



AUGUST 2009

**DEMOGRAPHIC HEALTH SURVEY (DHS) 2009  
WOMEN'S QUESTIONNAIRE (AGE 15-49)**

**GOVERNMENT OF SAMOA**

*Ministry of Health (MOH) working in partnership with MACRO International & Samoa Bureau of Statistics (SBS)*

**WOMAN'S IDENTIFICATION**

NAME OF REGION _____	<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> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>												
NAME OF DISTRICT _____													
NAME OF VILLAGE _____													
ENUMERATION AREA .....													
HOUSEHOLD NUMBER .....													
NAME AND LINE NUMBER OF WOMAN _____	<table border="1"> <tr><td></td><td></td></tr> </table>												

**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> INT. NUMBER <table border="1"><tr><td></td><td></td></tr></table>					2	0	0	9		
2	0	0	9											
INTERVIEWER'S NAME	_____	_____	_____											
RESULT*	_____	_____	_____	RESULT <table border="1"><tr><td></td><td></td></tr></table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>										
TIME	_____	_____												

\*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 SAMOAN 3 BOTH 4 OTHER \_\_\_\_\_ (SPECIFY)

LANGUAGE OF RESPONDENT 1 ENGLISH 2 SAMOAN 3 BOTH 4 OTHER \_\_\_\_\_ (SPECIFY)

TRANSLATOR USED? 1 YES 2 NO

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY								
NAME _____	<table border="1"><tr><td></td><td></td></tr></table>			NAME _____	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
DATE _____	<table border="1"><tr><td></td><td></td></tr></table>			DATE _____	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		

**SECTION 1. RESPONDENT'S BACKGROUND**  
**WOMEN AGE 15-49**

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the SBS. 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 about 40 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 sincere your views 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 ..... <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>									
102	How long have you been living continuously in (CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS (PLACE OF BIRTH) ..... 95 VISITOR (TEMPORARY STAY) ... 96			<input type="checkbox"/> → 108						
103	Just before you moved here, where else did you live?	AUA ..... 1 NWU ..... 2 ROU ..... 3 SAVAII ..... 4 OVERSEAS ..... 6 (SPECIFY COUNTRY)									
104	CHECK 102: LESS THAN 1 YEAR <input type="checkbox"/> 1 YEARS OR MORE <input type="checkbox"/>		<input type="checkbox"/> → 106								
105	Where were you living 1 year ago?	AUA ..... 1 NWU ..... 2 ROU ..... 3 SAVAII ..... 4 OVERSEAS ..... 6 (SPECIFY COUNTRY)									
106	CHECK 102: LESS THAN 5 YEARS <input type="checkbox"/> 5 YEARS OR MORE <input type="checkbox"/>		<input type="checkbox"/> → 108								
107	Where were you living 5 years ago?	AUA ..... 1 NWU ..... 2 ROU ..... 3 SAVAII ..... 4 OVERSEAS ..... 6 (SPECIFY COUNTRY)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
109	How old were you at your last birthday?  COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
110	What is your marital status now: are you currently married or living with a man as if married, or are you widowed, divorced, separated or never married and never lived with a man?	CURRENTLY MARRIED ..... 1 CURRENTLY LIVING WITH A MAN ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 NEVER MARRIED/LIVED WITH A MAN ... 6	
111	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 115
112	What is the highest level of school you attended: primary, secondary, higher or what?	PRIMARY OR LOWER ..... 1 SECONDARY ..... 2 VOCATIONAL ..... 3 HIGHER/UNIVERSITY ..... 4 OLD MISSION SCHOOL ..... 5	→ 115
113	What is the highest year you completed at that level?  IF HIGHER/UNIVERSITY LEVEL, RECORD THE TOTAL NUMBER OF YEARS COMPLETED.	LESS THAN ONE YEAR ..... 00 YEAR 1/ PRIMER 1/ YEAR 9 / FORM 3 . 01 YEAR 2/ PRIMER 2/ YEAR 10/ FORM 4 . 02 YEAR 3/ PRIMER 3/ YEAR 11/ FORM 5 . 03 YEAR 4 / STD 1-2/ YEAR 12/ UPPER 5 . 04 YEAR 5/ STD 3/ YEAR 13/ FORM 6 . 05 YEAR 6/ STD 4 ..... 06 YEAR 7/ FORM 1 ..... 07 YEAR 8/ FORM 2 ..... 08  NUMBER OF YEARS ..... <input type="text"/> <input type="text"/>	
114	CHECK 112:  PRIMARY OR <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> LOWER                      ↓                      OR HIGHER		→ 119
115	Now I would like you to read this sentence to me.  SHOW CARD IN <b>ENGLISH</b> TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL IN ENGLISH 1 ABLE TO READ ONLY PARTS OF SENTENCE IN ENGLISH ..... 2 ABLE TO READ WHOLE SENTENCE .. 3  BLIND/VISUALLY IMPAIRED ..... 5	→ 120

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	SHOW CARD IN <b>SAMOAN</b> TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL IN SAMOAN 1 ABLE TO READ ONLY PARTS OF SENTENCE IN SAMOAN ..... 2 ABLE TO READ WHOLE SENTENCE .. 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)	
117	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
118	CHECK 115 and 116:  CODE '2', '3' OR '4' CIRCLED IN 115 OR 116 <input type="checkbox"/> CODE '1' CIRCLED IN 115 AND 116 <input type="checkbox"/>		120
119	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
120	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
121	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
122	Other than for watching videos, do you use computer almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
123	What is your religion?	EFKS/TAITI ..... 11 METHODIST ..... 12 ROMAN CATHOLIC ..... 13 LDS ..... 14 SDS ..... 15 ASSEMBLY OF GOD ..... 16  OTHER _____ 96 (SPECIFY)  REFUSED TO ANSWER ..... 97 DON'T KNOW ..... 98	
124	Do you consider yourself a Samoan, part-Samoan or what?	SAMOAN ..... 1 PART-SAMOAN ..... 2  OTHER _____ 6 (SPECIFY)  DON'T KNOW ..... 8	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204				
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS LIVING WITH HER ... <table border="1" data-bbox="1193 533 1284 638"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS LIVING WITH HER					
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1193 831 1284 936"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE .					
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208				
207	How many boys have died? And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1193 1263 1284 1368"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD .....					
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" data-bbox="1193 1453 1284 1514"><tr><td></td><td></td></tr></table>					
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.						
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →	→ 226					

