>	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW..... 8	YES..... 1 NO 2 DON'T KNOW..... 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). <i>Nao mi wantem save hao mas wota titi mo nara samtin we yufala kivim long (NEM) taem hemi sitsit wota</i> Was he/she given less than usual to drink, about the same amount, or more than usual to drink? <i>Waswe oli kivim drink amount hemi smol bitim oltaem hemi stap tekem, oli kivim drink olsem oltaem hemi stap tekem o moa bitim drink we hemi stap tekem</i> IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? <i>Waswe oli kivim hem smol drink o bitim oltaem?</i>	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
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? <i>Taem (NEM) ie sitsit wota, yufala fitim hem olsem oltaem, klosap semak, fitim festaem o ie no kat kakai?</i> IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? <i>Waswe oli kivim kakai long hem be ie smol bitim oltaem?</i>	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
522	Did you seek advice or treatment for the diarrhea from any source? <i>Yu askem advaes o tritmen blong sitsit wota sam nara sos?</i>	YES..... 1 NO 2 (SKIP TO 527)←	YES..... 1 NO 2 (SKIP TO 527)←	YES..... 1 NO 2 (SKIP TO 527)←

523	<p>Where did you seek advice or treatment?</p> <p><i>Yu bin kasem advaes blong tritmen blong sitsit wota long eniwan</i></p> <p>Anywhere else? <i>Eni nara ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT AID POST C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY . . . H</p> <p>PVT DOCTOR . . . I</p> <p>MOBILE CLINIC . J</p> <p>FIELDWORKER . K</p> <p>OTHER PRIVATE MED. _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT AID POST C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY . . . H</p> <p>PVT DOCTOR . . . I</p> <p>MOBILE CLINIC . J</p> <p>FIELDWORKER . K</p> <p>OTHER PRIVATE MED. _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT AID POST C</p> <p>MOBILE CLINIC . D</p> <p>FIELDWORKER . E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY . . . H</p> <p>PVT DOCTOR . . . I</p> <p>MOBILE CLINIC . J</p> <p>FIELDWORKER . K</p> <p>OTHER PRIVATE MED. _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
524	CHECK 523:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>
525	<p>Where did you first seek advice or treatment?</p> <p><i>Festaem we yu bin go from advaes o tritmen long wea?</i></p> <p>USE LETTER CODE FROM 523.</p>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
526	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)?</p> <p><i>Hamas deis afta sitsit wota hemi stat yu jes go lukaotem advaes mo tritmen blong (NEM)?</i></p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
527	<p>Does (NAME) still have diarrhea?</p> <p><i>(NEM) ie stap sitsit wota yet?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
528	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p><i>Oli bin kivim eni drink long enitaem afta hemi statem sitsit wota olsem olketa bilo:</i></p> <p>a) A fluid made from a special packet called ORS package?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT . . 1 2 8</p> <p>ORS LQD . . 1 2 8</p> <p>HOMEMADE</p> <p>FLUID . . . 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT . . 1 2 8</p> <p>ORS LQD . . 1 2 8</p> <p>HOMEMADE</p> <p>FLUID . . . 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT . . 1 2 8</p> <p>ORS LQD . . 1 2 8</p> <p>HOMEMADE</p> <p>FLUID . . . 1 2 8</p>

529	Was anything (else) given to treat the diarrhea? <i>Waswe ibinkat nara samtin we oli kivim blong tritim sitsit wota?</i>	YES..... 1 NO 2 (SKIP TO 533a) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 533a) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 533a) ← DON'T KNOW 8
530	What (else) was given to treat the diarrhea? <i>Oli bin kivim wanem nara samting blong tritim sitsit wota?</i> Anything else? <i>Eni nara samting?</i> RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC..... A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP... E INJECTION ANTIBIOTIC..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS. I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC..... A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP... E INJECTION ANTIBIOTIC..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS. I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)
531	CHECK 530: GIVEN ZINC?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533a) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533a) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533a) ←
532	How many times was (NAME) given zinc? <i>Hao mas taems oli kivim zinc long (NEM)?</i>	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98
533a	Has (NAME) been ill with a fever at any time in the last 2 weeks? <i>Waswe (NEM) hemi bin sik wetem fiva eni taem long las 2 wiks we ie pas?</i>	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
533b	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing? <i>Taem (NEM) hemi bin sik, oli bin tekem blad long finka, botom blong lek blong testem blad blong hem?</i>	YES 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks? <i>Waswe (NEM) hemi bin sik witem kof long enitaem long las 2 wiks?</i>	YES..... 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? <i>Taem (NEM) ie sik smol wetem kof, hemi pulum win hariap bitim oltaem wetem o ie faenem ie hat blong pulum win?</i>	YES..... 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? <i>Waswe taem hemi faenem hemi had blong pulum win hemi from problem blong jes o from nos hemi run mo hemi blok?</i>	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←

537	CHECK 533a: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? <i>Nao mi wantem save hamas drink yu bin kivim long (NEM) we hemi inkludum titi long taem hemi sik wetem kof? Oli kivim milk blong titi ie smol nomo ie sem mak osem bifo o bitim bifo?</i> IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? <i>Oli kivim titi long (NEM) ie smol bitim bifo o oli kivim enaf nomo?</i>	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
539	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? <i>Taem (NEM) hemi sik witem fiva mo kof hemi bin kakai smol bitim oltaem hemi kaikai semak, hemi kakai bitim oltaem o hemi no kakai nating?</i> IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? <i>Oli kivim kakai long (NEM) ie smol bitim bifo o oli kivim enaf nomo?</i>	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
540	Did you seek advice or treatment for the illness from any source? <i>Yu bin lukaotem advaes mo tritmen blong sik long eniwan?</i>	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←
541	Where did you seek advice or treatment? <i>Wea yu bin lukaotem advaes mo tritmen Anywhere else? eni narafala ples?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT AID POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____. F (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY) OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT AID POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____. F (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY) OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT AID POST C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____. F (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY) OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)

542	CHECK 541:	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO 544)</div> </div>	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO 544)</div> </div>	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO 544)</div> </div>
543	Where did you first seek advice or treatment? <i>Long fes ples yu bin go from advaes mo tritmen long wea?</i> USE LETTER CODE FROM 541.	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>
544	How many days after the illness began did you first seek advice or treatment for (NAME)? <i>Hamas dei blong sik afta yu jes lukaotem advaes mo tritmen blong (NEM)?</i> IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
545	Is (NAME) <u>still sick</u> with a (fever/ cough)? <i>(NEM) is stap sik yet wetem (fiva/kof)?</i>	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8
546	At any time during the illness, did (NAME) take any drugs for the illness? <i>Taem (NEM) hemi stap sik, hemi drink sam medesin from sik ya?</i>	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b) DON'T KNOW 8	YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b) DON'T KNOW 8
547	What drugs did (NAME) take? <i>Wenem nem blong medesin ya we (NEM) ie drink?</i> Any other drugs? <i>Eni narafala medesin?</i> RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B QUININE C COMBINATION WITH ARTEMISININ . D OTHER ANTI-MALARIAL E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H ACETAMINOPHEN/ PARACETAMOL/ OR PANADOL . I IBUPROFEN ... J OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B QUININE C COMBINATION WITH ARTEMISININ . D OTHER ANTI-MALARIAL E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H ACETAMINOPHEN/ PARACETAMOL/ OR PANADOL . I IBUPROFEN ... J OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B QUININE C COMBINATION WITH ARTEMISININ . D OTHER ANTI-MALARIAL E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H ACETAMINOPHEN/ PARACETAMOL/ OR PANADOL . I IBUPROFEN ... J OTHER _____ X (SPECIFY) DON'T KNOW Z
548	CHECK 547: ANY CODE A-F CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)

