

# QUESTIONNAIRE

*Appendix E*



AGE DETERMINATION TABLE

Current Age	Year of birth			Current Age	Year of birth
	Has not had birthday in 2016	Has already had birthday in 2016	Don't know		Has not had birthday in 2016
0	2015			25	1990
1	2014	2015		26	1989
2	2013	2014		27	1988
3	2012	2013		28	1987
4	2011	2012		29	1986
5	2010	2011		30	1985
6	2009	2010		31	1984
7	2008	2009		32	1983
8	2007	2008		33	1982
9	2006	2007		34	1981
10	2005	2006		35	1980
11	2004	2005		36	1979
12	2003	2004		37	1978
13	2002	2003		38	1977
14	2001	2002		39	1976
15	2000	2001		40	1975
16	1999	2000		41	1974
17	1998	1999		42	1973
18	1997	1998		43	1972
19	1996	1997		44	1971
20	1995	1996		45	1970
21	1994	1995		46	1969
22	1993	1994		47	1968
23	1992	1993		48	1967
24	1991	1992		49	1966
					1967



All information collected at this survey will be treated as strictly confidential. Individual information will not be released.



**Demographic and Health Survey  
Sri Lanka  
2016**

Conducted by the Department of Census and Statistics  
for the Ministry of Health and Indigenous Medicine  
with assistance from the World Bank

AGE DETERMINATION TABLE

Current Age	Year of birth			Year of birth		
	Has not had birthday in 2016	Has already had birthday in 2016	Current Age	Has not had birthday in 2016	Has already had birthday in 2016	Has not had birthday in 2016
				Don't know	Don't know	Don't know
50	1965	1966	75	1940	1941	
51	1964	1965	76	1939	1940	
52	1963	1964	77	1938	1939	
53	1962	1963	78	1937	1938	
54	1961	1962	79	1936	1937	
55	1960	1961	80	1935	1936	
56	1959	1960	81	1934	1935	
57	1958	1959	82	1933	1934	
58	1957	1958	83	1932	1933	
59	1956	1957	84	1931	1932	
60	1955	1956	85	1930	1931	
61	1954	1955	86	1929	1930	
62	1953	1954	87	1928	1929	
63	1952	1953	88	1927	1928	
64	1951	1952	89	1926	1927	
65	1950	1951	90	1925	1926	
66	1949	1950	91	1924	1925	
67	1948	1949	92	1923	1924	
68	1947	1948	93	1922	1923	
69	1946	1947	94	1921	1922	
70	1945	1946	95	1920	1921	
71	1944	1945	96	1919	1920	
72	1943	1944	97	1918	1919	
73	1942	1943	98	1917	1918	
74	1941	1942	99	1916	1917	

## Introduction and Consent

Good morning/Good afternoon

Hello. My name is ..... and I am working in the Department of Census and Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation for this survey. The survey usually takes about 30 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers given by you will be confidential. Participation in the survey is completely voluntary. 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 any time. However, I hope you will participate in the survey since your views are very 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 AGREED TO THE INTERVIEW      1  
RESPONDENT DID NOT AGREE TO THE  
INTERVIEW

2 ↗  
COMPLETE THE RELEVANT  
INFORMATION ON PAGE 1



## HOUSEHOLD QUESTIONNAIRE

LINE NO	PART A - 1 DEMOGRAPHIC CHARACTERISTICS DEMOGRAPHIC CHARACTERISTICS (FOR ALL PERSONS)									ALL PERSONS AGED 10 OR OLDER	ELIGIBILITY	
	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		RELIGION	ETHNICITY	DATE OF BIRTH & AGE	AGE			
	<p>Please give me the names of persons who usually live in your household starting with the head of household.</p> <p>FOLLOWING STEPS SHOULD BE TAKEN TO LIST THE NAMES OF HOUSEHOLD MEMBERS (USUAL RESIDENTS)</p> <ol style="list-style-type: none"> <li>1. START FROM THE HEAD OF THE HOUSEHOLD &amp; WRITE THE NAMES OF ALL (USUAL RESIDENTS) MEMBERS IN ORDER</li> <li>2. AFTER LISTING THE NAMES, COMPLETE COL. 3 - 6</li> <li>3. THEN ASK QUESTIONS 2A,2B &amp; 2C (TO BE SURE THAT THE LISTING IS COMPLETE)</li> <li>4. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 7 -29 FOR EACH PERSON</li> </ol>											
(1)	(2)	(3)	(4)	(4 A)	(4 B)	(5)	(6)	(7)	(8)	(9)	(12)	(13)
01		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	01	01
02		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	02	02
03		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	03	03
04		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	04	04
05		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	05	05
06		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	06	06

DEMOGRAPHIC AND HEALTH SURVEY		DEPARTMENT OF CENSUS AND STATISTICS		IDENTIFICATION		INTERVIEWER VISITS										TOTAL NUMBER OF VISIT(S)		LAST VISIT												
				Census Block Number (A0) :	Sector (Urban/Rural/Estate):	PSU :	SSU :	Household Number within the Housing Unit:		Name and Line number of Head of Household .....		DATE	1	2	3					DAY	MONTH	YEAR	INT. CODE	FINAL RESULT						
								INTERVIEWER'S NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
								INT. CODE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
								RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
								NEXT VISIT TIME																						
								RESULT CODES:	INTERVIEWER VISITS																					
								1 COMPLETED	2 NO HOUSEHOLD MEMBER OR NO ELIGIBLE RESPONDENT AT HOME	3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	4 POSTPONED	5 REFUSED	6 DWELLING VACANT OR ADDRESS NOT A DWELLING	7 DWELLING DESTROYED	8 DWELLING NOT FOUND	9 OTHER (SPECIFY)											LANGUAGE USED FOR THE INTERVIEW :			

(1)	(2)	(3)	(4)	(4A)	(4B)	(5)	(6)	(7)	(8)	(9)	(12)	(13)
07		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	07	07
08		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	08	08
09		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	09	09
10		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	10	10
11		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	11	11
12		<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	m m y y y y	<input type="checkbox"/>	<input type="checkbox"/>	12	12

TOTAL PERSONS	<input type="checkbox"/>	TOTAL ELIGIBLE WOMEN IN HOUSEHOLD	<input type="checkbox"/>	LINE NO. OF RESPONDENT	<input type="checkbox"/>
<p>USE AN ADDITIONAL FORM (FORM A) IF THERE ARE MORE THAN 12 PERSONS. TICK 'A' HERE, IF ADDITIONAL FORM WAS USED.</p> <p>(2A) Just to make sure that I have a complete list ; Are there any other persons such as small children or infants that we have not listed above?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ADD TO TABLE</p> <p>(2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, friends who usually live here?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ADD TO TABLE</p> <p>(2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ADD TO TABLE</p>					
CODES FOR COL.3: RELATIONSHIP TO HEAD OF THE HOUSEHOLD			CODES FOR COL.5: RELIGION		CODES FOR COL.6: ETHNICITY
01= HEAD 02= WIFE OR HUSBAND 03= SON OR DAUGHTER 04= SON-IN-LAW OR DAUGHTER-IN-LAW 05= GRANDCHILD 06= PARENT 07= PARENT-IN-LAW 08= BROTHER OR SISTER 09= NIECE/NEPHEW BY BLOOD			10= OTHER RELATIVE 11= ADOPTED/FOSTER/STEPCHILD 12= BOARDER 13= DOMESTIC SERVANT/DRIVER/WATCHER 98= DON'T KNOW		1= BUDDHIST 2= HINDU 3= ISLAM 4= ROMAN CATHOLIC 5= OTHER CHRISTIAN 6= OTHER .....
					01= SINHALA 02= SRI LANKA TAMIL 03= INDIAN TAMIL 04= SRI LANKA MOOR/ MUSLIM 05= MALAY 06= BURGER 96= OTHER .....

### PART A - 2 EDUCATION

LINE NO	EDUCATION						IF AGE 5 - 17 YEARS			IF AGE 5 - 44 YEARS
	FOR PERSONS AGED 5 YEARS OR MORE		FOR PERSONS AGED 5 - 22 YEARS				BASIC MATERIAL NEEDS			RUBBELLA VACCINE (GERMAN MEASLES)
			CURRENT / RECENT SCHOOL ATTENDANCE		YEAR 2015		YEAR 2016		Does (NAME) have school books ?	Does (NAME) have at least one pair of shoes ?
	Has (NAME) ever been to school? YES 1 NO 2	What is the highest level of education (NAME) completed ? SEE CODES BELOW.	Did (NAME) attend school in 2015 ? YES = 1 NO = 2 DON'T KNOW = 8	What was the highest grade (NAME) attended in 2015 ? SEE CODES BELOW	IS (NAME) currently attending school in 2016 ? YES = 1 NO = 2 DON'T KNOW = 8	What grade is (NAME) currently attending in 2016 ? SEE CODES BELOW	What is the reason for not attending school in 2016 ? SEE CODES BELOW	YES = 1 NO = 2 DON'T KNOW = 8	YES = 1 NO = 2 DON'T KNOW = 8	YES = 1 NO = 2 DON'T KNOW = 8
(14A)	(14 B)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
01	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	(14A)	(14 B)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
07	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 17	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 19 GO TO 20	<input type="checkbox"/> ↓ GO TO 20	<input type="checkbox"/>				
08	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 17	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 19 GO TO 20	<input type="checkbox"/> ↓ GO TO 20	<input type="checkbox"/>				
09	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 17	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 19 GO TO 20	<input type="checkbox"/> ↓ GO TO 20	<input type="checkbox"/>				
10	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 17	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 19 GO TO 20	<input type="checkbox"/> ↓ GO TO 20	<input type="checkbox"/>				
11	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 17	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 19 GO TO 20	<input type="checkbox"/> ↓ GO TO 20	<input type="checkbox"/>				
12	1 2 ↓ Go to 20	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 17	<input type="checkbox"/>	<input type="checkbox"/> 1 2 8 ↓ GO TO 19 GO TO 20	<input type="checkbox"/> ↓ GO TO 20	<input type="checkbox"/>				

CODES FOR COL.14 B: EDUCATION

88 - PRE SCHOOL  
 00 - STUDYING GRADE 1  
 01 - PASSED GRADE 1  
 02 - PASSED GRADE 2  
 03 - PASSED GRADE 3  
 04 - PASSED GRADE 4  
 05 - PASSED GRADE 5  
 06 - PASSED GRADE 6  
 07 - PASSED GRADE 7  
 08 - PASSED GRADE 8  
 09 - PASSED GRADE 9  
 10 - PASSED GRADE 10  
 11 - PASSED G.C.E.(O/L)  
 12 - PASSED GRADE 12  
 13 - PASSED G.C.E.(A/L)  
 14 - DEGREE & ABOVE  
 98 - DON'T KNOW

CODES FOR COL 16 & COL 18

88 - PRE SCHOOL  
 01 - GRADE 1  
 02 - GRADE 2  
 03 - GRADE 3  
 04 - GRADE 4  
 05 - GRADE 5  
 06 - GRADE 6  
 07 - GRADE 7  
 08 - GRADE 8  
 09 - GRADE 9  
 10 - GRADE 10  
 11 - GRADE 11  
 12 - GRADE 12  
 13 - GRADE 13  
 14 - DEGREE & ABOVE  
 98 - DON'T KNOW