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

**RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.  
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).**

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT → BIRTH
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT → BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT → BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT → BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT → BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	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.	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 2004: 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 2004-2009. IF NONE, RECORD '0' AND SKIP TO 226		<input type="checkbox"/>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2004, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT 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?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you?  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"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2004 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JANUARY 2004		→ 237
232	How many months pregnant were you when the last such pregnancy ended?  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 2004, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2004.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2004?	YES ..... 1 NO ..... 2	→ 237

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
236	When did the last such pregnancy that terminated before 2004 end?	MONTH ..... <table border="1" data-bbox="1145 237 1233 286"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> YEAR ..... <table border="1" data-bbox="1058 286 1233 336"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																	
237	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1145 356 1233 405"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO ..... 2 <table border="1" data-bbox="1145 405 1233 454"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MONTHS AGO ..... 3 <table border="1" data-bbox="1145 454 1233 504"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> YEARS AGO ..... 4 <table border="1" data-bbox="1145 504 1233 553"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994  BEFORE PREGNANT WITH LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996																	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<table border="1" data-bbox="1254 797 1278 846"> <tr><td></td></tr> <tr><td></td></tr> </table> → 301																
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8																	



**SECTION 3. CONTRACEPTION**

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>Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</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>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 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>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 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>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2</p>
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 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>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 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>YES ..... 1 NO ..... 2 ↓</p>	<p>YES ..... 1 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>YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2</p>	<p>YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		333
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <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?	YES ..... 1 NO ..... 2	322
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN 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. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	316 315 315 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311.  YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/>  May I see the package of pills you are using? May I see the package of condoms you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1  BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY)  PACKAGE NOT SEEN ..... 2	314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>Do you know the brand name of the (pills/condoms) you are using?</p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____ <input type="text"/> <input type="text"/></p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
314	<p>How many (pill cycles/condoms) did you get the last time?</p>	<p>NUMBER OF PILL CYCLES/CONDOMS... <input type="text"/> <input type="text"/> <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?</p>	<p>TALA SENE</p> <p>COST .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>FREE ..... 9995.95</p> <p>DON'T KNOW ..... 9998.98</p>	<p>→ 319A</p>
316	<p>In what facility did the sterilization take place?</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>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 1</p> <p>GOVT. HEALTH CENTRE ..... 2</p> <p>FAMILY PLANNING CLINIC ..... 3</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL CENTRE .... 4</p> <p>OVERSEAS ..... 5</p> <p>DON'T KNOW ..... 8</p>	
317	<p>CHECK 311/311A:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?</p>	<p>TALA SENE</p> <p>COST .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>FREE ..... 9995.95</p> <p>DON'T KNOW ..... 9998.98</p>	
319	<p>In what month and year was the sterilization performed?</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
319A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <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. 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>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 319/319A: YEAR IS 2004-2009 <input type="checkbox"/>  ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2003 OR EARLIER <input type="checkbox"/>  ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2004	THEN SKIP TO → 331
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.  USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2004. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.  ILLUSTRATIVE QUESTIONS: <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul>		
323	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 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 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→ 333 → 326 → 335        → 324A → 324A → 335 → 335
324	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTRE .... 12 FAMILY PLANNING CLINIC .... 13  PRIVATE MEDICAL SECTOR PRIVATE MEDICAL CENTRE ... 21 PEER TRAINER ..... 22	
324A	Where did you learn how to use the rhythm/lactational amenorrhea method?  IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	OTHER SOURCE HOTEL/NIGHT CLUB ..... 31 FRIEND/RELATIVE ..... 32  OVERSEAS ..... 41  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 → 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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?	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?	YES ..... 1 NO ..... 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
329	CHECK 326:  <div style="display: flex; justify-content: space-around;"> <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?      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>	YES ..... 1 NO ..... 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
331	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→ 335             → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTRE ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL CENTRE .... 21</p> <p>PEER TRAINER ..... 22</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB ..... 31</p> <p>FRIEND/RELATIVE ..... 32</p> <p>OVERSEAS ..... 41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method for family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF 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 CENTRE ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL CENTRE ..... D</p> <p>PEER TRAINER ..... E</p> <p>OTHER SOURCE</p> <p>HOTEL/NIGHT CLUB ..... F</p> <p>FRIEND/RELATIVE ..... G</p> <p>OVERSEAS ..... H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a peer trainer who talked to you about family planning?</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>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 401</p>
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	