549	<p>Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? <i>Yu bin kat meresin (NEM BLONG MERESIN BLONG 547) long hao taem pikinini hemi sik?</i> ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'F' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.</p> <p>IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.</p> <p>IF NO FOR ALL DRUGS, CIRCLE 'Y'.</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F</p> <p>NO DRUG AT HOME . Y</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAF . . . A CHLOROQUINE . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F</p> <p>NO DRUG AT HOME Y</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAF . . . A CHLOROQUINE . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL E (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP . . . F</p> <p>NO DRUG AT HOME Y</p>
550	CHECK 547: ANY CODE A-E CIRCLED?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)</p>
551	CHECK 547: SP/FANSIDAR ('A') GIVEN	<p>CODE 'A' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 554)</p>	<p>CODE 'A' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 554)</p>	<p>CODE 'A' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 554)</p>
552	<p>How long after the fever started did (NAME) first take SP/Fansidar? <i>Hao long afta fiva hemi stat taem (NEM) hemi tekem festaem SP/Fansidar medesin?</i></p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8</p>
553	<p>For how many days did (NAME) take the SP/Fansidar? <i>Blong hao mas deis (NEM) hemi tekem SP/Fansidar?</i></p> <p>IF 7 DAYS OR MORE, RECORD 7</p>	<p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW . . . 8</p>	<p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW . . . 8</p>	<p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW . . . 8</p>
554	CHECK 547: CHLOROQUINE ('B') GIVEN	<p>CODE 'B' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 560)</p>	<p>CODE 'B' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 560)</p>	<p>CODE 'B' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 560)</p>
555	<p>How long after the fever started did (NAME) first take chloroquine? <i>Hao long afta fiva hemi stat taem (NEM) hemi tekem festaem chloroquine medesin?</i></p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8</p>
556	<p>For how many days did (NAME) take the chloroquine? <i>Hamas dei we (NEM) ie drink chloroquine?</i></p> <p>IF 7 DAYS OR MORE, RECORD 7.</p>	<p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW . . . 8</p>	<p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW . . . 8</p>	<p>DAYS <input type="checkbox"/></p> <p>DON'T KNOW . . . 8</p>
557				
558				
559				

560	CHECK 547: QUININE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←
561	How long after the fever started did (NAME) first take quinine? <i>Hao long afta long fiva (NEM) hemi statem blong tekem fastaem quinine?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
562	For how many days did (NAME) take the quinine? <i>Hamas dei nao (NEM) hemi stap drink quinine medesin?</i> IF 7 DAYS OR MORE, RECORD 7	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
563	CHECK 547: COMBINATION WITH ARTEMISININ ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 569) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 569) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 569) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 569) ←
564	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ)? <i>Hao long afta long fiva hemi stat (NEM) hemi fes tekem (KOMBINESEN WITEM ARTEMISININ)?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
565	For how many days did (NAME) take the (COMBINATION WITH ARTEMISININ)? <i>Blong hamas deis (NEM) hemi tekem (KOMBINESEN WITEM ARTEMISININ)?</i> IF 7 DAYS OR MORE, RECORD 7	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
566					
567					
568					

569	CHECK 547: OTHER ANTIMALARIAL ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b)	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b)
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)? <i>Hao long afta fiva hemi stat (NEM) hemi fes tekem (OL NARA ANTIMALARIAL) medesin?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? <i>Hao mas deis (NEM) hemi tekem (OL NARA ANTIMALARIAL) medesin?</i> IF 7 DAYS OR MORE, RECORD 7	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
572a		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 572b.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 572b.	
572b	ILLNESS SYMPTOMS: CHECK COLUMN 16 IN THE HOUSEHOLD SCHEDULE FOR MOTHER OR CARETAKER OF ANY CHILD TICK THE CORRECT BOX THEN FOLLOW THE INSTRUCTION CORRECTLY <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>YES (MOTHER OR CARETAKER) <input type="checkbox"/> ↓</p> <p>If YES ask:</p> <p>Sometimes children have severe illness and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?</p> <p><i>Samtaem ol pikinini oli sik tumas mo oli sud tekem olketa kwitaem long wan Helt fasiliti. Wanem samting nao bae hemi mekem yu tekem pikinini iko kwiktaem long wan Helt fasiliti?</i></p> </div> <div style="width: 48%;"> <p>NO (NOT MOTHER AND NOT CARETAKER) <input type="checkbox"/> → 573</p> <p>CHILD NOT ABLE TO DRINK OR BREASTFE A CHILD BECOMES SICKER B CHILD DEVELOPS A FEVER..... C CHILD HAS FAST BREATHING..... D CHILD HAS DIFFICULT BREATHING E CHILD HAS BLOOD IN STOOL F CHILD IS DRINKING POORLY G</p> <p>OTHERS _____ X (SPECIFY)</p> </div> </div>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>(RECORD NAME OF YOUNGEST CHILD AND CONTINUE WITH 574)</p>		576
574	<p>The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?</p> <p><i>Las taem we (NEM BLONG LAS BON PIKININI) hemi sitsit, wanem nao yu bin mekem blong sakem sitsit blong hem?</i></p>	<p>CHILD USED TOILET OR LATRINE... 01 PUT/RINSED INTO TOILET OR LATRINE... 02 PUT/RINSED INTO DRAIN OR DITCH... 03 THROWN INTO GARBAGE... 04 BURIED... 05 LEFT IN THE OPEN... 06 OTHER... 96 (SPECIFY)</p>	
575	<p>CHECK 528(a) AND 528(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p>		577
576	<p>Have you ever heard of a special product called oral rehydration solution or ORS liquid you can get for the treatment of diarrhea?</p> <p><i>Yu eva harem nem blong wan spesel prodak oli kolem ORS paket we hemi wota nomo we yu save tekem blong tritim sitsit wota?</i></p>	<p>YES... 1 NO... 2</p>	
577	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2010 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2010 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578)</p> <p>(NAME)</p>		601
578	<p>Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.</p> <p><i>Nao mi wantem askem yu abaot ol likwids olsem wota mo kakai (NEM long 577) hemi kakai o drink long dei mo naet yestedei.</i></p> <p>Did (NAME FROM 577) (drink/eat): (NEM long 577) ie drink / kakai:</p> <p>* Plain water? * Commercially produced infant formula? * Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]? * Any (other) porridge or gruel?</p>	<p>YES NO DK</p> <p>PLAIN WATER... 1 2 8 FORMULA... 1 2 8</p> <p>BABY CEREAL... 1 2 8 OTHER PORRIDGE/GRUEL... 1 2 8</p>	

579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p><i>Nao mi wantem askem yu abaot (narafala) likwids mo kakai we (NEM FOROM 577) yu bin kakai o drink long deir mo naet yestedei. Mi interes long weta pikinini blong yu hemi kakai even sipos yu bin kukum wetem nara kakai.</i></p> <p>Did (NAME FROM 577)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk? <i>Melek we ie stap long tin, paoda o fres wan blong animal?</i></p> <p>b) Tea or coffee? <i>Tea o kofi</i></p> <p>c) Any other liquids? <i>Narafala wota?</i></p> <p>d) Bread, crackers, rice, noodles, or other foods made from grains? <i>Bred, krakers, rice, magroni, o narafala kakai we oli mekem long grains?</i></p> <p>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? <i>Pamkin, karots, skwas, kumala we ie yelo o orems insaet?</i></p> <p>f) White potatoes, white yams, manioc, cassava, breadfruit, plantain banana, or any other foods made from roots? <i>Waet potatos, waet yam, manioc, bredfruit, planten banana o narafala kakai we oli gro long graon.</i></p> <p>g) Pele leaves and any dark green, leafy vegetables? <i>Pele lif mo eni dak grin, liv vegetebols?</i></p> <p>h) Ripe mangoes, papayas, orange, pineapple or any Vitamin A-rich fruits? <i>Raep mangos, papaya, arenis, paenapol o eni narafala fruts we ie kat plante Vitamin A long hem</i></p> <p>i) Any other fruits/vegetables such as apple, pear, coconut, etc? <i>Narafala frut/vegetebols olsem apple, pea, kokonat, mo plante mo?</i></p> <p>j) Liver, kidney, heart or other organ meats? <i>Liva, kidni, hat, o narafala meat insaet long body.</i></p> <p>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck? (Including canned or frozen) <i>Eni mit olsem bif, pok, lam, nanny, faol o dakdak? Wetem hemi we ie stap long tin o aeis box</i></p> <p>l) Eggs? <i>Eks?</i></p> <p>m) Fresh, canned or dried fish or shellfish? <i>Fres fis insaet long tin o fis we ie trae o selfis?</i></p> <p>n) Any foods made from beans, peas, lentils, or nuts? <i>Eni kakai we oli mekem from beans, peas, lentils o nuts?</i></p> <p>o) Cheese, yogurt or other milk products? <i>Jis, yokat, o narafala melek prodaks?</i></p> <p>p) Any oil, fats, or butter, coconut cream, avocado or foods made with any of these? <i>Eni oil fats o bata, kokonat krim, avoka o kakae we oli mekem long wan long ol samting ya?</i></p> <p>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? <i>Eny suga kakai olsem joklet, swits, candies, pastries, keks o biskets?</i></p> <p>r) Any other solid or semi-solid food? <i>Eni narafala strong kakai o hemia we ie no strong tumas?</i></p>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</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> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8								
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/> → 601</p>																																																																																																																																																					
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p><i>Hao mas taem (NEM long 577) hemi kakai strong mo sopsop kakai yestedei long dei mo long naet?</i></p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																																																																																																																																																				