CODES FOR COL. 19

01 - ECONOMIC DIFFICULTIES  
 02 - LONG DISTANCE TO SCHOOL  
 03 - HELPING DOMESTIC WORK  
 04 - PHYSICAL DIFFICULTIES/NOT WELL  
 05 - DUE TO INTERNAL CRISIS  
 06 - WEAK IN STUDIES/DIDN'T PASS THE EXAM  
 07 - EXPECTING RESULTS  
 08 - NOT GIVEN A SCHOOL  
 09 - SCHOOL AGE COMPLETED  
 96 - OTHER  
 98 - DON'T KNOW

PART A - 3 SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS

LINE NO	IF AGE 0 - 17 YEARS					
	Does (NAME)'s natural mother live in this household ?	RECORD HER LINE NUMBER FROM COLUMN 1	Where does (NAME)'s natural mother live ?  IN OTHER PLACE = 1 ABROAD = 2 NOT ALIVE = 3 DON'T KNOW = 8	Does (NAME)'s natural father live in this household ?	RECORD HIS LINE NUMBER FROM COLUMN 1	Where does (NAME)'s natural father live ?  IN OTHER PLACE = 1 ABROAD = 2 NOT ALIVE = 3 DON'T KNOW = 8
	(24)	(25)	(26)	(27)	(28)	(29)
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>
	YES 1 ↓ NO 2 GO TO 26	<input type="checkbox"/> ↓ GO TO 27	<input type="checkbox"/>	YES 1 ↓ NO 2 GO TO 29	<input type="checkbox"/> ↓ B 1	<input type="checkbox"/>

**PART B - HOUSEHOLD CHARACTERISTICS**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B1	What is the main source of drinking water for members of your household?	<p><u>WELL</u></p> <p>PROTECTED WELL.....01 SEMI PROTECTED WELL.....02 UNPROTECTED WELL.....03</p> <p><u>PIPE BORN WATER (MAIN LINE)</u></p> <p>TAP WITHIN UNIT.....04</p> <p>TAP WITHIN PREMISES BUT OUTSIDE UNIT.....05</p> <p>TAP OUTSIDE PREMISES.....06</p> <p><u>OTHER SOURCES</u></p> <p>RURAL WATER SUPPLY PROJECT .....07 TUBE WELL.....08 BOWSER.....09 RIVER/TANK/STREAMS/SPRING .....10 RAIN WATER .....11 BOTTLE WATER .....12</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>B7 What do you usually do to make the water safer to drink? Anything else?</p> <p>RECORD ALL MENTIONED</p> <p>OTHER _____ X (SPECIFY)</p> <p>DONT KNOW .....Z</p>
			<p>B7A What is the main source of water for cooking, handwashing etc?</p> <p>WELL PROTECTED WELL.....01 SEMI PROTECTED WELL .....02 UNPROTECTED WELL .....03</p> <p>PIPE BORN WATER (MAIN LINE) TAP WITHIN UNIT .....04 TAP WITHIN PREMISES BUT OUTSIDE UNIT.....05 TAP OUTSIDE PREMISES.....06</p> <p><u>OTHER SOURCES</u></p> <p>RURAL WATER SUPPLY PROJECT .....07 TUBE WELL.....08 BOWSER.....09 RIVER/TANK/STREAMS/SPRING .....10 RAIN WATER .....11 BOTTLE WATER .....12</p> <p>OTHER _____ 96 (SPECIFY)</p>

B3	Where is that water source located?	<p>IN OWN DWELLING.....1</p> <p>IN OWN YARD/PLOT.....2</p> <p>ELSEWHERE.....3</p>	B6
B4	How long does it take to go there, get water, and come back?	MINUTES .....	<p>ON PREMISES.....96 DONT KNOW .....98</p>
B5	Who usually goes to this source to fetch the water for your household?		<p>FEMALE AGED 15 YEARS OR OVER .....1 MALE AGED 15 YEARS OR OVER .....2 FEMALE CHILD UNDER 15 YEARS .....3 MALE CHILD UNDER 15 YEARS .....4</p>
B6	Do you do anything to the water to make it safer to drink?	<p>YES .....1 NO .....2</p> <p>DONT KNOW .....8</p>	B7A



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	CODING CATEGORIES	SKIP
B14	What type of pots/ pans do you use to cook food in your household ? CIRCLE ALL MENTIONED.	CLAY POTS..... ALUMINIUM PANS..... NONSTICK PANS..... STAINLESS STEEL..... OTHER _____ (SPECIFY)	A B C D X	
B15A	What is the main source of fuel used in your household for cooking ?	ELECTRICITY .. GAS (LP)..... KEROSENE..... WOOD .....	1 2 3 4	
		SAW DUST/ RICE HUSK/CHARCOAL .. OTHER _____ (SPECIFY)	5 6	
B16	Is the cooking usually done inside the house, in a separate building, temporary hut or outdoors?	INSIDE THE HOUSE..... IN A SEPARATE BUILDING..... TEMPORARY HUT .....	1 2 3	
		OUTDOORS .....	4	B19
B17A	Is there a chimney or cookerhood to send smoke outside ?	YES .. NO .....	1 2	B18
B17B	What type of chimney do you have, a traditional one or a modern one ?	TRADITIONAL CHIMNEY .. MODERN CHIMNEY .....	1 2	
B18	Does smoke from cooking usually come into the house ?	YES .. NO .....	1 2	
B19	OBSERVE MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	CEMENT..... TERRAZZO/TILE/GRANITE .. MUD .....	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1180 1181 1182 1183 1184 1185 1186 1187 1188 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1190 1191 1192 1193 1194 1195 1196 1197 1198 1199 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1260 1261 1262 1263 1264 1265 1266 1267 1268	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B21	OBSERVE MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	BRICKS.....01 CEMENT BLOCKS/STONE ..02 CABOOK .....03 PRESSED SOIL BRICKS .....04 MUD .....05 CADIAN/PLAMYRAH.....06 PLANK/METAL SHEET.....07 OTHER .....96 (SPECIFY)	
B27	How many of the following animals does this household own as of today?	a) Cows/ Bulls/ Buffalos ?  b) Other cattle?  c) Goats ?  d) Chickens ?  e) Pigs ?  IF NONE, RECORD "00" IF 95 OR MORE, RECORD "95" IF UNKNOWN, RECORD "98"	
		OTHER CATTLES..... GOATS..... CHICKENS..... PIGS.....	

B22	Does your household have, (a) Electricity ? (b) Solar power ? (c) A clock/watch ? (d) A radio ? (e) A television ? (f) A mobile telephone ? (g) A landline telephone ? (h) A refrigerator ? (i) A computer ? (j) A washing machine ? (k) A rice cooker ?	YES ELECTRICITY .....1 SOLAR POWER .....1 CLOCK/WATCH .....1 RADIO .....1 TELEVISION .....1 TELEPHONE(MOBILE) .....1 TELEPHONE(LAND LINE) .....1 REFRIGERATOR .....1 COMPUTER .....1 WASHING MACHINE .....1 RICE COOKER .....1	NO .....2 .....1 .....2 .....1 .....2 .....1 .....2 .....1 .....2 .....1 .....2
B23	Does any member of this household own, (a) A bicycle ? (b) A motor cycle/scooter ? (c) A trishow ? (d) A tractor/land master ? (e) A motor car/van/jeep ? (f) A bus/lorry/truck ? (g) A boat with a motor ?	BICYCLE .....1 MOTOR CYCLE/SCOOTER .....1 TRISHOW .....1 TRACTOR/LAND MASTER .....1 MOTOR CAR/VAN/JEEP .....1 BUS/LORRY/TRUCK .....1 BOAT WITH A MOTOR .....1	
B24	Does any member of this household own any agricultural land?	YES .....1 NO .....2	→ B26 → B28 6 (SPECIFY)
B25	How many perches of agricultural land do members of this household own ? IF ANSWER GIVEN IN ACRES CONVERT TO PERCHES (1 ACRE = 160 PERCHES) RECORD 0000 IF LESS THAN 1 PERCH. RECORD 9995 IF 9995 OR MORE	IF LESS THAN ONE PERCH .....0000 PERCHES ..... ..... ..... IF 9995 OR MORE PERCHES .....9995 DONT KNOW .....9998	
B26	Does this household own any livestock, herds, other farm animals or poultry?	YES .....1 NO .....2	→ B28



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B31	How does your household dispose of garbage? CIRCLE ALL MENTIONED.	JUST DUMPING EVERYTHING ON GROUND ON THE PREMISES ..... A BURNING EVERYTHING ..... B BURYING EVERYTHING ..... C JUST DUMPING EVERYTHING BY THE SIDE OF ROAD ..... D HANDING OVER TO THE MC/U/C/P'S ..... E SEGREGATING AND RECYCLING OF PAPER, BOTTLES AND POLYTHENE ETC. F COMPOSTING OF ORGANIC REFUSE ..... G OTHER _____ X (SPECIFY)	
B32	Have you seen 'sand fly' in your area?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
B33	(A) Have you ever heard of "Leishmaniasis" ?  (B) Did any member of your household suffer from "Leishmaniasis" during the last 12 months ?	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B34A
B34	(A) Have you ever heard of Japanese Encephalitis ?  (B) Did any member of your household suffer from Japanese Encephalitis during the last 12 months ?	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B35
B35	Have you ever heard of dengue?	YES ..... 1 NO ..... 2	B38
B36	Did any member of your household suffer from dengue in the last 5 years?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B38A
B37	How many household members suffered from dengue in the last 5 years ?	NUMBER OF PERSONS _____	
B38	(A) Have you ever heard of Filaria?  (B) Did any member of your household suffer from Filaria during the last 12 months ?	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B48A
B48	(A) Have you ever heard of malaria?  (B) Did any member of your household suffer from malaria during the last 12 months ?	YES ..... 1 NO ..... 2	B51
B49	Do you think that it is essential to obtain malaria prevention treatment before travelling in countries that have a high prevalence of malaria?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
B50	Did any member of your household suffer from malaria after travelling to another country, within last 3 years ?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
B51	Have you been using any method to protect you and your household members from mosquitoes?	YES ..... 1 NO ..... 2	B62
B52	Tell me the main methods you have adopted to protect you and your household members from mosquitoes?  CIRCLE ALL MENTIONED.	MOSQUITO NETS ..... A LIGHTING COILS/VAPORIZER ..... B USE MOSQUITO REPELLENT CREAM ..... C WINDOW NET ..... D FAN ..... E OTHER _____ X (SPECIFY)	B62
B52A	How many mosquito nets does your household have ?	NUMBER OF NETS _____	
	IF 7 OR MORE NETS, RECORD 7.		