**SECTION 4. PREGNANCY AND POSTNATAL CARE**

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">                     ONE OR MORE BIRTHS IN 2004 OR LATER                      <input type="checkbox"/>  ↓                 </div> <div style="text-align: center;">                     NO BIRTHS IN 2004 OR LATER                      <input type="checkbox"/>  → 546                 </div> </div>			
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME(S) _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME(S) _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME(S) _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← <input type="checkbox"/> LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 407) ← <input type="checkbox"/>	THEN ..... 1 (SKIP TO 426) ← <input type="checkbox"/> LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 426) ← <input type="checkbox"/>	THEN ..... 1 (SKIP TO 426) ← <input type="checkbox"/> LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 426) ← <input type="checkbox"/>
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE .. B NURSE AIDE ... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D  OTHER _____ X (SPECIFY)  NO ONE ..... Y (SKIP TO 414) ← <input type="checkbox"/>		
408	Where did you receive antenatal care for this pregnancy?  Anywhere else?  PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).	HOME YOUR HOME ... A OTHER HOME ... B  PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTRE ..... D  PRIVATE SECTOR MED. CENTRE... E  OVERSEAS ..... F  OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____															
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> DON'T KNOW ..... 98																	
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . <input type="text"/> DON'T KNOW ..... 98																	
411	As part of your antenatal care during this pregnancy, were any of the following done at least once?  Were you weighed?  Was your blood pressure measured?  Did you give a urine sample?  Did you give a blood sample?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WEIGHT ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>				YES	NO	WEIGHT ...	1	2	BP .....	1	2	URINE .....	1	2	BLOOD ...	1	2
	YES	NO																	
WEIGHT ...	1	2																	
BP .....	1	2																	
URINE .....	1	2																	
BLOOD ...	1	2																	
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 414) ←   DON'T KNOW ..... 8																	
413	Were you told where to go if you had any of these complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ←   DON'T KNOW ..... 8																	
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ... 8																	
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW ..... 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> DON'T KNOW .... 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH ..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR ..... 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO ..... <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets?	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
425	During this pregnancy, did you suffer from night blindness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
426	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
427	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8
428	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/>  DON'T KNOW . 99.98	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/>  DON'T KNOW . 99.98	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/>  DON'T KNOW . 99.98
429	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B NURSE AIDE ..... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E  OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B NURSE AIDE ..... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E  OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B NURSE AIDE ..... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E  OTHER _____ X (SPECIFY) NO ONE ..... Y
430	Where did you give birth to (NAME)?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	HOME YOUR HOME ... 11 (SKIP TO 437) ← OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE ..... 22  PRIVATE SECTOR MED. CENTRE... 31  OVERSEAS HOME ..... 41 (SKIP TO 437) ← HEALTH FACILITY 42  OTHER _____ 96 (SPECIFY) (SKIP TO 437) ←	HOME YOUR HOME ... 11 (SKIP TO 438) ← OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE ..... 22  PRIVATE SECTOR MED. CENTRE... 31  OVERSEAS HOME ..... 41 (SKIP TO 438) ← HEALTH FACILITY 42  OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←	HOME YOUR HOME ... 11 (SKIP TO 438) ← OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE ..... 22  PRIVATE SECTOR MED. CENTRE... 31  OVERSEAS HOME ..... 41 (SKIP TO 438) ← HEALTH FACILITY 42  OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . 998</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . 998</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . 998</p>
432	Was (NAME) delivered by caesarean section?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>
433	Before you were discharged after (NAME) was born, did any health care provider check on your health?	<p>YES . . . . . 1</p> <p>NO . . . . . 2 (SKIP TO 436) ←</p>	<p>YES . . . . . 1 (SKIP TO 448) ←</p> <p>NO . . . . . 2</p>	<p>YES . . . . . 1 (SKIP TO 448) ←</p> <p>NO . . . . . 2</p>
434	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . 998</p>		
435	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR . . . . . 1</p> <p>NURSE/MIDWIFE 2</p> <p>NURSE AIDE . . . 3</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . . . 4</p> <p>OTHER _____ 6 (SPECIFY) (SKIP TO 447) ←</p>		
436	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	<p>YES . . . . . 1 (SKIP TO 439) ←</p> <p>NO . . . . . 2 (SKIP TO 447) ←</p>	<p>YES . . . . . 1 (SKIP TO 448) ←</p> <p>NO . . . . . 2</p>	<p>YES . . . . . 1 (SKIP TO 448) ←</p> <p>NO . . . . . 2</p>
437	<p>Why didn't you deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>COST TOO MUCH . . A</p> <p>FACILITY NOT OPEN . B</p> <p>TOO FAR/ NO TRANSPORTATION . . . C</p> <p>DON'T TRUST FACILITY/POOR QUALITY SERVICE D</p> <p>NO FEMALE PROVIDER AT FACILITY . . E</p> <p>HUSBAND/FAMILY DID NOT ALLOW . . F</p> <p>NOT NECESSARY . . G</p> <p>NOT CUSTOMARY . . H</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____										
438	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 443) ←	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2										
439	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN 2 MONTHS, PROBE AND CORRECT 438.	HOURS 1 <table border="1" data-bbox="863 488 951 533"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="863 539 951 584"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="863 591 951 636"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998												
440	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 1 NURSE/MIDWIFE 2 NURSE AIDE ... 3  OTHER PERSON TRADITIONAL BIRTH ATTENDANT... 4  OTHER _____ 6 (SPECIFY)												
441	Where did this first check take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE ..... 22  PRIVATE SECTOR MED. CENTRE... 31  OVERSEAS ..... 41  OTHER _____ 96 (SPECIFY)												
442	CHECK 436:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 447)												
443	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 447) ← DON'T KNOW ..... 8												

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
444	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. 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>DON'T KNOW ... 998</p>								
445	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR ..... 1 NURSE/MIDWIFE.. 2 NURSE AIDE ... 3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT... 4 OTHER _____ 6 (SPECIFY)</p>								
446	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE ..... 22  PRIVATE SECTOR MED. CENTRE... 31  OVERSEAS ..... 41 OTHER _____ 96 (SPECIFY)</p>								
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1 (SKIP TO 449) ←</p> <p>NO ..... 2 (SKIP TO 450) ←</p>								
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>									
449	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>						
450	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT OR OR <input type="checkbox"/> NANT UNSURE (SKIP TO 452) ←</p>								
451	<p>Have you begun to have sexual intercourse again since the birth of (NAME)?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 453) ←</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
453	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←	YES ..... 1 NO ..... 2 (SKIP TO 460) ←	YES ..... 1 NO ..... 2 (SKIP TO 460) ←
454	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
455	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 457) ←		
456	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G  OTHER _____ X (SPECIFY)		
457	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 459) ←		
458	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 461) ← NO ..... 2		
459	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
460	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 463) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (SKIP TO 463) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (SKIP TO 463) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
461	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
462	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
463	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
464		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

**SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION**

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502	LINE NUMBER FROM 212	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				
		LINE NUMBER	<input type="text"/>	<input type="text"/>	LINE NUMBER	<input type="text"/>	<input type="text"/>	LINE NUMBER	<input type="text"/>	<input type="text"/>		
503	FROM 212 AND 216	NAME _____			NAME _____			NAME _____				
		LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 543)	LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	(GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 543)	LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 543)		
504	Do you have a card where (NAME'S) vaccinations are written down?  IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ←	YES, NOT SEEN ..... 2 (SKIP TO 508) ←	NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ←	YES, NOT SEEN ..... 2 (SKIP TO 508) ←	NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ←	YES, NOT SEEN ..... 2 (SKIP TO 508) ←	NO CARD ..... 3		
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 508) ←	NO ..... 2		YES ..... 1 (SKIP TO 508) ←	NO ..... 2		YES ..... 1 (SKIP TO 508) ←	NO ..... 2			
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
	BCG (AT BIRTH)	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hep B (AT BIRTH)	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DTP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hep B1	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hib 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hib 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hib 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	O1	<input type="text"/>	<input type="text"/>	<input type="text"/>	O1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DTP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hep B2	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hib 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hib 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hib 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	O2	<input type="text"/>	<input type="text"/>	<input type="text"/>	O2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DTP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hep B3	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	HB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	O3	<input type="text"/>	<input type="text"/>	<input type="text"/>	O3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MMR1	<input type="text"/>	<input type="text"/>	<input type="text"/>	MMR1	<input type="text"/>	<input type="text"/>	<input type="text"/>	MMR1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MMR2	<input type="text"/>	<input type="text"/>	<input type="text"/>	MMR2	<input type="text"/>	<input type="text"/>	<input type="text"/>	MMR2	<input type="text"/>	<input type="text"/>	<input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
506A	CHECK 506:	BCG TO MMR 2 ALL RECORDED <input type="checkbox"/> (GO TO 510)	OTHER <input type="checkbox"/>	BCG TO MMR 2 ALL RECORDED <input type="checkbox"/> (GO TO 510)	OTHER <input type="checkbox"/>	BCG TO MMR 2 ALL RECORDED <input type="checkbox"/> (GO TO 510)	OTHER <input type="checkbox"/>
507	Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, HEP B AT BIRTH, HEP B 1-3, HIB 1-3, DTP 1-3, OPV 1-3, AND MMR VACCINES.	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO ..... 2 (SKIP TO 510) DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO ..... 2 (SKIP TO 510) DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO ..... 2 (SKIP TO 510) DON'T KNOW ..... 8			
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES ..... 1 NO ..... 2 (SKIP TO 510) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510) DON'T KNOW ..... 8			
509	Please tell me if (NAME) received any of the following vaccinations:						
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
509B	Hepatitis B vaccine, that is, an injection given in the thigh or arm, to prevent him/her from getting liver disease?	YES ..... 1 NO ..... 2 (SKIP TO 509E) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509E) DON'T KNOW ..... 8			
509C	Was the first Hepatitis B vaccine received at birth or later?	AT BIRTH ..... 1 LATER ..... 2	AT BIRTH ..... 1 LATER ..... 2	AT BIRTH ..... 1 LATER ..... 2			
509D	How many times was a Hepatitis B vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>			
509E	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 509H) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509H) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509H) DON'T KNOW ..... 8			
509F	Was the first polio vaccine received six weeks after birth or later?	6 WEEKS ... 1 LATER ..... 2	6 WEEKS ... 1 LATER ..... 2	6 WEEKS ... 1 LATER ..... 2			
509G	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>			
509H	A DTP vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 509J) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509J) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509J) DON'T KNOW ..... 8			