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married? <i>Yu maret finis o yu stap wetem wan man olsem yutufala ie maret finis?</i>	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? <i>Yu maret samtaem finis o yu bin live wetem wan man olsem yutufala ie maret?</i>	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated? <i>Wenem nao maret stetas blong yu nao ya: yu wan wido, divos o seperet?</i>	WIDOWED 1 DIVORCED 2 SEPARATED 3 OTHER _____ 6 (SPECIFY)	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere? <i>Man/patna blong yu ie stap wetem yu nao ya o ie stap liv samples?</i>	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606			
607			
608			
609	Have you been married or lived with a man only once or more than once? <i>Yu maret o liv wetem wan man wan taem nomo o plante taem finis?</i>	ONLY ONCE 1 MORE THAN ONCE 2	
610			
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614			
615	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> </div> <div> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div> In what month and year did you start living with your husband/partner? <i>Long wenem manis o yia yu stat liv wetem man/patna blong yu?</i> </div> <div> Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? <i>Wenem yia o manis yu kam liv wetem man/patna blong yu?</i> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 617
616	How old were you when you first started living with him? <i>Yu kat hamas yia taem yu kam stap wetem hem?</i>	AGE <input type="text"/> <input type="text"/>	

617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	<p>Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p><i>Nao ya bai mi askem yu abaot ol samting to do wetem sex blong mi kat wan gut save abaot ol impoten samting to do wetem laef. Bai wenem we me askem mo ol ansa blong yu bai hemi sikret mo mi no save talem long eni man. sapos yumitu kam long wan kwesten we yu no wantem ansarem, letem mi save mo yumi tu go long nekis kwesten.</i></p> <p>IF YOUNG AND NEVER MARRIED ASK, "Have you ever had sexual intercourse?" BEFORE ASKING THE NEXT QUESTION.</p> <p>How old were you when you had sexual intercourse for the very first time?</p> <p><i>Festaem we yu kat sex, yu kat hamas yia?</i></p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	<p>→ 621</p> <p>→ 621</p>
619	CHECK 107: AGE <input type="text"/> 15-24	AGE <input type="text"/> 25-49	→ 641
620	<p>Do you intend to wait until you get married to have sexual intercourse for the first time?</p> <p><i>Yu plan blong maret bifo yu kat fes sex blong yu?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 641
621	CHECK 107: AGE <input type="text"/> 15-24	AGE <input type="text"/> 25-49	→ 626
622	<p>The first time you had sexual intercourse, was a condom used?</p> <p><i>Fes taem yu kat sex, yu yusum kondom?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p>	
623	<p>How old was the person you first had sexual intercourse with?</p> <p><i>Man yu kat fes sex wetem hemi bin kat hamas yia?</i></p>	<p>AGE OF PARTNER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	→ 626
624	<p>Was this person older than you, younger than you, or about the same age as you?</p> <p><i>Man ya hemi yang bitim yu, olfala bitim yu o yutufala ie kat sem ej nomo?</i></p>	<p>OLDER 1</p> <p>YOUNGER 2</p> <p>ABOUT THE SAME AGE 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p>	→ 626
625	<p>Would you say this person was ten or more years older than you or less than ten years older than you?</p> <p><i>Yu tink se manya ie 10 yia olfala bitim yu o 10 yia yang bitim yu?</i></p>	<p>TEN OR MORE YEARS OLDER . . . 1</p> <p>LESS THAN TEN YEARS OLDER . . 2</p> <p>OLDER, UNSURE HOW MUCH . . . 3</p>	
626	<p>When was the last time you had sexual intercourse?</p> <p><i>Las taem yu kat sex wetaem?</i></p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 628</p> <p>→ 640a</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
627	When was the last time you had sexual intercourse with this person? <i>Wetaem yu nao las taem yu kat sex wetem man ya?</i>		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used? <i>Las taem yu kat sex wetem sekon o namba 3 man, hemi usum kondom?</i>	YES..... 1 NO 2 (SKIP TO 630) ←	YES..... 1 NO 2 (SKIP TO 630) ←	YES..... 1 NO 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months? <i>Long las 12 manis, yu usum kondom evri taem yu kat sex wetem man ya?</i>	YES..... 1 NO 2	YES..... 1 NO 2	YES..... 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? <i>Wenem relesensip blong yu wetem man ya we yu kat sex wetem?</i> IF BOYFRIEND: Were you living together as if married? <i>Yutufala ie liv tuketa olsem se yutufala ie maret finis?</i> IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND..... 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUT 5 OTHER 6 (SPECIFY)	HUSBAND..... 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUT 5 OTHER 6 (SPECIFY)	HUSBAND..... 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUT 5 OTHER 6 (SPECIFY)
631a	For how long (have you had/did you have) a sexual relationship with this (second/third) person? <i>Hao long nao we yu stap kat sex wetem namba 2 o 3 man ya?</i> 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"/>
631b	How many times during the last 12 months did you have sexual intercourse with this person? <i>Hamas taem long las 12 manis yu bin kat sex witem man ia?</i> IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> ↓ (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> ↓ (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> ↓ (SKIP TO 636) ←

633	How old is this person? <i>Man ya ie kat hamas yia?</i>	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age? <i>Man ya ie olfala bitim yu o ie yang bitim you o yutufala ie kat sem yai?</i>	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you? <i>Yu tink se man ya ie kat 10 yia bitim yu or 10 yia yangfala bitim yu?</i>	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
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol? <i>Las taem yu kat sex wetem man ya yu drink o hemi ie drink alkohol?</i>	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? <i>Yu o patna blong yu ie bin drong ie stap long taem ya?</i> 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
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in <u>the last 12 months?</u> <i>Yu kat sex wetem narafala man be ino tufala fes sex patna blong yu long las 12 manis?</i>	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 640a) ←	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 640a) ←	
639	In total, with how many different people have you had sexual intercourse in <u>the last 12 months?</u> <i>Yu kat sex wetem hamas man everi wan long las 12 manis?</i> IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
640a	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p><i>Hamas diferen pipol nao yu kat sex wetem olketa long laef taem blong you?</i></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 TIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
640b	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>CHILDREN <10</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS</td><td>1</td><td>2</td></tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
641	<p>Do you know of a place where a person can get condoms?</p> <p><i>Yu save long wan ples we yu save karem kondoms?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 644												
642	<p>Where is that?</p> <p><i>Long wea ples ya?</i></p> <p>Any other place?</p> <p><i>Eni narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>NGO P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>													
643	<p>If you wanted to, could you yourself get a condom?</p> <p><i>Sapos yu wantem, yu wan yu save go karem kondom?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													