B31	How does your household dispose of garbage? CIRCLE ALL MENTIONED.	JUST DUMPING EVERYTHING ON GROUND ON THE PREMISES ..... A BURNING EVERYTHING ..... B BURYING EVERYTHING ..... C JUST DUMPING EVERYTHING BY THE SIDE OF ROAD ..... D HANDING OVER TO THE MC/U/C/P'S ..... E SEGREGATING AND RECYCLING OF PAPER, BOTTLES AND POLYTHENE ETC. F COMPOSTING OF ORGANIC REFUSE ..... G OTHER _____ X (SPECIFY)	
B32	Have you seen 'sand fly' in your area?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
B33	(A) Have you ever heard of "Leishmaniasis" ?  (B) Did any member of your household suffer from "Leishmaniasis" during the last 12 months ?	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B34A
B34	(A) Have you ever heard of Japanese Encephalitis ?  (B) Did any member of your household suffer from Japanese Encephalitis during the last 12 months ?	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B35
B35	Have you ever heard of dengue?	YES ..... 1 NO ..... 2	B38
B36	Did any member of your household suffer from dengue in the last 5 years?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B38A
B37	How many household members suffered from dengue in the last 5 years ?	NUMBER OF PERSONS _____	
B38	(A) Have you ever heard of Filaria?  (B) Did any member of your household suffer from Filaria during the last 12 months ?	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2 DONT KNOW ..... 8	B48A

NO	QUESTIONS AND FILTERS	NET 1	NET 2	NET 3	NET 4	NET 5	NET 6
B53	ASK THE RESPONDENT TO SHOW THE NETS IN THE HOUSEHOLD. IF MORE THAN 6 NETS USE ADDITIONAL QUESTIONNAIRES	OBSERVED.....1 NOT OBSERVED.....2					
B54	How did you get the mosquito net?	DONATION.....1 BOUGHT.....2 HOME MADE.....3 OTHER.....6 (SPECIFY)					
B55	How many months ago did you receive/buy the net?  IF LESS THAN ONE MONTH RECORD '00'	MONTHS <input type="checkbox"/> <input type="checkbox"/> 37 OR MORE MONTHS.....95 DON'T KNOW.....98	MONTHS <input type="checkbox"/> <input type="checkbox"/> 37 OR MORE MONTHS.....95 DON'T KNOW.....98	MONTHS <input type="checkbox"/> <input type="checkbox"/> 37 OR MORE MONTHS.....95 DON'T KNOW.....98	MONTHS <input type="checkbox"/> <input type="checkbox"/> 37 OR MORE MONTHS.....95 DON'T KNOW.....98	MONTHS <input type="checkbox"/> <input type="checkbox"/> 37 OR MORE MONTHS.....95 DON'T KNOW.....98	MONTHS <input type="checkbox"/> <input type="checkbox"/> 37 OR MORE MONTHS.....95 DON'T KNOW.....98
B56	Is this net permanently treated with mosquito insecticides, treated only temporarily or is it not treated with mosquito insecticides at all?  CHECK ON THE BRAND IF POSSIBLE	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3	PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES.....1 TEMPORARY TREATED WITH MOSQUITO INSECTICIDES.....2 NORMAL NET.....3
B57	Did anyone sleep under this mosquito net last night?	YES.....1 NO.....2 SKIP TO B59 <input type="leftarrow"/> DON'T KNOW.....8					
B58	Did anyone slept under this mosquito net last night?  RECORD THE RESPECTIVE NAME AND LINE NUMBER FROM THE HOUSEHOLD SECTION A1.	NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/> NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/>	NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/> NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/>	NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/> NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/>	NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/> NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/>	NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/> NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/>	NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/> NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/>
B59		GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO BACK TO B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62	GO TO COL 1 IN Q B53 FOR NEXT NET, OR IF NO MORE NET GO TO B62

### EFFECT OF SALT ON HEALTH

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B62	What type of salt does your household mainly use for cooking, crystals or powdered salt?	CRYSTALS.....1 POWDERED.....2 CRYSTALS AND POWDERED.....3	B64
B63	Do you wash the crystal salt before adding it to food?	YES.....1 NO.....2 DONT KNOW.....8	
B64	During the last year, have you received any information or instruction from anyone to reduce salt intake in your household?	YES.....1 NO.....2 DONT KNOW.....8	B69A
B65	From whom did you get that information/instructions?  CIRCLE ALL MENTIONED	FROM A DOCTOR.....A FROM OTHER HEALTH OFFICER.....B FROM A FAMILY MEMBER.....C FROM NEWSPAPERS.....D TV/RADIO.....E INTERNET.....F OTHER.....X	
B69	What is the weight of salt powder that your household usually purchases at a time?  A RECORD 95 IF 95 OR MORE	POWDER..... DOES NOT BUY.....9997 SKIP TO B69C <input type="downarrow"/>	
B69	How many days does that salt usually last?  B RECORD 95 IF 95 OR MORE	NO.OF DAYS..... DAYS <input type="checkbox"/> <input type="checkbox"/>	
B69	What is the weight of salt crystal that your household usually purchases at a time?  C	CRYSTALS..... DOES NOT BUY.....9997 SKIP TO B70A <input type="downarrow"/>	
B69	How many days does that salt usually last?  D RECORD 95 IF 95 OR MORE	NO.OF DAYS..... DAYS <input type="checkbox"/> <input type="checkbox"/>	



**PART C - NON COMMUNICABLE DISEASES AND ACCIDENTS**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B70	OBTAIN A SAMPLE OF EACH OF THE TYPES OF SALT THAT THE HOUSEHOLD USES MOSTLY FOR COOKING		
B70 A	IODINE TEST WAS POWDERED SALT SAMPLE OBTAINED?	YES .....1 NO .....2	→ B70D
B70 B	RESULT OF IODINE TEST FOR POWDERED SALT :	COLOUR CHANGED .....1 NO COLOUR CHANGE .....2	
B70 C	PLEASE RECORD THE SOURCE FROM WHICH THE POWDERED SALT SAMPLE WAS OBTAINED	UNOPENED FRESH PACKET .....1 CLOSED CONTAINER .....2 OPEN POT .....3 OTHER .....6 (SPECIFY)	
B70 D	WAS CRYSTAL SALT SAMPLE OBTAINED?	YES .....1 NO .....2	→ C1
B70 E	RESULT OF IODINE TEST FOR CRYSTAL SALT :	COLOUR CHANGED .....1 NO COLOUR CHANGE .....2	
B70 F	PLEASE RECORD THE SOURCE FROM WHICH THE CRYSTAL SALT SAMPLE WAS OBTAINED	UNOPENED FRESH PACKET .....1 CLOSED CONTAINER .....2 OPEN POT .....3 OTHER .....6 (SPECIFY)	

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C1	(a) Did any member of your household suffer from heart disease during the last 12 months ?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	→ C2
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C2	(c) Is (NAME) currently being treated for heart disease ?  (d) Did any member of your household suffer from high blood pressure during the last 12 months ?  (e) Please tell me the name(s).	YES .....1 YES .....1 YES .....1 NO .....2 NO .....2 NO .....2 DON'T KNOW .....8	→ C3
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C3	(f) Is (NAME) currently being treated for high blood pressure ?  (g) Did any member of your household suffer from wheezing/asthma during the last 12 months ?  (h) Please tell me the name(s).	YES .....1 YES .....1 YES .....1 NO .....2 NO .....2 NO .....2 DK .....8 DK .....8 DK .....8	→ C4
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C4	(i) Is (NAME) currently being treated for wheezing/asthma ?	YES .....1 YES .....1 YES .....1 NO .....2 NO .....2 NO .....2 DK .....8 DK .....8 DK .....8	
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C4	(a) Did any member of your household suffer from paralysis during the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C5 C8
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(c) Is (NAME) currently being treated for paralysis ?	YES .....1 YES .....1 YES .....1 YES ..1 NO .....2 NO .....2 NO .....2 NO ..2 DK .....8 DK .....8 DK .....8 DK ..8	
C5	(a) Did any member of your household suffer from diabetes during the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C6 C9
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(c) Is (NAME) currently being treated for diabetes ?	YES .....1 YES .....1 YES .....1 YES ..1 NO .....2 NO .....2 NO .....2 NO ..2 DK .....8 DK .....8 DK .....8 DK ..8	
C6	(a) Did any member of your household suffer from cancer during the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C7 C11
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(c) Is (NAME) currently being treated for cancer ?	YES .....1 YES .....1 YES .....1 YES ..1 NO .....2 NO .....2 NO .....2 NO ..2 DK .....8 DK .....8 DK .....8 DK ..8	
C7	(a) Did any member of your household suffer from high blood cholesterol during the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C8
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(c) Is (NAME) currently being treated for high blood cholesterol ?	YES .....1 YES .....1 YES .....1 YES ..1 NO .....2 NO .....2 NO .....2 NO ..2 DK .....8 DK .....8 DK .....8 DK ..8	
C8	(a) Did any member of your household suffer from chronic kidney disease during the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C9
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(c) Is (NAME) currently being treated for kidney disease ?	YES .....1 YES .....1 YES .....1 YES ..1 NO .....2 NO .....2 NO .....2 NO ..2 DK .....8 DK .....8 DK .....8 DK ..8	
C9	(a) Did any member of your household suffer from cirrhosis during the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C11
	LINE NUMBER (FROM COLUMN 1 OF PART A1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(c) Is (NAME) currently being treated for cirrhosis ?	YES .....1 YES .....1 YES .....1 YES ..1 NO .....2 NO .....2 NO .....2 NO ..2 DK .....8 DK .....8 DK .....8 DK ..8	



NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C11	Did any household member passed away during the year 2015?	YES .....1 NO .....2	→ C13
C12	(a) Please tell me the name(s).	NAME  YES .....1 NO .....2 DK .....8	→ C13
	(b) Was that death registered?	YES .....1 NO .....2 DK .....8	→ C13
	(c) Do you have the death certificate?	YES .....1 NO .....2	→ C13
C13	(a) Did any member of your household have a road accident during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C14
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C14
		□ □ □ □	→ C14
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C14
C14	(a) Did any member of your household have serious burns during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C15
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C15
		□ □ □ □	→ C15
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C15
C15	(a) Did any member of your household have a serious fall during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C16
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C16
		□ □ □ □	→ C16
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C16
C16	(a) Did any member of your household fall into the water in the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C17
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C17
		□ □ □ □	→ C17
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C17
C17	(a) Did any member of your household suffer from any kind of poisoning during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C18
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C18
		□ □ □ □	→ C18
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C18

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C11	Did any household member passed away during the year 2015?	YES .....1 NO .....2	→ C13
C12	(a) Please tell me the name(s).	NAME  YES .....1 NO .....2 DK .....8	→ C13
	(b) Was that death registered?	YES .....1 NO .....2 DK .....8	→ C13
	(c) Do you have the death certificate?	YES .....1 NO .....2	→ C13
C13	(a) Did any member of your household have a road accident during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C14
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C14
		□ □ □ □	→ C14
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C14
C14	(a) Did any member of your household have serious burns during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C15
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C15
		□ □ □ □	→ C15
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C15
C15	(a) Did any member of your household have a serious fall during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C16
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C16
		□ □ □ □	→ C16
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C16
C16	(a) Did any member of your household fall into the water in the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C17
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C17
		□ □ □ □	→ C17
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C17
C17	(a) Did any member of your household suffer from any kind of poisoning during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8	→ C18
	(b) Please tell me the name(s).	NAME  LINE NUMBER (FROM COLUMN 1 OF PART A1)	→ C18
		□ □ □ □	→ C18
	(c) Did (NAME) receive treatment in a hospital or clinic at that time?	YES .....1 NO .....2 DK .....8	→ C18