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
509I	How many times was a DTP vaccination received?	NUMBER OF TIMES ..... <input type="checkbox"/>	NUMBER OF TIMES ..... <input type="checkbox"/>	NUMBER OF TIMES ..... <input type="checkbox"/>
509J	A Hib vaccination against flu, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 509J) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509J) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 509J) ←   DON'T KNOW ..... 8
509K	How many times was Hib vaccination received?	NUMBER OF TIMES ..... <input type="checkbox"/>	NUMBER OF TIMES ..... <input type="checkbox"/>	NUMBER OF TIMES ..... <input type="checkbox"/>
509L	A measles injection or an MMR injection - that is, a shot in the arm at the age of 12 and 15 months - to prevent him/her from getting measles, mumps or rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
509M	How many times was a MMR vaccination received?	NUMBER OF TIMES ..... <input type="checkbox"/>	NUMBER OF TIMES ..... <input type="checkbox"/>	NUMBER OF TIMES ..... <input type="checkbox"/>
510	In the last seven days, did (NAME) take iron syrup like this?  SHOW SAMPLE OF IRON SYRUP.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
511	Has (NAME) taken any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 525) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ←   DON'T KNOW ..... 8
513	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
514	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).  Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
515	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
516	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 521) ←	YES ..... 1 NO ..... 2 (SKIP TO 521) ←	YES ..... 1 NO ..... 2 (SKIP TO 521) ←
517	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B  PRIVATE SECTOR MED. CENTRE... C  OTHER SOURCE TRADITIONAL HEALER ..... D  OVERSEAS ..... E  OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B  PRIVATE SECTOR MED. CENTRE... C  OTHER SOURCE TRADITIONAL HEALER ..... D  OVERSEAS ..... E  OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B  PRIVATE SECTOR MED. CENTRE... C  OTHER SOURCE TRADITIONAL HEALER ..... D  OVERSEAS ..... E  OTHER _____ X (SPECIFY)
518	CHECK 517:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 520) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 520) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 520) ←
519	Where did you first seek advice or treatment?  USE LETTER CODE FROM 517.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
520	How many days after the diarrhea began did you first seek advice or treatment for (NAME)?  IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
521	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:  a) A fluid made from a special packet called ORS or The hospital-recommended: b) homemade salt and sugar solution? c) coconut juice?	YES NO DK FLUID FROM ORS PKT .. 1 2 8  HOMEMADE FLUID ... 1 2 8  COCONUT 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8  HOMEMADE FLUID ... 1 2 8  COCONUT 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8  HOMEMADE FLUID ... 1 2 8  COCONUT 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
523	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
524	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) . . . C UNKNOWN PILL OR SYRUP . . . D  INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G  (IV) INTRAVENOUS . H  HOME REMEDY/ HERBAL MEDICINE ..... I  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) . . . C UNKNOWN PILL OR SYRUP . . . D  INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G  (IV) INTRAVENOUS . H  HOME REMEDY/ HERBAL MEDICINE ..... I  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY . . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) . . . C UNKNOWN PILL OR SYRUP . . . D  INJECTION ANTIBIOTIC ..... E NON-ANTIBIOTIC . F UNKNOWN INJECTION . . . G  (IV) INTRAVENOUS . H  HOME REMEDY/ HERBAL MEDICINE ..... I  OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
526	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 529) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 529) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 529) ← DON'T KNOW ..... 8
527	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
528	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 530) ←	CHEST ONLY . . . 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 530) ←	CHEST ONLY . . . 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 530) ←
529	CHECK 525:  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 543)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 543)	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, TO 543)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	<p>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?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>
531	<p>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?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>
532	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 537) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 537) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 537) ←</p>
533	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTRE ..... B</p> <p>PRIVATE SECTOR MED. CENTRE... C</p> <p>OTHER SOURCE TRADITIONAL HEALER ..... D</p> <p>OVERSEAS ..... E</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTRE ..... B</p> <p>PRIVATE SECTOR MED. CENTRE... C</p> <p>OTHER SOURCE TRADITIONAL HEALER ..... D</p> <p>OVERSEAS ..... E</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTRE ..... B</p> <p>PRIVATE SECTOR MED. CENTRE... C</p> <p>OTHER SOURCE TRADITIONAL HEALER ..... D</p> <p>OVERSEAS ..... E</p> <p>OTHER _____ X (SPECIFY)</p>
534	<p>CHECK 533:</p>	<p>TWO OR ONLY [ ] MORE ONE [ ] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 536) ←</p>	<p>TWO OR ONLY [ ] MORE ONE [ ] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 536) ←</p>	<p>TWO OR ONLY [ ] MORE ONE [ ] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 536) ←</p>
535	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 533.</p>	<p>FIRST PLACE ... [ ]</p>	<p>FIRST PLACE ... [ ]</p>	<p>FIRST PLACE ... [ ]</p>
536	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	<p>DAYS ..... [ ][ ]</p>	<p>DAYS ..... [ ][ ]</p>	<p>DAYS ..... [ ][ ]</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
537	Is (NAME) still sick with a (fever/cough)?	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
538	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 543) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 543) 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 543) DON'T KNOW ..... 8
539	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B  OTHER DRUGS PARACETAMOL/ PANADOL ... C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B  OTHER DRUGS PARACETAMOL/ PANADOL ... C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B  OTHER DRUGS PARACETAMOL/ PANADOL ... C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
540	CHECK 539: CODE A CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 543)	YES <input type="checkbox"/> NO <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 543)	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 543)
541	Did you already have the antibiotic pill/syrup at home when the child became ill?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
542		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 543.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 543.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 543.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
543	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		546																				
544	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06 OTHER _____ 96 (SPECIFY)																					
545	CHECK 522(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		547																				