644	<p>Do you know of a place where a person can get female condoms?</p> <p><i>Yu save wan ples we oli stap tekem kondom blong ol woman long hem?</i></p>	<p>YES..... 1</p> <p>NO 2</p>	→ 701
645	<p>Where is that?</p> <p><i>Long wea ples ya?</i></p> <p>Any other place?</p> <p><i>Eni narafala ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMAC H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
646	<p>If you wanted to, could you yourself get a female condom?</p> <p><i>Sapos yu wantem, yu wan yu save go tekem kondom blong ol woman?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE A/ANOTHER CHILD <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.</p> <p><i>Yu talem yu no wantem karem wan mo bebe hariap be yu no stap usum eni fasin blong no kat bel?</i></p> <p>Can you tell me why you are not using a method?</p> <p><i>Yu save talem long me from wenem yu no wantem yusum eni fasin ya?</i></p> <p>Any other reason? Eni narafala risen?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p><i>Yu talem se yu nomo wantem blong karem bebe be yu no stap usum eni fasin blong no kat bel?</i></p> <p>Can you tell me why you are not using a method?</p> <p><i>Yu save talem long me from wenem yu no wantem yusum eni fasin ya?</i></p> <p>Any other reason? Eni narafala risen?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEA 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"/> → 713</p>		
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> <p><i>Yu tink se sapos yu yusum wan kontraseptiv fasin bai hemi mekem se bai yu no save kat bel long fuja?</i></p>	<p>YES 1</p> <p>NO 2 → 711</p> <p>DON'T KNOW 8 → 713</p>	
710	<p>Which contraceptive method would you prefer to use?</p> <p><i>wenem kontraseptiv fasin nao yu tink se bai yu usum?</i></p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 713

711	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> <p><i>Wanem stampa rison blong bai yu no save usum eni kontriseptiv fasin long fuja?</i></p>	<p>NOT MARRIED 11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX ... 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND ... 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSEI... 31</p> <p>HUSBAND/PARTNER OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION... 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS ... 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COSTS TOO MUCH 54</p> <p>INCONVENIENT TO US..... 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ... 56</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 713</p>
712	<p>Would you ever use a contraceptive method if you were married?</p> <p><i>Sapos yu maret finis, bai yu save yusum wan kontriseptiv fasin?</i></p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Sapos yu save go bak long taem we yu no kat pikinini yet, yu save talem hamas namba blong pikinini we bai yu kat?</i></p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Sapos we bai yu jusum hamas pikinini we bai yu kat, hamas nao bai yu save jusum?</i></p>	<p>NONE 00</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>→ 715</p> <p>→ 715</p>
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p> <p><i>Hamas long ol pikinini bai yu wantem se oli boes, hamas yu wantem se bai oli gels mo hamas we yu no wantem save se weta hemi boe o kel?</i></p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

715	<p>In the last few months have you heard about family planning: Long ol las manis yu harem abaot family planning long: On the radio? On the television? In a newspaper or magazine?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE 1 2</p>	
716	<p>Have you ever heard the family planning theme: 'A child having a child?' <i>Yu harem wan toktok long saet blong famili planing se "Bebe ie bonem bebe?"</i></p>	<p>YES. 1</p> <p>NO 2</p>	
717	<p>CHECK 601:</p> <p>YES, <input type="checkbox"/> YES, <input type="checkbox"/> NO, <input type="checkbox"/></p> <p>CURRENTLY MARRIED WITH A MAN NOT IN UNION</p>		→ 801
718	<p>CHECK 311/311A:</p> <p>CODE B, G, OR M</p> <p>CIRCLED <input type="checkbox"/></p> <p>NO CODE CIRCLED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 720</p> <p>→ 722</p>
719	<p>Does your husband/partner know that you are using a method of family planning? <i>Man o patna blong yu ie save se yu stap usum wan fasin blong family planing?</i></p>	<p>YES. 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
720	<p>Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? <i>Yu save talem se taem yu usum kontrisepten hemi tinktink blong yu nomo, blong man/patna blong yu o yutufala tuketa?</i></p>	<p>MAINLY RESPONDENT 1</p> <p>MAINLY HUSBAND/PARTNER 2</p> <p>JOINT DECISION 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	
721	<p>CHECK 311/311A:</p> <p>NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/></p> <p>STERILIZED STERILIZED</p>		→ 801
722	<p>Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? <i>Man/patna blong yu ie wantem semak namba blong ol pikinini olsem we yu wantem o hemi wantem plante o smol bitim we yu wantem?</i></p>	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DONT KNOW 8</p>	

810	Have you done any work in the last 12 months? <i>Yu mekem eni wok long las 12 manis?</i>	YES..... 1 NO 2	→ 818	
811	What is your occupation, that is, what kind of work do you mainly do? <i>Wenem wok blong yu, wok we yu stap mekem oltaem?</i>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> 		
812	CHECK 811: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WORKS IN AGRICULTURE <input type="checkbox"/> </div> <div style="text-align: center;"> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> </div> </div>			→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? <i>Yu stap wok nomo long kraon blong yu, kraon blong famili o kraon we yu stap rentem ie go long wan man o kraon blong diferan man?</i>	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4		
814	Do you do this work for a member of your family, for someone else, or are you self-employed? <i>Yu stap mekem wok ya blong wan famili blong yu, blong diferan man o blong yu wan nomo?</i>	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3		
815	Do you usually work at home or away from home? <i>Yu stap long haus nomo o long we long haus blong yu?</i>	HOME 1 AWAY 2		
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while? <i>Yu stap wok tru aot long yia o taem ie kat wok nomo o samtaem nomo?</i>	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3		
817	Are you paid in cash or kind for this work or are you not paid at all? <i>Oli stap pem yu long mani o kivim yu narafala samting o oli no stap pem yu?</i>	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4		
818	CHECK 601: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> </div> <div style="text-align: center;"> NOT IN UNION <input type="checkbox"/> </div> </div>			→ 827
819	CHECK 817: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE 1 OR 2 CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> </div> </div>			→ 822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly? <i>Hu ie talem se bai yu spendem mani we winim olsem wenem? yu wan, man/patna blong yu o yutufala tuketa?</i>	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .. 3 OTHER 6 (SPECIFY)		

821	<p>Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?</p> <p><i>Yu tink se mani we yu winim hemi bigwan bitim we man/patna blong yu ie stap winim, ie smol bitim we hemi winim o klosap ie semak nomo?</i></p>	<p>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</p>	→ 823
822	<p>Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?</p> <p><i>Hu ya nao ie stap mekem disisen long hao nao mani we man/patna blong yu ie winim bai yufala yusum olsem wenem, yu wan nomo, man/patna blong yu, yutufala tuketa?</i></p>	<p>RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .. 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)</p>	
823	<p>Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p> <p><i>Hu ie stap mekem disisen folem helt kea blong yu: yu wan, man/patna blong yu, yu mo man/patna blong yu o diferen man?</i></p>	<p>RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6</p> <p>1 2 3 4 6</p>	
824	<p>Who usually makes decisions about making major household purchases?</p> <p><i>Hu ie stap mekem disisen long saet blong pem ol samting blong haus?</i></p>	<p>1 2 3 4 6</p>	
825	<p>Who usually makes decisions about making purchases for daily household needs?</p> <p><i>Hu ie stap mekem disisen long saet blong pem ol samting we famili ie nidim everi day?</i></p>	<p>1 2 3 4 6</p>	
826	<p>Who usually makes decisions about visits to your family or relatives?</p> <p><i>Hu ie mekem disisen blong go luk ol stret famili blong yu o ol narafala famili?</i></p>	<p>1 2 3 4 6</p>	
827	<p>PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)</p>	<p>PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN.</p> <p>CHILDREN < 10 . . . 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES .. 1 2 3</p>	
828	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p><i>Samtaem ol man oli stap less o kros from ol samtink we woman blong olketa ie stap mekem. Long tinktink blong yu, yu tink se ie stret blong man ie slapem o kilim woman blong hem from ol samting ya:</i></p> <p>If she goes out without telling him? <i>Sapos ie go samples be ie no talemaot long hem?</i></p> <p>If she neglects the children? <i>Sapos ie lego ol pikinin oli stap olketa nomo?</i></p> <p>If she argues with him? <i>Sapos ie rao wetem hem?</i></p> <p>If she refuses to have sex with him? <i>Sapos ie no wantem kat sex wetem hem?</i></p> <p>If she burns the food? <i>Sapos ie mekem kakai ie bon long faya?</i></p>	<p>YES NO DK</p> <p>GOES OUT 1 2 8 NEGL. CHILDREN .. 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8</p>	