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C18	(a) Did any member of your household have serious injuries from animal bites in the last 12 months ?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C19 C22
C21	(a) Did any member of your household suffer an electric shock in the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
C18	(a) Did any member of your household have serious injuries from animal bites in the last 12 months ?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C19
C19	(a) Was any member of your household bitten by a snake in the last 12 months ?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C20
C20	(a) Did any member of your household have a serious cut in the last 12 months?  (b) Please tell me the name(s).	YES .....1 NO .....2 DON'T KNOW .....8	C21



## **PART -D MENTAL HEALTH AND OTHER HEALTH ISSUES**

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP																
D1	Is any member of your household currently under treatment for any kind of mental illness?	YES..... NO..... DONT KNOW.....	1 2 8 → D3																
D2	(1) Please tell me the name of anybody undergoing treatment? PROBE Any others?  WRITE DOWN THE NAME(S) AND RECORD THE LINE NUMBER FROM A1.  (2) For which mental illness is (NAME) being treated?  _____ _____ _____ _____	<table border="1"> <thead> <tr> <th>LINE NUMBER</th> <th>NAME</th> <th>NAME</th> <th>NAME</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>MENTAL DISEASE</td> <td>MENTAL DISEASE</td> <td>MENTAL DISEASE</td> </tr> <tr> <td>_____</td> <td>MENTAL DISEASE</td> <td>MENTAL DISEASE</td> <td>MENTAL DISEASE</td> </tr> <tr> <td>_____</td> <td>MENTAL DISEASE</td> <td>MENTAL DISEASE</td> <td>MENTAL DISEASE</td> </tr> </tbody> </table> <p><b>CODES FOR MENTAL DISEASES.</b></p> <p>01 DEPRESSIVE      07 BIPOLAR DISORDER      02 ANXIETY DISORDER      08 DEMENTIA      03 OBSESSIVE COMPULSIVE DISORDER      09 DEVELOPMENT DELAYS/DISORDER      04 ALCOHOL DISORDER      DEPENDENCE/ ABUSE      10 ATTENTION DEFICIT      05 SUBSTANCE DISORDER      DEPENDENCE      11 AUTISM      06 PSYCHOSIS      96 OTHER      98 DONT KNOW</p>	LINE NUMBER	NAME	NAME	NAME	_____	MENTAL DISEASE	MENTAL DISEASE	MENTAL DISEASE	_____	MENTAL DISEASE	MENTAL DISEASE	MENTAL DISEASE	_____	MENTAL DISEASE	MENTAL DISEASE	MENTAL DISEASE	
LINE NUMBER	NAME	NAME	NAME																
_____	MENTAL DISEASE	MENTAL DISEASE	MENTAL DISEASE																
_____	MENTAL DISEASE	MENTAL DISEASE	MENTAL DISEASE																
_____	MENTAL DISEASE	MENTAL DISEASE	MENTAL DISEASE																
D3	Did any member of your household try to commit suicide in the last 12 months?	YES..... NO.....	1 2 → D 5																
D4	Did the person die?	YES..... NO.....	1 2																
D5	Is smoking allowed inside of your home?	YES..... NO.....	1 2 → D 7																
D6	Is smoking allowed everywhere in your home?	YES..... NO..... REFUSED..... DONT KNOW.....	1 2 3 8																
D7	Did any member of this household ever smoke tobacco?	YES..... NO..... DONT KNOW.....	1 2 8 → D 10																

300 Demographic and Health Survey - 2016, Sri Lanka

**DEMOGRAPHIC AND HEALTH SURVEY**

DEPARTMENT OF CENSUS AND STATISTICS

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
D13	(a) Does any member of your household currently drink alcohol ?  (b) How many household members drink alcohol?	YES..... NO.....  DONT KNOW.....  <input type="checkbox"/> <input type="checkbox"/>	2 → D 14 (a)  8
D14	(a) Does any member of your household currently use Ganja ?  (b) How many household members use Ganja ?	YES..... NO.....  DONT KNOW.....  <input type="checkbox"/> <input type="checkbox"/>	2 → D 15 (a)  8
D15	(a) Does any member of your household currently use Heroin?  (b) How many household members use Heroin?	YES..... NO.....  END DON'T KNOW.....  <input type="checkbox"/> <input type="checkbox"/>	1 2 → END OF THE HOUSE HOLD SECTION  8

IDENTIFICATION				
Census Block Number (AO) : .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Sector (Urban/Rural/Estate):.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
PSU : .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SSU : .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Household Number within the Housing Unit:.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name and Line Number of the Eligible woman : .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
INTERVIEWER VISITS				
DATE	1  <input type="checkbox"/>	2  <input type="checkbox"/>	3  <input type="checkbox"/>	LAST VISIT
INTERVIEWER'S NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAY
INT. CODE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	MONTH
RESULT*	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	YEAR
INT. CODE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	INT. CODE
RESULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FINAL RESULT
NEXT VISIT DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL NUMBER OF VISIT(S)
NEXT VISIT TIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER ..... (SPECIFY)				
LANGUAGE OF INTERVIEW :	<input type="checkbox"/>	NATIVE LANGUAGE OF RESPONDENT:	<input type="checkbox"/>	TRANSLATOR USED:
LANGUAGE CODES:	SINHALA = 1	TAMIL = 2	ENGLISH = 3	OTHER = 4
SUPERVISOR NAME	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
DATE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
NOW RECORD THE TIME IN 24 HOURS TIME  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>				
HOURS MINUTES				



INTRODUCTION AND CONSENT

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working in the Department of Census and Statistics. We are conducting a national survey on the health status of women and children. We would very much appreciate your participation in this survey. This information is very important to the government to plan health services. The survey usually takes 90 minutes to complete. The information you provide will be kept strictly confidential and will not be shared with anyone other than members of survey team.

Participation in this survey is voluntary, and if we should come to any question that you don't want to answer, please let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important to the country.

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

May I begin the interview now?

SIGNATURE OF INTERVIEWER : \_\_\_\_\_

DATE : \_\_\_\_\_

RESPONDENT AGREED TO BE INTERVIEWED

1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED  
2

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	RECORD THE TIME. (IN 24 HOURS)	HOUR..... MINUTES.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
101			
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD "00" YEARS.	YEARS..... SINCE BIRTH.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 95 → 105
103	Just before you moved here, did you live in the urban sector, rural sector, estate sector or other country?	URBAN..... RURAL..... ESTATE.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 → 3 4 → 105
104	Which was the district you lived in just before you moved here?	OTHER COUNTRY..... COLOMBO..... GAMPHAHA..... KALUTARA..... KANDY..... MATALE..... NUWARAELIYA..... GALLE..... MATARA..... HAMBANTOTA..... JAFFNA..... MANNAR..... VAVUNIYA..... MULLATITIVU..... KILLINOCHCHI..... BATICALOA..... AMPARA..... TRINCOMALEE..... KURUNEGALA..... PUTTALAM..... ANURADHAPURA..... POLONNARUWA..... BADULLA..... MONARAGALA..... RATNAPURA..... KEGALLE.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 12 13 21 22 23 31 32 33 41 42 43 44 45 51 52 53 61 62 71 72 81 82 91 92
105	In what month and year were you born?	MONTH..... YEAR.....	DON'T KNOW MONTH..... YEAR..... DON'T KNOW YEAR.....
106	How old were you on your last birthday? (COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.)	AGE IN COMPLETED YEARS <input type="checkbox"/>	9998

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip
116	Do you own a mobile telephone?	YES..... NO.....	1 2
117	Do you use your mobile phone for any financial transactions?	YES..... NO.....	1 2
118	Do you have an account in a bank or other financial institution that you yourself use?	YES..... NO.....	1 2
119	Have you ever used the internet?	YES..... NO.....	1 2
120	In the last 12 months, have you used the internet?	YES..... NO.....	1 2

108	What is your highest educational qualification on?	NEVER ATTENDED SCHOOL ..... 77 PRF SCHOOL ..... 88 PASSED GRADE 1 ..... 01 PASSED GRADE 2 ..... 02 PASSED GRADE 3 ..... 03 PASSED GRADE 4 ..... 04 PASSED GRADE 5 ..... 05 PASSED GRADE 6 ..... 06 PASSED GRADE 7 ..... 07 PASSED GRADE 8 ..... 08 PASSED GRADE 9 ..... 09 PASSED GRADE 10 ..... 10 PASSED GRADE G.C.E. (O/L) ..... 11 PASSED GRADE 12 ..... 12 PASSED GRADE G.C.E. (A/L) ..... 13 DEGREE & ABOVE ..... 14	
109	CHECK 108 ANY CODE OTHER THAN 13 AND 14 CIRCLED	<input type="checkbox"/> CODES 13 OR 14 CIRCLED	113
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE : Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 BLIND/VISUALLY IMPAIRED ..... 5	114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	ATLEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
114	Do you watch television at least once a week, less than once a week or not at all?	ATLEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
115	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	



**214 Birth Table**

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 215. RECORD TWINS AND MULTIPLE BIRTHS ON SEPARATE ROWS.  
(IF THERE ARE MORE THAN 8 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.)

215	216	217	218	219	219A	220	221	222	223 A		223 B	224
									IF ALIVE			
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Was (NAME) a single or multiple birth?	In what day, month and year was (NAME) born? PROBE : When is his/her birthday?	Is (NAME) still alive?	How many months were you pregnant before the birth of (NAME)?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETED YEARS, IF LESS THAN 1 YEAR RECORD "00".	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN HOUSEHOLD.)	IF DEAD : How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YEAR', ASK : Did (NAME) have (his/her) first birthday? THEN ASK : exactly how many months old was (name) when (he/she) died? RECORD UNITS: DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	CHECK : 218 IF CHILD BORN IN 2011 OR LATER ASK : Was the body of the child examined or investigated by a public health officer? IF BORN BEFORE 2011 MARK CODE 3	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
01 BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>	YES...1 NO...2 223 A	<input type="checkbox"/>	AGE AT LAST BIRTHDAY <input type="checkbox"/>	YES.....1 NO.....2 (NEXT BIRTH)	HOUSEHOLD LINE NUMBER <input type="checkbox"/>	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL....3 DK.....8	YES.....1 NO.....2 NOT APPL....3 DK.....8		
02 BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>	YES..1 NO...2 223 A	<input type="checkbox"/>	AGE AT LAST BIRTHDAY <input type="checkbox"/>	YES.....1 NO.....2 (GO TO 224)	HOUSEHOLD LINE NUMBER <input type="checkbox"/>	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL....3 DK.....8	YES.....1 NO.....2 ADD BIRTH NO.....2 NEXT BIRTH		
03 BOY 1 GIRL 2	SINGLE 1 MULT 2	DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>	YES..1 NO...2 223 A	<input type="checkbox"/>	AGE AT LAST BIRTHDAY <input type="checkbox"/>	YES.....1 NO.....2 (GO TO 224)	HOUSEHOLD LINE NUMBER <input type="checkbox"/>	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL....3 DK.....8	YES.....1 ADD BIRTH NO.....2 NEXT BIRTH		

**SECTION 2 REPRODUCTION**

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all 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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00.'	a) SONS AT HOME .. b) DAUGHTERS AT HOME ..	206
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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00.'	SONS ELSEWHERE DAUGHTERS ELSEWHERE	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life even if for a very short time?	YES.....1 NO...2 208	
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'	a) BOYS DEAD .. b) GIRLS DEAD ..	
208	SUM ANSWERS TO 203, 205 AND 207 AND ENTER TOTAL.	TOTAL BIRTHS ..	
209	CHECK 208 : Just to make sure that the number of births are correct : 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	229
210	CHECK 208 : ONE OR MORE BIRTHS	NO BIRTHS <input type="checkbox"/>	SKIP TO 214