546	Have you ever heard of a special product called ORS or vai masima you can get for the treatment of diarrhea?	YES ..... 1 NO ..... 2																					
547	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2006 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2006 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 548) _____ (NAME)		601																				
548	Now I would like to ask you about liquids or foods (NAME FROM 547) had yesterday during the day or at night. Did (NAME FROM 547) (drink/eat): Plain water? Vaiauli Commercially produced infant formula such as SMA, S-26? Any commercially fortified baby food or cereal like Cerelac, Gerber, etc? Any (other) porridge or gruel?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY CEREAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER PORRIDGE/GRUEL..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER .....	1	2	8	FORMULA .....	1	2	8	BABY CEREAL .....	1	2	8	OTHER PORRIDGE/GRUEL..	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																										
549	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 547) may have had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 547)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk?</p> <p>b) Tea or coffee?</p> <p>c) Soft drinks?</p> <p>d) Any other liquids?</p> <p>e) Bread, rice, noodles, or other foods made from grains?</p> <p>f) Pumpkin, carrots, squash, or breadfruit that are yellow or orange inside?</p> <p>g) Giant taro, taro, yams, or any other foods made from roots?</p> <p>h) Cabbages, pele leaves and any other dark green, leafy vegetables?</p> <p>i) Paw-paw, mango, orange, ripe breadfruit?</p> <p>j) Any other fruits or vegetables such as apple, pear, banana, pineapple, coconut etc?</p> <p>k) Liver, kidney, heart or other organ meats?</p> <p>l) Any fresh meat, such as beef, pork, lamb, chicken, or duck?</p> <p>m) Any canned or frozen meat or poultry?</p> <p>n) Eggs?</p> <p>o) Fresh, canned, smoked or dried fish or shellfish?</p> <p>p) Any foods made from beans, peas, lentils, or nuts?</p> <p>q) Cheese, yogurt or other milk products?</p> <p>r) Any oil, fats, or butter, or foods made with any of these such as coconut cream?</p> <p>s) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</p> <p>t) Any other solid or semi-solid food?</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>s</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>t</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</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	s	1	2	8	1	2	8	t	1	2	8	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
550	<p>CHECK 548 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 549 CATEGORIES e THROUGH t FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	<p>601</p>
551	<p>How many times did (NAME FROM 547) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="checkbox"/></p> <p>DON'T KNOW ..... 8</p>	

**SECTION 6. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		613								
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5	→ 604 → 613 → 609 → 608								
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998									→ 608 → 613 → 608
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		609								
605	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		613								
606	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		609								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?      Can you tell me why you are not using a method?</p> <p>Any other reason?      Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
608	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 613
609	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 611 → 613
610	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>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>	→ 613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</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 OPPOSED ..... 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 USE ..... 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>→ 613</p>
612	<p>Would you ever use a contraceptive method if you were married?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
613	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/>      NO LIVING CHILDREN <input type="checkbox"/></p> <p style="margin-left: 100px;">↓    ↓</p> <p>If you could go back to the time when 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>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 615</p> <p>→ 615</p>
614	<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 style="margin-left: 20px;">BOYS      GIRLS      EITHER</p> <p>NUMBER <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	In the last few months have you:  Heard about family planning on the radio?  Seen about family planning on the television?  Read about family planning in a newspaper or magazine?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
616	CHECK 110:  CURRENTLY MARRIED <b>OR</b> LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 701
617	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 619 → 621
618	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
619	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY)	
620	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 701
621	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 110:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>DIVORCED/ SEPARATED OR WIDOWED <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 703</p> <p>→ 707</p>	
702	<p>How old was your husband/partner on his last birthday?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p>	
703	<p>Did your (former) husband/partner ever attend school?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 706</p>
704	<p>What was the highest level of school he attended: primary, secondary, higher or what?</p>	<p>PRIMARY OR LOWER ..... 1</p> <p>SECONDARY ..... 2</p> <p>VOCATIONAL ..... 3</p> <p>HIGHER/UNIVERSITY ..... 4</p> <p>OLD MISSION SCHOOL ..... 5</p> <p>DON'T KNOW ..... 8</p>	<p>→ 706</p>
705	<p>What was the highest year he completed at that level?</p> <p>IF HIGHER/UNIVERSITY LEVEL, RECORD THE TOTAL NUMBER OF YEARS COMPLETED.</p>	<p>LESS THAN ONE YEAR ..... 00</p> <p>YEAR 1/ PRIMER 1/ YEAR 9 / FORM 3 01</p> <p>YEAR 2/ PRIMER 2/ YEAR 10/ FORM 4 02</p> <p>YEAR 3/ PRIMER 3/ YEAR 11/ FORM 5 03</p> <p>YEAR 4 / STD 1-2/ YEAR 12/ UPPER 5 04</p> <p>YEAR 5/ STD 3/ YEAR 13/ FORM 6 05</p> <p>YEAR 6/ STD 4 ..... 06</p> <p>YEAR 7/ FORM 1 ..... 07</p> <p>YEAR 8/ FORM 2 ..... 08</p> <p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>DIVORCED/ SEPARATED OR WIDOWED <input type="checkbox"/></p> <p>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (former) husband's/partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
707	<p>Aside from your own housework, have you done any other work in the last seven days?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 711</p>
708	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 711</p>
709	<p>Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 711</p>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 718
711	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
712	CHECK 711: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 714
713	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
714	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR ORGANIZATION/GOVERNMENT/ PRIVATE EMPLOYER ..... 2 SELF-EMPLOYED ..... 3	
715	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
716	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE ..... 3	
717	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
718	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 727
719	CHECK 717: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 722
720	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . 3 OTHER _____ 6 (SPECIFY)	
721	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 723