SECTION 9. HIV/AIDS			
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? <i>Nao mi wantem tokabaot wan nara samting. Yu bin harem abaot wan sik oli kolem AIDS?</i>	YES 1 NO 2	→ 915
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? <i>Waswe, ol pipol oli save daonem janis blong oli kasem AIDS viras sipos oli kat wan patna nomo we hemi no kasem viras mo hemi nokat narafala sex patna?</i>	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites? <i>Waswe ol pipol oli save kasem AIDS faeres sapos moskito ie kakai olketa?</i>	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? <i>Waswe pipol oli save daonem janis blong kasem AIDS faeres sapos oli yusum kondom evritaem oli kat sex?</i>	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS? <i>Waswe pipol oli save kasem AIDS sipos oli serem kakai wetem wan man/woman we hemi kasem AIDS?</i>	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all? <i>Waswe pipol oli save daonem janis blong oli kasem AIDS sipos oli nokat sex nating?</i>	YES 1 NO 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means? <i>Waswe pipol oli save kasem AIDS pepet from nakaimas o nara way bakeken blong toktok wetem defel?</i>	YES 1 NO 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus? <i>Hemi posibol blong wan man/woman we hemi luk olraet nomo be ie save kasem pepet blong AIDS?</i>	YES 1 NO 2 DON'T KNOW 8	
909	Do you know of a place where people can go to get tested for the AIDS virus? <i>Yu save long wan ples wea pipol oli save ko blong kasem test from pepet blong AIDS?</i>	YES 1 NO 2	→ 911
910	Where is that? <i>Wea ples ya?</i> Any other place? <i>Eni narafala ples?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER . . . C FAMILY PLANNING CLINIC D OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H STAND-ALONE VCT CENTER . . . I OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER _____ X (SPECIFY)	

911	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p> <p><i>Bae yu peim fres vejtables long wan stoakipa o wan man blong salem kakai sipos yu save se hemi kat pepet blong AIDS?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
912	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p> <p><i>Sipos wan memba blong famili hemi infected wetem pepet blong AIDS bai yu wantem se hemi stap wan sikret o nomo?</i></p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
913	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p> <p><i>Sipos wan memba blong famili hemi sik wetem AIDS, bae yu klad blong lukaotem hem long haos blong yu?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
914	<p>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?</p> <p><i>Long tinkink blong yu, sipos wan woman tija hemi kat AIDS faeres be hemi no sik, bai oli alaoem hem blong kontinu tij insaed long skul?</i></p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
915	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p><i>Apat long AIDS yu harem abaot ol nara infeksens we isave pas tru long sexual kontak?</i></p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> <p><i>Yu harem abaot ol nara infections we oli save pas tru long sexual kontak?</i></p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	
916	<p>CHECK 618:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> <div> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> </div>		<p>→ 924</p>
917	<p>CHECK 915: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <div style="display: flex; justify-content: space-around;"> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> </div>		<p>→ 919</p>
918	<p>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?</p> <p><i>Nao mi wantem askem yu sam kwestens abaot helt blong yu long las 12 manis. Long las 12 manis yu eva kasem wan sik we yu kat tru long sexual kontak?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
919	<p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</p> <p><i>Samtaems women oli experiensem wan rabis wota we ie smel long rod blong bonem pikinini?</i></p> <p><i>Long las 12 manis yu bin kat rabis wota ya ie kamaot long rod blong bebe ie bon long hem?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
920	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p> <p><i>Samtaem woman bae hemi kat soa long rod blong bonem pikinini</i></p> <p><i>Long las 12 manis yu bin kat wan soa long rod blong bonem pikinini?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
921	<p>CHECK 918, 919, AND 920:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> </div> <div> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> </div> </div>		<p>→ 924</p>

922	<p>The last time you had (PROBLEM FROM 918/919/920), did you seek any kind of advice?</p> <p><i>Las taem we yu kat (PROBLEM LONG 918/919/920) yu bin lukaotem lukaotem eni kaen advaes?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 924
923a	<p>Where did you go?</p> <p><i>Yu go long wea?</i></p> <p>Any other place?</p> <p><i>Eni nara ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER . . . C</p> <p>FAMILY PLANNING CLINIC . . . D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>STAND-ALONE VCT CENTER . . . I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
923b	<p>The last time you had (PROBLEM FROM 918/919/920), did you seek any kind of treatment?</p> <p><i>Las taem yu kat (PROBLEM LONG 918/919/920) yu bin lukaotem eni kaen tritmen?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 924
923c	<p>Where did you go?</p> <p><i>Yu go wea?</i></p> <p>Any other place?</p> <p><i>Eni nara ples?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER . . . C</p> <p>FAMILY PLANNING CLINIC . . . D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR F</p> <p>STAND-ALONE VCT CENTER . . . G</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
924	<p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p> <p><i>Hasbens mo waef's tufala ie no stap akri long evri samting. Sipos waef hemi save se man blong hem ikat sik mo hemi save kasem long taem blong sex, yu tink se hemi stret sipos waef hemi talem no blong ie no kat sex wetem man blong hem?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
925	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p> <p><i>Wan waef hemi raet blong talem no sipos hemi no wantem kat sex wetem husban taem hemi taed o no stap long raet mood?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
926	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p> <p><i>Waswe wan waef hemi raet taem hemi rifus blong kat sex wetem husban taem hemi save se husban istap kat sex wetem ol narafala woman?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 10. MALARIA									
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
1001	Now I would like to talk about something else. Have you ever heard any messages/information about malaria? <i>Nao mi wantem tok baot nara samting?</i> Yu eva harem eni mesej / infomesen abaot Malaria?	YES 1 NO 2							
1002	Have you ever seen any messages/information about Malaria? <i>Yu eva lukim eni mesej / infomesen abaot Malaria?</i>	YES 1 NO 2 DONT KNOW 8	→ 1006						
1003	Where did you last see and/or hear these messages /information? <i>Wea ples nao las taem we yu bin lukim mo harem ol mesej / infomesen ya?</i>	HEALTH FACILITY A FRIENDS/FAMILY B WORKPLACE C SCHOOL D CHURCH E COMMUNITY MEETING/EVENT F DRAMA GROUPS G RURAL HEALTH MOTIVATORS H TRADITIONAL HEALER I POSTERS/BILLBOARD J ON TV K ON THE RADIO L IN THE NEWSPAPER M OTHER _____ X (SPECIFY) DONT KNOW Z							
1004	How long ago did you see or hear these messages? <i>We taem stret yu bin lukim o harem ol mesej ia?</i>	DAYS 1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr></table>							
1005	What type of malaria messages/information did you see or hear? <i>Wanem kaen malaria mesej / infomesen yu bin lukim o harem?</i>	MALARIA ELIMINATION A MALARIA IS DANGEROUS B MALARIA CAN KILL C MOSQUITOES SPREAD MALARIA D SLEEPING UNDER MOSQUITO NET IMPORTANT E EVERYONE SHOULD SLEEP UNDER MOSQUITO NET F USE AND CARE OF NETS G SEEK PROPER DIAGNOSIS H SEEK TREATMENT FOR FEVER I SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY J USE PROPHYLAXIS WHEN TRAVELLING K IMPORTANT OF HOUSE SPRAYING L NOT PLASTERING WALLS AFTER SPRAYING M ENVIRONMENTAL SANITATION ACTIVITIES N PUT SCREENS ON HOUSE O WEAR LONG SLEEVES IN EVENING P OTHER _____ X (SPECIFY) DONT KNOW Z							
1006	Has anyone ever visited you at your home and provided you with education/information at your malaria? <i>Eni man/woman oli visitim yu long haos mo oli providem yu wetem edukasen/infomesen long malaria?</i>	YES 1 NO 2	→ 1010						
1007	From whom did you receive this education/information at your home? <i>Hu ie bin kam long hom blong yu mo kivim edukesen/ infomesen ya long yu?</i>	HEALTH CARE WORKER A RURAL HEALTH MOTIVATOR B FRIENDS/FAMILY C EMPLOYER D TRADITIONER HEALER E OTHER _____ X (SPECIFY) DONT KNOW Z							
1008	How long ago did someone visit your home to provide education/information at your home? <i>Wetaem nao las taem we wan man ie kam mo kivim edukesen/infomesen long hom blong yu?</i>	DAYS 1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr></table>							