<b>225</b> Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES..... <input type="checkbox"/> 1 NO..... <input type="checkbox"/> 2	GO TO 215 
<b>226</b> COMPARE Q.208 WITH NUMBER OF BIRTHS IN HISTORY:  NUMBER IS SAME <input type="checkbox"/> NUMBER IS DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)  		
<b>227</b> CHECK 218: ENTER THE NUMBER OF BIRTHS IN 2011-2016 		
<b>228</b> FOR EACH BIRTH IN 2011-2016, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF PS MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) <b>C</b>		
<b>229</b> Are you pregnant now? 		
<b>230</b> How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. 		
<b>C</b> ENTER 'P'S IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. 		
NUMBER OF BIRTHS 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 		
NUMBER OF BIRTHS 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 		
NUMBER OF BIRTHS 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 		
NUMBER OF BIRTHS 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 		

<b>04</b> BOY    1    SINGLE    1    DAY GIRL    2    MULT    2    MONTH YES...1 NO....2 <b>223 A</b>	AGE AT LAST BIRTHDAY YES.....1 NO.....2	HOUSEHOLD LINE NUMBER (GO TO 224)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL..3 DK.....8	YES.....1 ADD BIRTH NO.....2 NOT APPL..3 DK.....8 NEXT BIRTH 
<b>05</b> BOY    1    SINGLE    1    DAY GIRL    2    MULT    2    MONTH YES...1 NO....2 <b>223 A</b>	AGE AT LAST BIRTHDAY YES.....1 NO.....2	HOUSEHOLD LINE NUMBER (GO TO 224)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL..3 DK.....8	YES.....1 ADD BIRTH NO.....2 NOT APPL..3 DK.....8 NEXT BIRTH 
<b>06</b> BOY    1    SINGLE    1    DAY GIRL    2    MULT    2    MONTH YES..1 NO...2 <b>223 A</b>	AGE AT LAST BIRTHDAY YES.....1 NO.....2	HOUSEHOLD LINE NUMBER (GO TO 224)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL..3 DK.....8	YES.....1 ADD BIRTH NO.....2 NOT APPL..3 DK.....8 NEXT BIRTH 
<b>07</b> BOY    1    SINGLE    1    DAY GIRL    2    MULT    2    MONTH YES..1 NO...2 <b>223 A</b>	AGE AT LAST BIRTHDAY YES.....1 NO.....2	HOUSEHOLD LINE NUMBER (GO TO 224)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL..3 DK.....8	YES.....1 ADD BIRTH NO.....2 NOT APPL..3 DK.....8 NEXT BIRTH 
<b>08</b> BOY    1    SINGLE    1    DAY GIRL    2    MULT    2    MONTH YES..1 NO...2 <b>223 A</b>	AGE AT LAST BIRTHDAY YES.....1 NO.....2	HOUSEHOLD LINE NUMBER (GO TO 224)	DAYS.....1 MONTHS.....2 YEARS.....3 SPECIAL ANSWER ....9	YES.....1 NO.....2 NOT APPL..3 DK.....8	YES.....1 ADD BIRTH NO.....2 NOT APPL..3 DK.....8 NEXT BIRTH 



NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
231	Where do you plan to deliver the baby ? CIRCLE THE MOST RELEVANT CODE. PROBE TO IDENTIFY THE TYPE OF PLACE AND RECORD THE NAME	GOVERNMENT HOSPITAL AND SPECIALIST SERVICE TEACHING HOSPITAL.....01 PROVINCIAL/DISTRICT GENERAL HOSPITAL.....02 BASE HOSPITAL.....03  OTHER GOVERNMENT HOSPITAL DISTRICT HOSPITAL.....04 PERIPHERAL UNIT.....05 RURAL HOSPITAL.....06 MATERNITY HOME.....07  PRIVATE HOSPITAL.....08 ESTATE LINE ROOM.....09 HOME.....10 NOT DECIDED.....11 OTHER _____ 96 (SPECIFY)	
237	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	→ 240 A
237 A	When did the last such pregnancy end?	MONTH..... YEAR.....	
237 B	CHECK 237A :  LAST PREGNANCY <input type="checkbox"/> ENDED IN 2011 - 2016		238 B
			240 A
			LAST PREGNANCY <input type="checkbox"/> ENDED IN 2010 OR EARLIER
			238 C
			Since January 2011, have you had any other pregnancies that did not result in a live birth ?
238 A	In what month and year did the preceding such pregnancy end?	238 B How many months pregnant were you when that pregnan- cy ended?	
238	01 NAME OF THE PLACE	NUMBER OF MONTHS  02 MONTH YEAR	YES.....1 NEXT LINE NO.....2 → 238 D
03	MONTH YEAR	NUMBER OF MONTHS  04 MONTH YEAR	YES.....1 NEXT LINE NO.....2 → 238 D
238 D	01 NAME OF THE PLACE	NUMBER OF MONTHS  02 MONTH YEAR	YES.....1 NEXT LINE NO.....2 → 238 D
C	FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2011 - 2016 ENTER ‘T’ IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND ‘P’ FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.		
			IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AND ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
231	Where do you plan to deliver the baby ? CIRCLE THE MOST RELEVANT CODE. PROBE TO IDENTIFY THE TYPE OF PLACE AND RECORD THE NAME	GOVERNMENT HOSPITAL AND SPECIALIST SERVICE TEACHING HOSPITAL.....01 PROVINCIAL/DISTRICT GENERAL HOSPITAL.....02 BASE HOSPITAL.....03  OTHER GOVERNMENT HOSPITAL DISTRICT HOSPITAL.....04 PERIPHERAL UNIT.....05 RURAL HOSPITAL.....06 MATERNITY HOME.....07  PRIVATE HOSPITAL.....08 ESTATE LINE ROOM.....09 HOME.....10 NOT DECIDED.....11 OTHER _____ 96 (SPECIFY)	
232	Why do you plan to deliver there ? CIRCLE THE MOST RELEVANT CODE.	01 CLOSER TO THE HOUSE.....02 FIRST DELIVERY.....03 FOR SAFE DELIVERY.....04 SAME PLACE AS BEFORE.....05 ADVICE FROM MEDICAL OFFICER.....06 OTHER _____ 96 (SPECIFY)	
233	Have you had a tetanus injection since you became pregnant?	YES.....1 NO.....2 SAID NOT NECESSARY ..3 DON'T KNOW....8	→ 237
234 A	When you got pregnant, did you want to get pregnant at that time ?	YES.....1 NO.....2	
234 B	CHECK 208 : TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby lat- er or you didn't want any more children?	b) Did you want to have a baby lat- er or you didn't want any more children?	LATER NO MORE/NONE.....1 .....2

### SECTION 3 - FAMILY PLANNING

				301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?
239	Did you have any miscarriages, abortions or stillbirths that ended before 2011 ?	YES.....1 NO.....2	1 2 → 240A	01 Female Sterilization PROBE: Women can have an operation to avoid having any more children.	YES.....1 NO.....2 → 1 2 →
240	When did the last such pregnancy that terminated before 2011 end ?	MONTH.....1 YEAR.....2 → 240A		02 Male Sterilization : PROBE: Men can have an operation to avoid having any more children.	YES.....1 NO.....2 → 1 2 →
240A	When did your last menstrual period start?  (DATE, IF GIVEN)	MONTHS AGO.....1 WEEKS AGO.....2 YEARS AGO.....3 .....4		03 IUD PROBE: Women can have a loop or coil placed inside the womb by a doctor or a nurse.	YES.....1 NO.....2 → 1 2 →
				04 Injectables : DMPA - PROBE : Women can have an injection by a health provider that stops them from becoming pregnant for 3 months.	YES.....1 NO.....2 → 1 2 →
				05 Implants: Norplant/Jadelle PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO.....2 → 1 2 →
				06 Pill : PROBE: Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO.....2 → 1 2 →
				07 Condom : PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO.....2 → 1 2 →
				08 Female Condom : PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO.....2 → 1 2 →
				09 Emergency Contraception: Women can take special pills up to 3 days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO.....2 → (SKIP TO 11) →
				10 How many times did you use this last year ?	NOT USED .....0 1 TIME .....1 2-3 TIMES .....2 4-5 TIMES .....3 MORE THAN 5 TIMES .....4
241	How old were you when you had your menstrual period for the very first time?	AGE → 94		11 Lactational Amenorrhea Method (LAM) : PROBE: During the first six months after giving birth, a woman can avoid pregnancy by giving the baby only breastmilk with less than four hours between each feeding, day and night.	YES.....1 NO.....2 → 1 2 →
245	What is the most suitable age for a woman to get pregnant for the first time? to have the last child?	AGE DON'T KNOW.....98 → 98		12 Rhythm Method: PROBE: A woman can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO.....2 → 1 2 →
246	What is the most suitable age for a woman to have the last child?	AGE DON'T KNOW.....98 → 98		13 Withdrawl: Men can be careful and pull out before climax.	YES.....1 NO.....2 → 1 2 →
247	After the birth of a child, at least how long should a woman wait before having another child?	YEARS → 98 RECORD YEARS		14 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  (SPECIFY)	YES.....1 NO.....2 → 1 2 →

NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
239	Did you have any miscarriages, abortions or stillbirths that ended before 2011 ?	YES.....1 NO.....2	1 2 → 240A
240	When did the last such pregnancy that terminated before 2011 end ?	MONTH.....1 YEAR.....2 → 240A	
240A	When did your last menstrual period start?  (DATE, IF GIVEN)	MONTHS AGO.....1 WEEKS AGO.....2 YEARS AGO.....3 .....4	
241	How old were you when you had your menstrual period for the very first time?	AGE → 94	
245	What is the most suitable age for a woman to get pregnant for the first time? to have the last child?	AGE DON'T KNOW.....98 → 98	
246	What is the most suitable age for a woman to have the last child?	AGE DON'T KNOW.....98 → 98	
247	After the birth of a child, at least how long should a woman wait before having another child?	YEARS → 98 RECORD YEARS	