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER ..... 6 (SPECIFY)	
723	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1      2      3      4      6	
724	Who usually makes decisions about making major household purchases?	1      2      3      4      6	
725	Who usually makes decisions about making purchases for daily household needs?	1      2      3      4      6	
726	Who usually makes decisions about visits to your family or relatives?	1      2      3      4      6	
727	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 ... 1    2    3 HUSBAND ..... 1    2    3 OTHER MALES ..... 1    2    3 OTHER FEMALES ... 1    2    3	
728	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him?  If she neglects the children?  If she argues with him?  If she refuses to have sex with him?  If she burns the food?  If she comes home late from work or community function?	YES    NO    DK  GOES OUT ..... 1    2    8  NEGL. CHILDREN ... 1    2    8  ARGUES ..... 1    2    8  REFUSES SEX ..... 1    2    8  BURNS FOOD ..... 1    2    8  COMES HOME LATE .. 1    2    8	

**SECTION 8. HIV/AIDS and SEXUALLY TRANSMITTED DISEASES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
801	<p>Now I would like to talk about something else. HIV is a virus (infection) that can be passed from person to person. If people catch HIV they can become ill. This illness is called AIDS. Prior to this interview, have you ever heard of HIV or the disease called AIDS?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 852																		
802	<p>CHECK Q. 115 and 116: CODE '2', '3', or '4' CIRCLED IN 115 OR 116 OR NOT ASKED <input type="checkbox"/> CODE '1' CIRCLED IN 115 &amp; 116 OR CODE '5' CIRCLED IN 115 <input type="checkbox"/></p>		→ 804																		
803	<p>The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS. Have you ever :</p> <p>a. Read messages about HIV or AIDS in newspapers or magazines?</p> <p>b. Seen leaflets, brochures, or booklets on HIV or AIDS?</p> <p>c. Gotten information on HIV or AIDS from the internet?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center"><u>YES</u></th> <th align="center"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>NEWSPAPER/MAGAZINE . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>LEAFLETS/BOOKLETS . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>INTERNET . . . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	NEWSPAPER/MAGAZINE . . .	1	2	LEAFLETS/BOOKLETS . . .	1	2	INTERNET . . . . .	1	2							
	<u>YES</u>	<u>NO</u>																			
NEWSPAPER/MAGAZINE . . .	1	2																			
LEAFLETS/BOOKLETS . . .	1	2																			
INTERNET . . . . .	1	2																			
804	<p>READ INTRODUCTORY STATEMENT ONLY IF Q803 WAS NOT ASKED: The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS.</p> <p>Have you ever</p> <p>a. Seen messages about HIV or AIDS on billboards, signs or posters?</p> <p>b. Seen/heard messages about HIV or AIDS on TV?</p> <p>c. Heard messages about HIV or AIDS on radio?</p> <p>d. Attended a community event about HIV or AIDS?</p> <p>e. Received information about AIDS or HIV, the virus that causes AIDS, from an outreach work, that is someone who came to your community and talked about HIV or AIDS?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center"><u>YES</u></th> <th align="center"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>SIGNS/POSTERS . . . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TV . . . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RADIO . . . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>COMMUNITY EVENT . . . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OUTREACH WORKER . . . . .</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	SIGNS/POSTERS . . . . .	1	2	TV . . . . .	1	2	RADIO . . . . .	1	2	COMMUNITY EVENT . . . . .	1	2	OUTREACH WORKER . . . . .	1	2	
	<u>YES</u>	<u>NO</u>																			
SIGNS/POSTERS . . . . .	1	2																			
TV . . . . .	1	2																			
RADIO . . . . .	1	2																			
COMMUNITY EVENT . . . . .	1	2																			
OUTREACH WORKER . . . . .	1	2																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
			YES	NO	
	f. Participated in an HIV or AIDS peer education program?	PEER EDUCATION . . . . .	1	2	
	g. Participated in another type of HIV or AIDS education program such as a wokshop or school program?	OTHER EDUCATION . . . . .	1	2	
	h. Discussed AIDS OR HIV, the virus that causes AIDS, with other persons such as friend, family members, or work colleagues?	FAMILY/FRIENDS . . . . .	1	2	
805	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one, uninfected, faithful sex partner?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
806	Can people get HIV from mosquito bites?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
807	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
808	Can people get HIV by sharing food with a person who has HIV or AIDS?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
809	Can people reduce their chance of getting HIV by not having sexual intercourse at all?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
810	Can people get HIV from the saliva of someone who has HIV or AIDS?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
811	Can people get HIV by having injections with a needle or syringe that has already been used by someone else?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
812	Can only gay men and/or faafafines (drag queens) get HIV?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
813	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
814	Is it possible for a healthy-looking person to have HIV?	YES . . . . . NO . . . . . DON'T KNOW . . . . .	1 2 8		
815	Can HIV, the virus that causes AIDS, be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?		YES NO DK		
		DURING PREG. . . . . DURING DELIVERY . . . . . BREASTFEEDING . . . . .	1 1 1	2 2 2	8 8 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
816	CHECK 815: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	818																
817	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
818	Have you heard about special antiretroviral drugs that people infected with HIV can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
819	CHECK 208 AND 215:  LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2004 ↓	NO BIRTHS <input type="checkbox"/> →  LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2004 →	829 829																
820	CHECK 407 FOR LAST BIRTH: HAD <input type="checkbox"/> ANTENATAL CARE ↓	NO <input type="checkbox"/> ANTENATAL CARE →	829																
821	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
822	During any of the antenatal visits for your last birth, did anyone talk to you about:  Babies getting HIV from their mother?  Things that you can do to prevent getting HIV?  Getting tested for the HIV?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
823	Were you offered a test for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2																	
824	I don't want to know the results, but were you tested for the HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	829																
825	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	
826	Where was the test done?	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 1 GOVT. HEALTH CENTRE ..... 2  PRIVATE MEDICAL SECTOR PRIVATE MEDICAL CENTRE ..... 3  OVERSEAS ..... 4 OTHER ..... 6 (SPECIFY)																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 830
828	When was the last time you were tested for HIV?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 836
829	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES ..... 1 NO ..... 2	→ 834
830	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
831	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	
832	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
833	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 1 GOVT. HEALTH CENTRE ..... 2  PRIVATE MEDICAL SECTOR PRIVATE MEDICAL CENTRE ... 3  OVERSEAS ..... 4 OTHER ..... 6 (SPECIFY)	→ 836
834	Do you know of a place where people can go to get tested for HIV?	YES ..... 1 NO ..... 2	→ 836
835	Where is that? Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTRE ..... B  PRIVATE MEDICAL SECTOR PRIVATE MEDICAL CENTRE ... C  OVERSEAS ..... D OTHER ..... X (SPECIFY)	
836	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
837	Would you share a meal with a person if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
838	If a member of your family got infected with HIV, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
839	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
840	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
841	Should the names of all persons with HIV be displayed in a public place for everyone to see?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
842	Should all persons with HIV live apart from the general community?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
843	Should it be a criminal offence to knowingly pass HIV onto someone else?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
844	Should all newcomers to Samoa be required to take a test for HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
845	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have HIV?	YES ..... 1 NO ..... 2 DK ANYONE WITH HIV ..... 3	→ 850
846	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have HIV?	YES ..... 1 NO ..... 2	
847	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have HIV?	YES ..... 1 NO ..... 2	
848	CHECK 845, 846, AND 847: NOT A SINGLE <input type="checkbox"/> YES' ↓	AT LEAST <input type="checkbox"/> ONE 'YES' →	→ 850
849	Do you personally know someone who has or is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2	
850	Do you agree or disagree with the following statement: People with HIV or AIDS should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
851	Do you agree or disagree with the following statement: People with HIV or AIDS should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
852	CHECK Q. 801. HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
853	<p>CHECK 852: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/> → 901</p>																				
854	<p>Have you ever heard about the following STI diseases?</p> <p>a. Gonorrhoea</p> <p>b. Syphilis</p> <p>c. Chlamydia</p> <p>d. Genital warts</p> <p>e. Genital herpes</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>GONORRHEA .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SYPHILLIS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHLAMYDIA .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GENITAL WARTS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GENITAL HERPES ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	GONORRHEA .....	1	2	SYPHILLIS .....	1	2	CHLAMYDIA .....	1	2	GENITAL WARTS .....	1	2	GENITAL HERPES ...	1	2	
	YES	NO																			
GONORRHEA .....	1	2																			
SYPHILLIS .....	1	2																			
CHLAMYDIA .....	1	2																			
GENITAL WARTS .....	1	2																			
GENITAL HERPES ...	1	2																			
855	<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>YES .....</p> <p>NO .....</p> <p>DON'T KNOW .....</p> <p>1</p> <p>2</p> <p>8</p>																			
856	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES .....</p> <p>NO .....</p> <p>DON'T KNOW .....</p> <p>1</p> <p>2</p> <p>8</p>																			
857	<p>CHECK 855, AND 856:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 860</p>																				
858	<p>The last time you had (PROBLEM FROM 855/856), did you seek any kind of advice or treatment?</p>	<p>YES .....</p> <p>NO .....</p> <p>1</p> <p>2</p> <p>→ 860</p>																			
859	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL FACILITY, 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 CENTRE ..... B</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL CENTRE ... C</p> <p>OTHER SOURCE</p> <p>TRADITIONAL HEALER ..... D</p> <p>FRIEND/RELATIVE ..... E</p> <p>OVERSEAS ..... F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																			
860	<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>YES .....</p> <p>NO .....</p> <p>DON'T KNOW .....</p> <p>1</p> <p>2</p> <p>8</p>																			