1009	<p>What type of information/education about malaria did you receive at your home? <i>Wanem kaen infomesen/edukesen abaot malaria yu bin risivim long home blong yu?</i></p> <p>PROBE ONCE: Anything else? <i>Eni nara samting?</i></p>	<p>MALARIA IS DANGEROUS A MALARIA CAN KILL B MOSQUITOES SPREAD MALARIA C SLEEPING UNDER MOSQUITOE NET IMPORTANT D WHO SHOULD SLEEP UNDER NET E SEEK TREATMENT FOR FEVER F SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY G IMPORTANCE OF HOUSE SPRAYING H NOT PLASTERING WALLS AFTER SPRAYING I ENVIRONMENTAL SANITATION ACTIVITIES J</p> <p>OTHER _____ X (SPECIFY) DON'T KNOW Z</p>			
1010	<p>In your opinion, what cause malaria? <i>Long tinktink blong yu, wenem nao ie kosem malaria?</i></p> <p>PROBE ONCE: Anything else? <i>Eni narafala samting?</i></p>	<p>MOSQUITO BITES A EATING IMMATURE SUGARCANE B EATING DIRTY FOOD C DRINKING DIRTY WATER D GETTING SOAKED WITH RAIN E COLD OR CHANGING WEATHER F WITCHCRAFT G</p> <p>OTHER _____ X (SPECIFY) DON'T KNOW Y</p>			
1011	<p>Can you tell me the main signs or symptoms of malaria? <i>Yu save talem long mi se wenem nao ol saen blong malaria?</i></p>	<p>FEVER A FEELING COLD/CHILLS/SHAKES B HEADACHE C NAUSEA AND VOMITING D DIARRHEA E DIZZINESS F LOSS OF APPETITE/REFUSING TO EAT G BODY ACHE OR JOINT PAIN H STIFF NECK I NOT ACTIVE/LETHARGIC J BODY WEAKNESS K CRYING ALL THE TIME L RESTLESS, WONT STAY STILL M</p> <p>OTHER _____ X (SPECIFY) DON'T KNOW Y</p>			
1012	<p>RECORD THE TOTAL NUMBER OF SYMPTOMS THE RESPONDENT CORRECTLY IDENTIFIED IN QUESTION 1011</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			
1013	<p>If you or a family member were to present with signs and symptoms of malaria, where would you seek treatment? <i>Sipos yu o wan famili memba blong yu ie some ol saens blong malaria, wea nao bae yufala ie go from tritmen?</i></p> <p>MULTIPLE ANSWERS POSSIBLE</p> <p>DO NOT PROBE AND DO NOT PROVIDE ANSWERS.</p>	<p>HOSPITAL A HEALTH CENTRE B HEALTH CLINIC C TRADITIONAL HEALER D FRIENDS/FAMILY E AID POST WORKER F CHURCH G PHARMACY H WOULD NOT SEEK TREATMENT I</p> <p>OTHER _____ X (SPECIFY) DON'T KNOW Y</p>			
1014	<p>How soon after suspecting you or your family member is affected with malaria, would you seek treatment? <i>Bai ie tekem yu hamas taem blong lukaotem tritmen sapos yu o wan famili blong yu ie sik wetem malaria?</i></p>	<p>WITHIN 24 HOURS 1 TWO DAYS 2 ONE WEEK 3 MORE THAN ONE WEEK 4 I WOULD NOT SEEK TREATMENT 5</p> <p>OTHER _____ 6 (SPECIFY) DON'T KNOW 8</p>			
1015	<p>Do you think malaria can kill you if it is untreated? <i>Yu tink se malaria bai ie kilim ded yu sapos yu no tekem tritmen?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>			

1016	<p>How can someone protect himself/herself against malaria?</p> <p><i>Hao nao wan man/woman ie save lukaotem hem blong ie no kasem sik malaria?</i></p> <p>MULTIPLE RESPONSES POSSIBLE.</p> <p>PROBE ONCE: Anything else? <i>Eni narafala samtink?</i></p>	<p>SLEEP UNDER A MOSQUITO NET A</p> <p>SLEEP UNDER A INSECTICIDE -TREATED MOSQUITO NET B</p> <p>USE MOSQUITO REPELLANT C</p> <p>AVOID MOSQUITO BITES D</p> <p>TAKE PREVENTIVE MEDICATION E</p> <p>SPRAY HOUSE WITH INSECTICIDE F</p> <p>USE MOSQUITO COILS G</p> <p>CUT THE GRASS AROUND THE HOUSE H</p> <p>FILL IN PUDDLES (STAGNANT WATER) I</p> <p>KEEP HOUSE SURROUNDINGS CLEAN J</p> <p>BURN LEAVES K</p> <p>DON'T DRINK DIRTY WATER L</p> <p>DON'T EAT BAD FOOD (IMMATURE SUGARCANE OR LEFTOVER FOOD M</p> <p>PUT MOSQUITO SCREENS ON THE WINDOWS N</p> <p>DON'T GET SOAKED WITH RAIN O</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1017	<p>What are the reasons for spraying your house?</p> <p><i>From wenem risen yumi mas spre long house?</i></p> <p>MULTIPLE RESPONSES POSSIBLE.</p>	<p>TO PREVENT MALARIA/TO KILL MOSQUITOS A</p> <p>TO KILL OTHER INSECTS B</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1018	<p>Do you think spraying is effective in killing mosquitoes?</p> <p><i>Yu tink spre hemi wan gutfala fasin blong kilim moskito?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1019	<p>What are the reasons for sleeping under mosquito nets?</p> <p><i>Wenem sam risen blong slip insaet long moskito nets?</i></p>	<p>TO PREVENT MALARIA/TO PROTECT AGAINST MOSQUITO BITES A</p> <p>TO PROTECT AGAINST BITES FROM OTHER INSECTS B</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1020	<p>Do you think mosquito nets are effective in controlling mosquito bites?</p> <p><i>Yu tink moskito nets hemi wan gutfala fasin blong yumi controlem hamas taem moskito ie kakai yumi?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1021	<p>What is the new anti-malarial drug that is being promoted by the Ministry of Health?</p> <p><i>Wenem nao ol niu meresin blong malaria we ministry blong helt ie stap promotem?</i></p>	<p>COARTEM 1</p> <p>SP/FANSIDAR 2</p> <p>CHLOROQUINE 3</p> <p>AMODIAQUINE 4</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	→ 1023
1022	<p>Have you seen or heard any information about COARTEM?</p> <p><i>Yu harem o save eni infomesen long COARTEM?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 1101
1023	<p>Where did you see or hear about COARTEM?</p> <p><i>Wea nao yu luk o harem abaot COARTEM?</i></p> <p>CIRCLE ALL MENTIONED.</p>	<p>TELEVISION A</p> <p>RADIO B</p> <p>NEWSPAPER C</p> <p>COMMUNITY MEETING D</p> <p>RELATIVE/FRIEND E</p> <p>HEALTH WORKER F</p> <p>COMMUNITY LEADER/ELDER G</p> <p>AID POST WORKER H</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION 11. OTHER HEALTH ISSUES			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Have you ever heard of an illness called tuberculosis or TB? <i>Yu harem finis wan sik oli kolem tuberculosis o TB?</i>	YES..... 1 NO 2	→ 1105
1102	How does tuberculosis spread from one person to another? <i>Hao nao tuberculosis ie pas ie go long wan man?</i> PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1103	Can tuberculosis be cured? <i>Oli save curim tuberculosis?</i>	YES..... 1 NO 2 DON'T KNOW 8	
1104	If a member of your family got tuberculosis, would you want it to remain a secret or not? <i>Sapos wan family blong yu kasem tuberculosis, bai yu kipim ie sikret o no?</i>	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1105	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? <i>Nao mi wantem askem yu long nara kwesjens we hemi relet long helt. Yu bin kat injeksen blong wanem rison long las 12 manis?</i> IF YES: How many injections have you had? <i>sapos yes: hamas stik yu kat?</i> IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1109
1106	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? <i>Long olketa injeksens ia hamas nao wan dokta, wan nurse wan pharmacist wan dentist o wan nara helt woka hemi kivim?</i> IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1109
1107	The last time you had an injection given to you by a health worker, where did you go to get the injection? <i>Long las taem yu karem injeksen we wan helt woka lbin kivim wea ples nao yu ko blong kasem injeksen?</i> PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 DENTAL CLINIC/OFFICE 22 PHARMACY 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME 31 OTHER _____ 96 (SPECIFY)	
1108	Did the person who gave you that injection take the syringe and needle from a new, unopened package? <i>Man we hemi kivim injeksen long yu, hemi bin tekem syringe wetem needle long wan niu packet we hemi jes openem?</i>	YES 1 NO 2 DON'T KNOW 8	
1109	Have you ever used any type of tobacco? <i>Yu stap smokem tabacco?</i>	YES 1 NO 2	→ 1122