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	What is your most preferred family planning method?  FEMALE STERILIZATION.....01 MALE STERILIZATION .....02 IUD .....03 INJECTABLES .....04 IMPLANTS: NORPLANT/JADEL .....05 PILL (DAILY USED).....06 CONDOM .....07 FEMALE CONDOM .....08 EMERGENCY CONTRACEPTION .....09 LACTATIONAL AMENORRHEA METHOD(LAM).....10 RHYTHM METHOD .....11 WITHDRAWAL .....12 NONE .....95 OTHER _____ (SPECIFY)	310 A Which method are you using?  RECORD ALL MENTIONED.  FEMALE STERILIZATION.....A MALE STERILIZATION .....B IUD .....C INJECTABLES .....D IMPLANTS .....E PILL (DAILY USED).....F CONDOM .....G FEMALE CONDOM .....H EMERGENCY CONTRACEPTION .....I LACTATIONAL AMENORRHEA METHOD .....J RHYTHM METHOD .....K WITHDRAWAL .....L OTHER _____ (SPECIFY)	
304	CHECK 302 : NOT A SINGLE 'YES' (NEVER USED)  Have you ever used anything or tried in any way to delay or avoid getting pregnant?	306A AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>  YES.....1 NO.....2	310 B Who took the decision to use (METHOD)?  MY DECISION.....1 MY HUSBAND'S DECISION .....2 ME AND MY HUSBAND BOTH .....3 BOY FRIEND/PARTNER'S DECISION .....4 PUBLIC HEALTH MIDWIFE .....5 OTHER _____ (SPECIFY)
305	ENTER 0 IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH	310C What is the main reason that you are currently not using a method to avoid pregnancy?  WHO IS? _____ (SPECIFY)	310C WANTS TO BECOME PREGNANT.....01 LACK OF KNOWLEDGE OR LACK OF SOURCE.....02 OPPOSED TO FAMILY PLANNING .....03 HUSBAND DISAPPROVES .....04 OTHER FAMILY PEOPLE DISAPPROVES.....05 WHO IS? _____ (SPECIFY)
306	What have you used or done?  CORRECT 302 AND 303A (AND 301 IF NECESSARY)	306A At what age did you first use a family planning method?  IF NONE, RECORD "00".  NUMBER OF CHILDREN <input type="checkbox"/>	310D INFREQUENT SEX .....06 POSTPARTUM .....07 MENOPAUSAL/SUBECUND .....08 HEALTH CONCERN(S) .....09 PROBLEMS OF ACCESS/ .....10 NON AVAILABILITY .....11 TOO EXPENSIVE .....12 RELIGION .....13 INCONVENIENT TO USE .....14 RUMOURS OF SIDE EFFECTS .....15 OTHER _____ (SPECIFY)
307	How many living children did you have at that time?  IF NONE, RECORD "00".	307A Who took the decision to use a family planning method at that time?  MY DECISION .....1 MY HUSBAND'S DECISION .....2 ME AND MY HUSBAND BOTH .....3 BOY FRIEND/PARTNER'S DECISION ..4 PUBLIC HEALTH MIDWIFE .....5 OTHER _____ (SPECIFY)	310D DON'T KNOW .....98
309	CHECK 229 NOT PREGNANT OR UNSURE <input type="checkbox"/>  PREGNANT <input type="checkbox"/>	322 EVER USED A METHOD	310D CHECK: 303A & 304  NEVER USED A METHOD
310	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	310C YES.....1 NO.....2	331 NEVER USED A METHOD

NO	QUESTIONS AND FILTERS	CODING CATEGORIES
303	What is your most preferred family planning method?  FEMALE STERILIZATION.....01 MALE STERILIZATION .....02 IUD .....03 INJECTABLES .....04 IMPLANTS: NORPLANT/JADEL .....05 PILL (DAILY USED).....06 CONDOM .....07 FEMALE CONDOM .....08 EMERGENCY CONTRACEPTION .....09 LACTATIONAL AMENORRHEA METHOD(LAM).....10 RHYTHM METHOD .....11 WITHDRAWAL .....12 NONE .....95 OTHER _____ (SPECIFY)	306A AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>  YES.....1 NO.....2
304	CHECK 302 : NOT A SINGLE 'YES' (NEVER USED)  Have you ever used anything or tried in any way to delay or avoid getting pregnant?	306A AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>  YES.....1 NO.....2
305	ENTER 0 IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH	310C What is the main reason that you are currently not using a method to avoid pregnancy?  WHO IS? _____ (SPECIFY)
306	What have you used or done?  CORRECT 302 AND 303A (AND 301 IF NECESSARY)	306A At what age did you first use a family planning method?  IF NONE, RECORD "00".  NUMBER OF CHILDREN <input type="checkbox"/>
307	How many living children did you have at that time?  IF NONE, RECORD "00".	307A Who took the decision to use a family planning method at that time?  MY DECISION .....1 MY HUSBAND'S DECISION .....2 ME AND MY HUSBAND BOTH .....3 BOY FRIEND/PARTNER'S DECISION ..4 PUBLIC HEALTH MIDWIFE .....5 OTHER _____ (SPECIFY)
309	CHECK 229 NOT PREGNANT OR UNSURE <input type="checkbox"/>  PREGNANT <input type="checkbox"/>	322 EVER USED A METHOD
310	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	310C YES.....1 NO.....2

316	Where did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	<b>PUBLIC SECTOR</b> GOVT. SPECIALIZED HOSPITAL.....11 GOVT. GENERAL HOSPITAL.....12 FAMILY HEALTH BUREAU .....13 MOBILE CLINIC .....14 OTHER PUBLIC SECTOR .....15  (SPECIFY)
313 A	What are the reasons for not using the method that you most prefer ? RECORD ALL MENTIONED.	<b>PRIVATE SECTOR</b> PRIVATE HOSPITAL.....21 PRIVATE DOCTORS CLINIC.....22 NGO.....23 ESTATE HOSPITAL.....24 OTHER PRIVATE SECTOR.....25  NAME OF THE PLACE  (SPECIFY) OTHER.....96 DON'T KNOW .....98
317	CHECK 310A NOT USING STERILIZATION <input type="checkbox"/>	CHECK 310A CODE 'A' <input type="checkbox"/> CIRCLED <input checked="" type="checkbox"/> CODE 'B' CIRCLED <input type="checkbox"/> YES.....1 NO.....2 DONT KNOW .....8

313	QUESTIONS AND FILTERS CHECK 3103 and 310A. ANSWERS ARE DIFFERENT <input type="checkbox"/>	CODING CATEGORIES SKIP
313 A	What are the reasons for not using the method that you most prefer ? RECORD ALL MENTIONED.	ANSWERS ARE THE SAME <input type="checkbox"/>  LACK OF KNOWLEDGE OR LACK OF SOURCE.....A HUSBAND DISAPPROVES.....B OTHER PEOPLE DISAPPROVES.....C WHO IS ? (SPECIFY) POSTPARTUM.....D HEALTH CONCERN.....E EFFECT OF HEALTH OFFICERS.....F RELIGION.....G PROBLEM OF ACCESS/ NON AVAILABILITY.....H TOO EXPENSIVE.....I INCONVENIENT TO USE.....J RUMOURS OF SIDE EFFECTS ..K OTHER .....X
313B	CHECK 310A NOT USING STERILIZATION <input type="checkbox"/>	USING STERILIZATION <input type="checkbox"/>
314	(A) Did you or your husband try to have a sterilization at any time? (B) Were you or your husband able to have it?	YES.....1 NO.....2  YES.....1 NO.....2
315	Which is the main reason you could not have it?	NO PLACE TO DO STERILIZATION NEAR BY.....01 EVEN WENT TO HOSPITAL, SEND BACK WITHOUT DOING STERILIZATION .....02 AFTER GOING TO HOSPITAL, AFRAID TO DO STERILIZATION .....03 NOT TRANSPORT TO GO TO DO STERILIZATION .....04 FAMILY PROBLEMS .....05 DISCOURAGED BY HEALTH OFFICERS.....06 HUSBAND/WIFE DID NOT AGREED LATER.....07 OTHER .....96 (SPECIFY)



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	In what month and year was the sterilization performed?	MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	320		
319	CHECK 310A CODES C-X CIRCLED Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) without stopping?	MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
320	CHECK 218, 237A, 318 AND 319 ANYBIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF CONTRACEPTION IN 318 OR 319 YES NO		<input type="checkbox"/>	GO BACK TO 318 OR 319, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION)		
321	CHECK 318 AND 319 YEAR IS 2011 - 2016	YEAR IS 2010 OR EARLIER	<input type="checkbox"/>	C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR IN EACH MONTH BACK TO THE DATE STARTED USING.  THEN CONTINUE		
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 2011. USE NAMES OF CHILDREN, DATES OF BIRTH AND PERIODS OF PREGNANCY AS REFERENCE POINTS.		
322 A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NONUSE	MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COLUMN 1	COLUMN 2	COLUMN 3
322 B	Between (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES NO (SKIP TO 322 D)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (SKIP TO 322 D)	YES.....1 NO.....2 (SKIP TO 322 D)	YES.....1 NO.....2 (SKIP TO 322 D)
322 C	Which method was that?	METHOD CODE	<input type="checkbox"/> <input type="checkbox"/>	METHOD CODE	METHOD CODE	METHOD CODE
322 D	How many months after (EVENT) in (MONTH/YEAR), did you start to use (METHOD)? CIRCLE "95" IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	MONTHS (SKIP TO 322 F) DATE GIVEN.....95	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MONTHS (SKIP TO 322 F) DATE GIVEN.....95	MONTHS (SKIP TO 322 F) DATE GIVEN.....95	MONTHS (SKIP TO 322 F) DATE GIVEN.....95
322 E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MONTH YEAR	MONTH YEAR	MONTH YEAR
322 F	For how many months did you use (METHOD)? CIRCLE "95" IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS (SKIP TO 322 H) DATE GIVEN.....95	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MONTHS (SKIP TO 322 H) DATE GIVEN.....95	MONTHS (SKIP TO 322 H) DATE GIVEN.....95	MONTHS (SKIP TO 322 H) DATE GIVEN.....95
322 G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MONTH YEAR	MONTH YEAR	MONTH YEAR
322 H	Why did you stop using (METHOD)?	REASON STOPPED.....	<input type="checkbox"/>	REASON STOPPED.....	REASON STOPPED.....	REASON STOPPED.....
322 I	THEN SKIP TO,	GO BACK TO 322 A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 323		GO BACK TO 322 A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 323	GO BACK TO 322 A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 323	GO BACK TO 322 A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 323

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where did you obtain the (CURRENT METHOD)?	PUBLIC SECTOR GOVT. HOSPITAL.....11 GOVT. CLINIC.....12 FAMILY HEALTH BUREAU .....13 MOBILE CLINIC.....14 PUBLIC HEALTH MIDWIFE .....15 VOLUNTEER OFFICERS .....16 OTHER PUBLIC SECTOR.....17	
330	PROBE TO IDENTIFY PERSON/PLACE CIRCLE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HOSPITAL/HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. (SPECIFY)		
		PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE DOCTOR .....22 PHARMACY.....23 NGO.....24 OTHER PRIVATE SECTOR .....25	
		NAME OF THE PLACE	
330	EMERGENCY CONTRACEPTION.....09 LACTATIONAL AMENORRHEA METHOD.....10 RHYTHM METHOD.....11 WITHDRAWAL .....12 OTHER.....96	333 333 333 333 333 333	
331	Do you know a place where you can obtain a method of family planning?	YES.....1 NO.....2	333

323	CHECK 310A. CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CIRCLED IN QUESTION 310A, CIRCLE CODE FOR HIGHEST METHOD IN THE LIST. IF NO CODE, CIRCLE THAT MEANS THEY DO NOT USE FAMILY PLANNING METHOD.	NO CODE CIRCLED .....00 FEMALE STERILIZATION .....01 MALE STERILIZATION .....02 IUD .....03 INJECTABLES .....04 IMPLANTS .....05 PILL (DAILY USED) .....06 CONDOM .....07 FEMALE CONDOM .....08 EMERGENCY CONTRACEPTION .....09 LACTATIONAL AMENORRHEA METHOD .....	SIDE EFFECTS AND PROBLEMS.....A IF SIDE EFFECT OCCUR WHAT YOU HAVE TO DO .....
324	When you started using your current method of family planning what advice were you given in the place where you obtained the (METHOD)? RECORD ALL MENTIONED.	B OTHER FAMILY PLANNING METHODS .....C DIDN'T GIVE ANY INSTRUCTIONS..D OTHER (SPECIFY).....X	B OTHER FAMILY PLANNING METHODS .....C DIDN'T GIVE ANY INSTRUCTIONS..D OTHER (SPECIFY).....X