**SECTION 9. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
901	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 908																											
902	CHECK Q. 115 and 116: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '2', '3', OR '4' CIRCLED IN 115 OR 116 OR NOT ASKED</p> <p>↓</p> </div> <div style="text-align: center;"> <p>CODE '1' CIRCLED IN 115 &amp; 116 OR CODE '5' CIRCLED IN 115</p> </div> </div>		→ 904																											
903	The following is a list of sources of information on tuberculosis or TB. Have you ever done any of the following?  a. Read messages about TB in newspapers or magazines?  b. Seen leaflets, brochures, or booklets on TB?  c. Gotten information on TB from the internet?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>NEWSPAPER/MAGAZINE . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS/BOOKLETS . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INTERNET . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	NEWSPAPER/MAGAZINE . . .	1	2	LEAFLETS/BOOKLETS . . . .	1	2	INTERNET . . . . .	1	2																
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NEWSPAPER/MAGAZINE . . .	1	2																												
LEAFLETS/BOOKLETS . . . .	1	2																												
INTERNET . . . . .	1	2																												
904	READ INTRODUCTORY STATEMENT ONLY IF Q903 WAS NOT ASKED: The following is a list of sources of information on tuberculosis or TB. Have you ever done any of the following?  a. Seen messages about TB on billboards, signs or posters?  b. Seen/heard messages about TB on TV?  c. Heard messages about TB on the radio?  d. Participated in a TB peer education program?  e. Participated in another type of TB education program such as a workshop or school program?  f. Attended a community event about TB such as the women community workshop on World TB Day?  g. Received information about TB from an outreach work, that is, someone who came to your community and talked about TB?  h. Discussed TB with other persons such as friends, family members, or work colleagues?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>SIGNS/POSTERS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TV . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PEER EDUCATION . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER EDUCATION . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY EVENT . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OUTREACH WORKER . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY/FRIENDS . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	SIGNS/POSTERS . . . . .	1	2	TV . . . . .	1	2	RADIO . . . . .	1	2	PEER EDUCATION . . . . .	1	2	OTHER EDUCATION . . . . .	1	2	COMMUNITY EVENT . . . .	1	2	OUTREACH WORKER . . . .	1	2	FAMILY/FRIENDS . . . . .	1	2	
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905	How does tuberculosis spread from one person to another?  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 BITES . . . . . F THROUGH SALIVA . . . . . G THROUGH SMOKING . . . . . H  OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
906	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
907	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DONT KNOW/NOT SURE/ DEPENDS ..... 8	
908	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS 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 → 912	
909	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS 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 → 912	
910	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 1 GOVT. HEALTH CENTRE ..... 2  PRIVATE MEDICAL SECTOR PRIVATE MEDICAL CENTRE .... 3  OVERSEAS ..... 4 OTHER ..... 6 (SPECIFY)	
911	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
912	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 914
913	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
914	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 916
915	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A TAPAA SAMOA ..... B  OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
916	<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>Getting permission to go?</p> <p>Getting money needed for treatment?</p> <p>The distance to the health facility?</p> <p>Having to take transport?</p> <p>Not wanting to go alone?</p> <p>Concern that there may not be a female health provider?</p> <p>Concern that there may not be any health provider?</p> <p>Concern that there may be no drugs available?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">BIG PROB- LEM</td> <td style="text-align: center;">NOT A BIG PROB- LEM</td> </tr> <tr> <td>PERMISSION TO GO ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GETTING MONEY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTANCE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TAKING TRANSPORT . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GO ALONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO FEMALE PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO PROVIDER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO DRUGS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </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 PROVIDER	1	2	NO PROVIDER ...	1	2	NO DRUGS ...	1	2	
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NO DRUGS ...	1	2																												
917	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 919																											
918	What type of health insurance?  RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER ..... A SOCIAL SECURITY ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER ..... X (SPECIFY)																												
919	Are you involved in the MOH and MWCS D physical activity campaigns?	YES ..... 1 NO ..... 2 NO ANSWER, REFUSED ..... 6																												
920	How much servings of fruits do you usually have in a week? (1 SERVING = 1/2 CUP)  RECORD '00' IF NO SERVING OF FRUITS IN A WEEK.	NO. OF SERVINGS ..... <input type="text"/>																												
921	How much servings of vegetables do you usually have in a week? (1 SERVING = 1/2 CUP OF COOKED VEGIES) (1 SERVING = 1 CUP OF GREEN SALAD) RECORD '00' IF NO SERVING OF VEGETABLES IN A WEEK.	NO. OF SERVINGS ..... <input type="text"/>																												
922	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>																												

**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
0	07	JUL	06	0
0	06	JUN	07	0
9	05	MAY	08	9
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	

12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
0	06	JUN	19	0
8	05	MAY	20	8
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
7	05	MAY	32	7
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
6	05	MAY	44	6
	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
5	05	MAY	56	5
	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
4	05	MAY	68	4
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

**CODES Principle Occupation**

01. **Managerial, Legislator and Executive officials:**

Main tasks consist of determining and formulating government policies, public laws and regulations and directing activities of enterprises and organizations

*(Examples: Members of parliament and cabinet ministers, Chief Justice, Ambassadors, CEO and Deputy CEO of Government Ministries, Village pulenuu, Village High Chiefs, Church Executive Leaders like Chairman of EFKS, Heads of Schools & School Inspectors, Managers and Directors of Companies and Corporations, etc)*

02. **Professionals:**

Main tasks require a high level of professional knowledge and experience in the fields of physical and life sciences, or social sciences and humanities requiring **University level Degree or Specialized training**

*(Examples: Usually persons holding Senior, PEO to ACEO levels in government offices and professional jobs like Teachers, Nurses, Doctors, Dentists, Lawyers, Judges, Civil Engineers, Architect, Motor Mechanics, Pharmacists, Mathematicians, Statisticians, Demographers, Accountants, Auditor, Journalists, Author, Artists, Priest, Librarians, Pastor, Architects, Electrician, Singer, Musician, Vet, Specialist in any field, etc)*

03. **Technicians and associate professionals:**

Main tasks consist of carrying out technical work connected with the application of concepts and operational methods in fields of physical and life sciences or social sciences and humanities requiring **Post-secondary Education not equivalent to University degree**

*(Examples: Usually these persons are in the next level to the Senior level and they assist the professionals like Computer technicians, Teacher assistant, Nurse assistant, Research Assistant, Lecturer Assistant, Electrical Assistant, Engineer Assistant, Library Assistant, or any other Specialist Assistant like Statistical Officer, GIS Officer, etc)*

04. **Clerks:**

Main tasks consist of performing secretarial duties, operating word processors and other office machines, recording and computing numerical data, and performing a number of customer-oriented clerical duties, requiring **Secondary Education** and experience necessary to organize, store, compute and retrieve information.

*(Examples: Computer operator, Secretarial work, Data operator, Statistical clerk, Statistical Investigator, Accounts clerk, Office clerk, Bank's clerk, Bank Teller, Loan's clerk, Debt Collector, Payroll officer, etc)*

05. **Service workers and shop and market sales:**

Main tasks require the knowledge at **Secondary education** and experience necessary to **provide personal and protective services**, and, to **sell goods in shops and at markets** such as providing services related to travel, housekeeping, catering, personal care, protection of individuals and property, and to maintaining law and order (police).

*(Examples: Travel agent, Shop salesman, Shop sales woman, Waitress, Waiter, Bartender, Catering assistants, Chef, Tailor, Hairdresser, Tour guide, Security officer, Police officers, Firemen officers, Hotel Cook or Chef, Air hostess, Deliver Shop sales, Retail salesperson, Market Fresh Flower sales, Flower Arrangement Person, Taxi driver, Bus driver, Flea Market sellers, etc)*

06. **Skilled agricultural or poultry or livestock workers:**

Main tasks consist of growing and selling agricultural produce requiring **sufficient knowledge and experience** to carry out these activities.

*(Examples: Taro planter, Banana planter, Chicken farmer, Cattle farmer, etc)*

07. **Skilled fishery workers:**

Main tasks consist of catching, cultivating and selling fish requiring **sufficient knowledge and experience** to carry out these activities

*(Examples: Fisherman, Fish-farmer)*