1110	Which best describes your tobacco use? <i>wij wan ie so em gut hao yu usum tabacco?</i>	CURRENTLY USE TOBACCO OR CIGARETTES DAILY 1 CURRENTLY USE TOBACCO OR CIGARETTES LESS THAN DAILY 2 COMPLETELY STOPPED LESS THAN SIX MONTHS AGO 3 COMPLETELY STOPPED MORE THAN SIX MONTHS AGO . 4 COMPLETELY STOPPED MORE THAN ONE YEAR AGO 5	} → 1121
1111	Do you currently use/smoke manufactured or packaged cigarettes? (Show picture of a manufactured cigarettes) <i>Nao ya yu stap smokem sikaret we oli putum long packet?</i>	YES 1 NO 2	→ 1115
1112	In the last 24 hours, how many manufactured or packaged cigarettes did you smkoe? <i>Long las 24 hawa yu smoke hamas sikaret?</i>	CIGARETTES <input type="text"/>	
1113	Where do you buy/receive manufactured or packaged cigarettes? <i>Yu go stap pem paket sikaret blong yu wea?</i>	LOCAL STORE/SHOP 1 DUTY FREE 2 WHOLESALE 3 OTHER 6 (SPECIFY)	
1114	On average, how much do you spend on manufactured or packaged cigarettes per day? <i>Hamas nao yu tink se yu spendem long paket sikaret long wan dei?</i>	<input type="text"/>	
1115	Do you currently use/smoke locally grown tobacco (self-rolled)? (Show a picture of rope tobacco, and as a rolled cigarettes) <i>Nao ya yu stap smokem tabacco nomo we yu planem mo yu wan yu stap rollem?</i>	YES 1 NO 2	→ 1120
1116	On average, how many locally grown tobacco (self-rolled) cigarettes do you smoke per day? <i>Yu stap smoke hamas tabacco we yu rollem long wan dei?</i>	SELF-ROLLED CIGARETTES <input type="text"/>	
1117	Where do you get or buy locally grown tobacco (self-rolled)? <i>Yu stap karem o pem ol tabacco we yu stap rolem ya long wea?</i>	LOCAL STORE/SHOP 1 MARKET 2 FRIEND/RELATIVE 3 SELF(OWN PLANTS/FARM) 4 OTHER 6 (SPECIFY)	
1118	On average, how much do you spend on locally grown tobacco (self-rolled) cigarettes per day? <i>Hamas nao yu stap spendem long tabacco long wan dei?</i>	<input type="text"/>	
1119	What is the main reason to use/smoke locally grown (self-rolled) tobacco instead of manufactured or packaged tobacco? <i>Wenem mein risen blong yusum tabacco we yumi planem mo ie no hemia we ie stap long paket finis?</i>	LESS EXPENSIVE 1 LESS UNHEALTHY 2 EASIER TO GET 3 TASTES BETTER 4 OTHER 6 (SPECIFY)	
1120	Do you use or smoke any other types of tobacco? <i>Yu stap usum o smokem narafala tabacco?</i>	ELECTRONIC CIGARETTE 1 ROLLED CIGARETTE 2 NONE 3 OTHER 6 (SPECIFY)	} → 1122
1121	What motivated/helped you to stop using tobacco? <i>Wenem nao ie mekem o ie helpem yu blong yu stop blong usum tabacco?</i>	FAMILY INSPIRED 01 FRIEND INSPIRED 02 FAMILY ENCOURAGED 03 FRIEND ENCOURAGED 04 HEALTH 05 INCREASING COST OF TOBACCO . 06 HEALTH WORKER ENCOURAGED . 07 SPIRITUAL/RELIGIOUS 08 OTHER 96 (SPECIFY)	

1122	<p>Now I would like to ask you some questions about your salt usage.</p> <p><i>Nao ya bai mi askem yu abaot ol sol blong kakai we yu stap usum.</i></p> <p>How often does the person who prepares your food add salt when they are cooking?</p> <p><i>Hamas taem nao man we ie stap kuk blong yu ie stap putum salt long kakai?</i></p>	<p>USUALLY 1</p> <p>SOMETIMES 2</p> <p>RARELY 3</p> <p>NEVER 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p>																												
1123	<p>Do you add extra salt in your food before eating?</p> <p><i>Yu stap putum sam mo sol long kakai blong bifo yu kakai?</i></p>	<p>USUALLY 1</p> <p>SOMETIMES 2</p> <p>RARELY 3</p> <p>NEVER 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p>																												
1124	<p>Does the salt you buy in the shop have the label "Iodized"?</p> <p><i>Sol we yu pem long sto ie kat nem ya "Iodized" long hem?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																												
1125a	<p>Can you name one harmful effect on your health from consuming too much salt?</p> <p><i>Yu save kivim me nem blong wan sik sapos yu stap yusum tumas sol?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 1126																											
1125b	<p>Please give me the name of one harmful effect on your health from consuming too much salt?</p> <p><i>Yu save talem long mi wan harem nogud (o sickness) blong yu taem we yu kakae tumas salt</i></p>	<p>HIGH BLOOD PRESSURE 1</p> <p>HEART DISEASE 2</p> <p>STROKE 3</p> <p>KIDNEY DISEASE 4</p> <p>STOMACH CANCER 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>																												
1126	<p>If you do not have salt, what other spices can you use to make your food flavourful and/or tasty?</p> <p><i>Sapos yu nokat salt, wenem narafala samting we bai yu putum blong mekem se kakai blong yu ie tes gut?</i></p>	<p>GINGER 1</p> <p>GARLIC 2</p> <p>LEMON 3</p> <p>CHILLI 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p>																												
1127	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p><i>Plante samting ie save blokem ol woman blong oli no save go karem advaes o tritmen long doctor. Taem yu sik o wantem go tekem metikel advaes, ol samting ya hemi sam samting we yu mas go tru o mekem bifo you go?</i></p> <p>Getting permission to go? <i>Askem afta yu jes go?</i></p> <p>Getting money needed for treatment? <i>Make sua se mani blong tritmen ie redi?</i></p> <p>The distance to the health facility? <i>Haus blong yu kasem helt fasiliti/</i></p> <p>Having to take transport? <i>Yu mas go long trak/bus/taxi?</i></p> <p>Not wanting to go alone? <i>Yu no wantem go yu wan?</i></p> <p>Concern that there may not be a female health provider? <i>Yu vari se ie no kat woman helt woka?</i></p> <p>Concern that there may not be any health provider? <i>Yu vari se ie no kat eni nes o dokta ie stap?</i></p> <p>Concern that there may be no drugs available? <i>Yu vari se meresin we yu nidim ie finis?</i></p>	<table border="0"> <thead> <tr> <th></th> <th>BIG PROB- LEM</th> <th>NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROV.</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO PROVIDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT	1	2	GO ALONE	1	2	NO FEMALE PROV.	1	2	NO PROVIDER	1	2	NO DRUGS	1	2	
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1128	<p>Are you covered by any health insurance?</p> <p><i>Yu kat helt insurens?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 1130																											
1129	<p>What type of health insurance?</p> <p><i>Wenem kaen helt insurens?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>AUSTRALIAN FAMILY ASSOCIATION INSURANCE (AFA) A</p> <p>CAILLARD KARDDOU INSURANCE B</p> <p>DOMINION INSURANCE C</p> <p>OTHER X</p> <p>(SPECIFY)</p>																												