				SKIP					
332	Where is it? Any other place ? PROBE TO IDENTIFY THE SOURCE AND CIRCLE APPROPRIATE CODE. CIRCLE ALL MENTIONED.	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A GOVT. CLINIC ..... B FAMILY HEALTH BUREAU ..... C MOBILE CLINIC ..... D PUBLIC HEALTH MIDWIFE ..... E VOLUNTEER OFFICERS ..... F OTHER PUBLIC SECTOR ..... G  <b>PRIVATE SECTOR</b> (SPECIFY) PRIVATE HOSPITAL ..... H PRIVATE DOCTOR ..... I PHARMACY ..... J NGO ..... K OTHER PRIVATE SECTOR ..... L	NO      QUESTIONS AND FILTERS 335 A      What did they discuss with you? CIRCLE ALL MENTIONED.  335 B      CHECK 229,310A NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT OR STERILIZED <input type="checkbox"/>	CODING CATEGORIES CURRENT METHOD ..... A SIDE EFFECTS DUE TO THE CURRENT METHOD ..... B OTHER METHODS THAT CAN BE USED ..... C ADVANTAGES OF METHODS ..... D SIDE EFFECTS OF METHODS ..... E OTHER ..... X					
		<b>OTHER</b> (SPECIFY) GROCERY ..... M FRIEND/RELATIVE ..... N OTHER ..... X	336      Are you trying to get pregnant ? ENTER THE NUMBER OF YEARS OR MONTHS  337      How long have you been trying to get pregnant ? ENTER THE NUMBER OF YEARS OR MONTHS  337A      What have you done to help you in trying to get pregnant ? CIRCLE ALL MENTIONED.	338 YES ..... 1 NO ..... 2 UNCERTAIN ..... 3 OTHER _____ 6 (SPECIFY) MONTHS 1 <input type="checkbox"/> YEARS 2 <input type="checkbox"/> 12 MONTHS OR LONGER LESS THAN 12 MONTHS					
				338 NOTHING ..... A TAKING PILLS ACCORDING TO THE MENSTRUAL PERIOD ..... B CONSULT A GENERAL DOCTOR ..... C CONSULT A SPECIALIZED DOCTOR ..... D INTRA UTERINE INSEMINATION (IUI) ..... E X RAY/SCAN TEST ..... F HAVING SEX DURING THE MOST FERTILE PERIOD ..... G SEMINAL FLUID ANALYSIS ..... H TAKING AYURVEDIC TREATMENTS ..... I OTHER ..... X (SPECIFY)					
333	In the last 12 months did you get advice at home from a midwife about family planning?	YES ..... 1 NO ..... 2	334	In the last 12 months did you go to a hospital, dispensary or clinic to obtain health services for yourself or any of your children?	YES ..... 1 NO ..... 2 335	Did any staff member discuss family planning methods with you at the time(s)? YES ..... 1 NO ..... 2 335 B	338	CHECK 208, 229 AND 237 ; EVER PREGNANT.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 339
338A	Has it ever been difficult for you to become pregnant ?	YES ..... 1 NO ..... 2							

**SECTION 4 - PREGNANCY AND POSTNATAL CARE**

401	CHECK 227 ONE OR MORE BIRTHS IN 2011 - 2016 <input type="checkbox"/>	NO BIRTHS IN 2011 - 2016 <input type="checkbox"/>	549																				
402	CHECK 218: ENTER LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE 2011. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORM NO. 4)																						
<p>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)</p> <table border="1"> <tr> <td></td> <td>QUESTIONS AND FILTERS</td> <td>LAST BIRTH</td> <td>NEXT-TO-LAST BIRTH</td> <td>SECOND-FROM-LAST BIRTH</td> </tr> <tr> <td>403</td> <td>LINE NUMBER AND NAME FROM 215 (FROM BIRTH HISTORY SECTION 2)</td> <td>BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/></td> <td>BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/></td> <td>BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/></td> </tr> <tr> <td>404</td> <td>FROM 219 (FROM BIRTH HISTORY SECTION 2)</td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> <tr> <td>406</td> <td>FOR THE LAST BIRTH NAME _____</td> <td colspan="3">(GO TO 437) (GO TO 437)</td> </tr> </table>					QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	403	LINE NUMBER AND NAME FROM 215 (FROM BIRTH HISTORY SECTION 2)	BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/>	BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/>	BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/>	404	FROM 219 (FROM BIRTH HISTORY SECTION 2)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	406	FOR THE LAST BIRTH NAME _____	(GO TO 437) (GO TO 437)		
	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																			
403	LINE NUMBER AND NAME FROM 215 (FROM BIRTH HISTORY SECTION 2)	BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/>	BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/>	BIRTH HISTORY <input type="checkbox"/> LINE NUMBER <input type="checkbox"/>																			
404	FROM 219 (FROM BIRTH HISTORY SECTION 2)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>																			
406	FOR THE LAST BIRTH NAME _____	(GO TO 437) (GO TO 437)																					

339	What are the days during a month when a woman has to be most careful to avoid becoming pregnant ?	BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 BETWEEN 9TH AND 21ST DAY FROM THE DATE WHEN HER PERIOD STARTED ..... 3 AT THE END OF HER PERIOD ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8
340	Do you know a place where a person can get condoms ?	YES ..... 1 NO ..... 2
341	If you want a condom, can you get it by yourself?	YES ..... 1 NO ..... 2 DON'T KNOW/ UNSURE ..... 8



	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____
407	Where did you receive antenatal care for this pregnancy? Anywhere else ? PROBE TO IDENTIFY THE SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE	A MOH OFFICE CLINIC..... GOVERNMENT HOSPITAL..... WITH SPECIALIST DOCTOR..... B GOVERNMENT HOSPITAL..... WITHOUT SPECIALIST DOCTOR..... C MUNICIPAL CLINIC..... D PRIVATE HOSPITAL/CLINIC/DISPENSARY WITH SPECIALIST DOCTOR..... E PRIVATE HOSPITAL/CLINIC/DISPENSARY-WITHOUT SPECIALIST DOCTOR .. F OTHER..... X  (NAME OF PLACE)	411 Where did you receive antenatal care when you were pregnant with (NAME)? PROBE FOR TYPE OF PLACE.	MOH OFFICE CLINIC.....01 GOVT HOSPITAL CLINIC WITH SPECIALIST DOCTOR.....02 GOVERNMENT HOSPITAL WITHOUT SPECIALIST DOCTOR.....03 MUNICIPAL CLINIC.....04 PRIVATE HOSPITAL / DISPENSARY WITH SPECIALIST DOCTOR.....05 PRIVATE HOSPITAL/DISPENSARY WITHOUT SPECIALIST DOCTOR.....06 OTHER.....96
408	Whom did you see ? PROBE : Any others ? CIRCLE ALL MENTIONED.	A GYNAECOLOGIST..... MEDICAL OFFICER OF HEALTH (MOH) ... B OTHER DOCTOR..... C PUBLIC HEALTH MIDWIFE ..... D OTHER _____ X  (SPECIFY)	412 How many weeks pregnant were you with (NAME) when you first received antenatal care for this pregnancy?	WEEKS  DONT KNOW .....98
409	Did a public health midwife register your pregnancy?	YES.....1 NO .....2  (SKIP TO 411) ↪	413 During this pregnancy, how many times did you go to a ? a) Clinic conducted by public health midwife office?	TIMES  CLINIC CONDUCTED BY PUBLIC HEALTH MIDWIFE OFFICE  b) Hospital clinic without specialist doctor (Gov.)? c) Hospital clinic with specialist doctor (Gov.)? d) Private specialist medical clinic? e) Indigenous medical clinic?
410	How many weeks pregnant were you when you were registered?	WEEKS  DONT KNOW .....98	HOSPITAL CLINIC WITHOUT SPECIALIST DOCTOR (GOV) HOSPITAL CLINIC WITH SPECIALIST DOCTOR (GOV) PRIVATE SPECIALIST MEDICAL CLINIC INDIGENOUS MEDICAL CLINIC	IF NO VISITS RECORD "00".

407	Where did you receive antenatal care for this pregnancy? Anywhere else ? PROBE TO IDENTIFY THE SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE	A MOH OFFICE CLINIC..... GOVERNMENT HOSPITAL..... WITH SPECIALIST DOCTOR..... B GOVERNMENT HOSPITAL..... WITHOUT SPECIALIST DOCTOR..... C MUNICIPAL CLINIC..... D PRIVATE HOSPITAL/CLINIC/DISPENSARY WITH SPECIALIST DOCTOR..... E PRIVATE HOSPITAL/CLINIC/DISPENSARY-WITHOUT SPECIALIST DOCTOR .. F OTHER..... X  (NAME OF PLACE)
408	Whom did you see ? PROBE : Any others ? CIRCLE ALL MENTIONED.	A GYNAECOLOGIST..... MEDICAL OFFICER OF HEALTH (MOH) ... B OTHER DOCTOR..... C PUBLIC HEALTH MIDWIFE ..... D OTHER _____ X  (SPECIFY)
409	Did a public health midwife register your pregnancy?	YES.....1 NO .....2  (SKIP TO 411) ↪
410	How many weeks pregnant were you when you were registered?	WEEKS  DONT KNOW .....98

	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____
414	During (any of) your antenatal care visit(s) were you told about the signs of pregnancy complications, such as : excessive vomiting ? severe headache ? swelling ? vaginal bleeding ? high fever ? abdominal pain ? reduction in foetal movements ? sudden changes in vision ?	YES NO DK 1 2 8 1 2 8	423A During this pregnancy did you receive/buy iron pills/ capsules? From where did you get these iron pills/capsules ? CIRCLE ALL MENTIONED.	YES ..... 1 NO ..... 2 → 424 A
415	Were you told where to go if you had any complications ?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	423B Why did you not follow the instructions ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL ..... A CLINIC (GOV.) ..... B PVT HOSPITAL ..... C PVT DOCTOR ..... D PHARMACY ..... E OTHER ..... X
416	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 419) ← 1 DONT KNOW ..... 8 (SKIP TO 419) ← 1	423C Did you take the iron pills/ capsules as instructed ?	YES ..... 1 NO ..... 2 → 424 A
417	During this pregnancy, how many times were you given a tetanus injection?	NO OF TIMES <input type="checkbox"/> DONT KNOW ..... 8	423D From where did you get these calcium pills/ capsules ? CIRCLE ALL MENTIONED.	DIARRHOEA ..... A CONSTIPATION ..... B NAUSEA ..... C BAD TASTE/SMELL ..... D OTHER ..... E
418	CHECK 417 1 OR DONT KNOW	2 OR MORE TIMES <input type="checkbox"/> → 423A	424A During this pregnancy did you receive/buy calcium pills/ capsules ?	YES ..... 1 NO ..... 2 → 425 A
419	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 423A) ← 1 DONT KNOW ..... 8	424B From where did you get these calcium pills/ capsules ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL ..... A CLINIC (GOV.) ..... B PVT HOSPITAL ..... C PVT DOCTOR ..... D PHARMACY ..... E OTHER ..... X
421	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD 7	NO OF TIMES <input type="checkbox"/> DONT KNOW ..... 8	424C Did you take the calcium pills/ capsules as instructed ?	YES ..... 1 NO ..... 2 → 425 A
422	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="checkbox"/> MONTH NOT KNOWN ..... 98 YEAR <input type="checkbox"/> YEAR NOT KNOWN ..... 998	424D Why did you not follow the instructions ? CIRCLE ALL MENTIONED.	DIARRHOEA ..... A CONSTIPATION ..... B NAUSEA ..... C BAD TASTE/SMELL ..... D OTHER ..... E
			425A During this pregnancy did you receive/buy folic acid pills ?	YES ..... 1 NO ..... 2 → 426 A
			425B From where did you get these folic acid pills ? CIRCLE ALL MENTIONED.	GOV. HOSPITAL ..... A CLINIC (GOV.) ..... B PVT HOSPITAL ..... C PVT DOCTOR ..... D PHARMACY ..... E OTHER ..... X