1130	<p>Now I would like to ask you about alcohol and drug use. Remember that your responses are completely anonymous and confidential and will not be released to anyone. During the last 12 months, how often did you have drinks containing alcohol, such as beer, wine, liquor, spirits, homebrew, toddy, yeast? Would you say?</p> <p><i>Nao ya bai mi askem yu abaot Alkohol mo drug use. Yu mas save se ol ansa blong yu bai hemi sikret mo bai mi no talem long eni man.</i></p> <p><i>Long las 12 manis, yu drink alkohol olsem beer, wine, strong drink spirits, homebrew, is? Bai yu talem?</i></p> <p>a. Never b. 2 per Month or less? c. 2 to 4 times a month? d. 2 to 3 times a week? e. 4 or more times a week? f. No answer / refused g. Don't know</p>	<p>NEVER 0 < 2 PER MONTH 1 2-4 PER MONTH 2 2-3 PER WEEK 3 4+ PER WEEK 4 NO ANSWER/REFUSED 7 DON'T KNOW 8</p>	→ 1134																																																				
1131	<p>During the last 12 months, how many standard drinks containing alcohol did you have on a typical day when drinking? A standard drink is a can of beer, a glass of wine, a shot of liquor, etc.? <i>Long las 12 manis hamas alkohol driks yu tekem? Ol alkohol olsem bia, wan glas blong wine, wan hot staf, etc?</i></p> <p>a. 1 or 2? b. 3 or 4? c. 5 or 6? d. 7, 8 or 9? e. 10 to 19? f. 20 or more? g. No answer / refused h. Don't know</p>	<p><u>NUMBER OF STANDARD DRINKS</u> 1 OR 2 1 3 OR 4 2 5 OR 6 3 7, 8 OR 9 4 10 TO 19 5 20 OR MORE 6 NO ANSWER/REFUSED 7 DON'T KNOW 8</p>																																																					
1132	<p>During the last 12 months, how often did you have five or more standard drinks at one time? A standard drink is a can of beer, a glass of wine, a shot of liquor, etc. <i>Wan standard drink hemi wan tin bia, wan glas waen, wan strong drink, mo narafala</i></p> <p><i>Long las 12 manis, hamas taem yu drink 5 o mo alkohol drink long sem taem?</i></p> <p>a. Never? b. Less than monthly? c. Monthly? d. Weekly? e. Daily or almost daily? f. No answer / refused g. Don't know</p>	<p>NEVER 0 LESS THAN MONTHLY 1 MONTHLY 2 WEEKLY 3 DAILY OR ALMOST DAILY 4 NO ANSWER/REFUSED 7 DON'T KNOW 8</p>																																																					
1133	<p>At the time you first drink alcohol, what was the main reason that make you drink alcohol? <i>Wenem nao ie mekem se yu stat blong drink alkoho?</i></p>	<p>NOTHING TO DO 1 PLEASURE 2 PEER PRESSURE 3 PARENTS/FAMILY OFFERED 4 CUSTOMARY BEHAVIOUR 5</p> <p>OTHERS _____ 6 (SPECIFY)</p>																																																					
1134	<p>Next I would like to ask you about use of the following items. <i>Nao ya bai mi askem yu about ol samting ya sapos yu stap usum.</i></p> <p>Have you <u>ever</u> tried...? <i>Yu traem...?</i></p> <p>IF YES, ASK: Did you use it in the last 30 days? <i>Yu usum long las 30 deis?</i></p> <p>a. Betel nut? <i>Bitel nat?</i> b. Kava? <i>Kava?</i> c. Marijuana/Cannibis? <i>Maroana/ kanabis?</i> d. Ecstasy/E/Eccies? <i>Ektasi</i> e. Inhalants including gas? <i>Yu pulum long nos mo maot?</i> f. Speed/Base/Other amphetamines? g. Ice/Crystal meth? <i>Aeis/ kristel met</i> h. Cocaine/Crack/Freebasing? <i>Koken/krak/fribasing</i> i. Heroin? <i>Hiroen</i> j. LSD/Acid/Hallucinogens? k. Steroids (non-medical use)? l. Viagra/Cialis/Sex enhancers? <i>Ol samting we ie mekem kok ie strong</i></p>	<table border="1"> <thead> <tr> <th>NEVER TRIED</th> <th>EVER TRIED</th> <th>USED IN LAST 30 DAYS</th> <th>NO ANSWER, REFUSED</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> </tbody> </table>	NEVER TRIED	EVER TRIED	USED IN LAST 30 DAYS	NO ANSWER, REFUSED	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	
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1135	<p>RECORD THE TIME.</p>	<p>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></p>																																																					

WOMAN'S CALENDAR

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

B BIRTHS
P PREGNANCIES
T TERMINATIONS

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

(SPECIFY)

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2 08	AUG	05		2
1 07	JUL	06		0
3 06	JUN	07		1
05	MAY	08		3
04	APR	09		
03	MAR	10		
02	FEB	11		
01	JAN	12		

12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2 08	AUG	17		2
0 07	JUL	18		0
1 06	JUN	19		1
2 05	MAY	20		2
04	APR	21		
03	MAR	22		
02	FEB	23		
01	JAN	24		

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2 08	AUG	29		2
0 07	JUL	30		0
1 06	JUN	31		1
1 05	MAY	32		1
04	APR	33		
03	MAR	34		
02	FEB	35		
01	JAN	36		

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2 08	AUG	41		2
0 07	JUL	42		0
1 06	JUN	43		1
0 05	MAY	44		0
04	APR	45		
03	MAR	46		
02	FEB	47		
01	JAN	48		

12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2 08	AUG	53		2
0 07	JUL	54		0
0 06	JUN	55		0
9 05	MAY	56		9
04	APR	57		
03	MAR	58		
02	FEB	59		
01	JAN	60		

12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2 08	AUG	65		2
0 07	JUL	66		0
0 06	JUN	67		0
8 05	MAY	68		8
04	APR	69		
03	MAR	70		
02	FEB	71		
01	JAN	72		

<u>INTERVIEWER'S OBSERVATIONS</u>	
TO BE FILLED IN AFTER COMPLETING INTERVIEW	
COMMENTS ABOUT RESPONDENT:	
COMMENTS ON SPECIFIC QUESTIONS:	
ANY OTHER COMMENTS:	
<u>SUPERVISOR'S OBSERVATIONS</u>	
NAME OF SUPERVISOR: _____ DATE: _____	
<u>EDITOR'S OBSERVATIONS</u>	
NAME OF EDITOR: _____ DATE: _____	