	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____
425C	Did you take the folic acid pills as instructed ?	YES .....1 NO .....2	426 A	
425D	Why did you not follow the instructions ?	NO SPECIAL REASON .....A DIARRHOEA .....B CONSTIPATION .....C NAUSEA .....D BAD TASTE/SMELL .....E OTHER .....X	431	During the pregnancy did you receive Triposha ?
	CIRCLE ALL MENTIONED.		431A	How many times did you get it ?
426A	During this pregnancy did you receive/buy worm treatment ?	YES .....1 NO .....2	432	Did you eat the Triposha by yourself; did you share it with family members or did you not eat it at all ?
426B	From where did you get these worm treatment ?	GOV HOSPITAL .....A CLINIC (GOV) .....B PVT HOSPITAL .....C PVT DOCTOR .....D PHARMACY .....E OTHER .....X	433	Do you have (NAME)'s pregnancy card ?
	CIRCLE ALL MENTIONED.			YES, CARD SEEN .....01 NO CARD/CARD NOT SEEN .....02
426C	Did you take the worm treatment as instructed ?	YES .....1 NO .....2	427 A	
426D	Why did you not follow the instructions ?	NO SPECIAL REASON .....A DIARRHOEA .....B CONSTIPATION .....C NAUSEA .....D BAD TASTE/SMELL .....E OTHER .....X	434	As part of your antenatal care when you were pregnant with (NAME), How many times, A) were you weighed? (IF NOT WEIGHTED RECORD 00)
	CIRCLE ALL MENTIONED.			WEIGHT NO. OF TIMES .....98 DON'T KNOW .....□□
427A	During this pregnancy did you receive/buy other vitamins ?	YES .....1 NO .....2	429	B) was your height measured? (IF NOT MEASURED RECORD 00)
427B	From where did you get these other vitamins ?	GOV HOSPITAL .....A CLINIC (GOV) .....B PVT HOSPITAL .....C PVT DOCTOR .....D PHARMACY .....E OTHER .....X		HEIGHT NO. OF TIMES .....98 DON'T KNOW .....□□
	CIRCLE ALL MENTIONED.			PRESSURE NO. OF TIMES .....98 DON'T KNOW .....□□
427C	Did you take the other vitamins as instructed ?	YES .....1 NO .....2	429	D) was a urine sample tested? (IF NOT TESTED RECORD 00)
427D	Why did you not follow the instructions ?	NO SPECIAL REASON .....A DIARRHOEA .....B CONSTIPATION .....C NAUSEA .....D BAD TASTE/SMELL .....E OTHER .....X		URINE NO. OF TIMES .....98 DON'T KNOW .....□□
	CIRCLE ALL MENTIONED.			BLOOD NO. OF TIMES .....98 DON'T KNOW .....□□
429	Did you use folic acid pills before you became pregnant with (NAME) ?	YES .....1 NO .....2 DON'T KNOW .....8	431	E) was a blood sample tested to identify blood group? (IF NOT TESTED RECORD 00)
				VDRL NO. OF TIMES .....98 DON'T KNOW .....□□
430	When you took them, did you take these pills daily or less often ?	DAILY .....1 LESS OFTEN .....2		F) was a blood tested for VDRL? (Sexually transmitted disease) (IF NOT TESTED RECORD 00)
				HIV NO. OF TIMES .....98 DON'T KNOW .....□□
				G) was an HIV test done? (IF NOT TESTED RECORD 00)
				MALARIA NO. OF TIMES .....98 DON'T KNOW .....□□
				H) was your blood tested for malaria? (IF NOT TESTED RECORD 00)
				SCAN TEST NO. OF TIMES .....98 DON'T KNOW .....□□
				I) was an ultrasound scan done before 20 weeks to obtain the delivery date? (IF NOT TESTED RECORD 00)
				HEMOGLOBIN NO. OF TIMES .....98 DON'T KNOW .....□□
				J) was your hemoglobin level tested? (IF NOT TESTED RECORD 00)
				SUGAR NO. OF TIMES .....98 DON'T KNOW .....□□
				K) was your blood sugar level tested? (IF NOT TESTED RECORD 00)
				HEART BEAT NO. OF TIMES .....98 DON'T KNOW .....□□
				L) was your heart beat tested using a stethoscope? (IF NOT TESTED RECORD 00)

425C	Did you take the folic acid pills as instructed ?	YES .....1 NO .....2	426 A	
425D	Why did you not follow the instructions ?	NO SPECIAL REASON .....A DIARRHOEA .....B CONSTIPATION .....C NAUSEA .....D BAD TASTE/SMELL .....E OTHER .....X	431	
	CIRCLE ALL MENTIONED.		431A	During the pregnancy did you receive Triposha ?
426A	During this pregnancy did you receive/buy worm treatment ?	YES .....1 NO .....2	432	Did you eat the Triposha by yourself; did you share it with family members or did you not eat it at all ?
426B	From where did you get these worm treatment ?	GOV HOSPITAL .....A CLINIC (GOV) .....B PVT HOSPITAL .....C PVT DOCTOR .....D PHARMACY .....E OTHER .....X	433	Do you have (NAME)'s pregnancy card ?
	CIRCLE ALL MENTIONED.			YES, CARD SEEN .....01 NO CARD/CARD NOT SEEN .....02
426C	Did you take the worm treatment as instructed ?	YES .....1 NO .....2	427 A	
426D	Why did you not follow the instructions ?	NO SPECIAL REASON .....A DIARRHOEA .....B CONSTIPATION .....C NAUSEA .....D BAD TASTE/SMELL .....E OTHER .....X	434	As part of your antenatal care when you were pregnant with (NAME), How many times, A) were you weighed? (IF NOT WEIGHTED RECORD 00)
	CIRCLE ALL MENTIONED.			WEIGHT NO. OF TIMES .....98 DON'T KNOW .....□□
427A	During this pregnancy did you receive/buy other vitamins ?	YES .....1 NO .....2	429	B) was your height measured? (IF NOT MEASURED RECORD 00)
427B	From where did you get these other vitamins ?	GOV HOSPITAL .....A CLINIC (GOV) .....B PVT HOSPITAL .....C PVT DOCTOR .....D PHARMACY .....E OTHER .....X		HEIGHT NO. OF TIMES .....98 DON'T KNOW .....□□
	CIRCLE ALL MENTIONED.			PRESSURE NO. OF TIMES .....98 DON'T KNOW .....□□
427C	Did you take the other vitamins as instructed ?	YES .....1 NO .....2	429	D) was a urine sample tested? (IF NOT TESTED RECORD 00)
427D	Why did you not follow the instructions ?	NO SPECIAL REASON .....A DIARRHOEA .....B CONSTIPATION .....C NAUSEA .....D BAD TASTE/SMELL .....E OTHER .....X		URINE NO. OF TIMES .....98 DON'T KNOW .....□□
	CIRCLE ALL MENTIONED.			BLOOD NO. OF TIMES .....98 DON'T KNOW .....□□
429	Did you use folic acid pills before you became pregnant with (NAME) ?	YES .....1 NO .....2 DON'T KNOW .....8	431	E) was a blood sample tested to identify blood group? (IF NOT TESTED RECORD 00)
				VDRL NO. OF TIMES .....98 DON'T KNOW .....□□
				HIV NO. OF TIMES .....98 DON'T KNOW .....□□
				MALARIA NO. OF TIMES .....98 DON'T KNOW .....□□
				SCAN TEST NO. OF TIMES .....98 DON'T KNOW .....□□
				I) was an ultrasound scan done before 20 weeks to obtain the delivery date? (IF NOT TESTED RECORD 00)
				HEMOGLOBIN NO. OF TIMES .....98 DON'T KNOW .....□□
				J) was your hemoglobin level tested? (IF NOT TESTED RECORD 00)
				SUGAR NO. OF TIMES .....98 DON'T KNOW .....□□
				K) was your blood sugar level tested? (IF NOT TESTED RECORD 00)
				HEART BEAT NO. OF TIMES .....98 DON'T KNOW .....□□
				L) was your heart beat tested using a stethoscope? (IF NOT TESTED RECORD 00)

	QUESTION AND INSTRUCTION	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME
435	During this pregnancy did a public health midwife visit you at home?	YES ..... 1 NO ..... 2 <b>(SKIP TO 437) ↴</b>			
435A	How many times did she visit your home ? RECORD 00 IF NO VISITS	NO OF TIMES <input type="text"/> <input type="text"/>			
435B	LOOK AT THE PREGNANCY CARD. RECORD NO OF PUBLIC HEALTH MIDWIFE'S VISITS. RECORD 00 IF NO VISITS.	NO OF TIMES <input type="text"/> <input type="text"/> NO CARD ..... 99			
436	After how many weeks or months of your pregnancy, did a public health midwife first visit you at home?	WEEK(S) 1 <input type="text"/> <input type="text"/> MONTH(S) 2 <input type="text"/> <input type="text"/> OTHER ..... 996 <b>(SPECIFY)</b> DON'T KNOW ..... 998			
437	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE RELEVANT CODE.	YOUR HOME ..... 11 <b>(SKIP TO 445) ↴</b> OTHER HOME ..... 12 GOVT HOSPITALS AND SPECIALIZED SERVICE TEACHING HOSPITAL ..... 21 PROVINCIAL GENERAL HOSPITAL ..... 22 BASE HOSPITAL ..... 23 OTHER GOVT HOSPITAL DISTRICT HOSPITAL ..... 31 PERIPHERAL HOSPITAL ..... 32 RURAL HOSPITAL ..... 33 MATERNITY HOME ..... 34 PRIVATE HOSPITAL ..... 41 ESTATE MATERNITY HOME ..... 42 WHILE GOING TO HOSPITAL ..... 51 <b>(SKIP TO 445) ↴</b> OTHER ..... 96 <b>(SPECIFY)</b>	AT HOME ..... 11 <b>(SKIP TO 445) ↴</b> OTHER HOME ..... 12 GOVT HOSPITALS AND SPECIALIZED SERVICE TEACHING HOSPITAL ..... 21 PROVINCIAL GENERAL HOSPITAL ..... 22 BASE HOSPITAL ..... 23 OTHER GOVT HOSPITAL DISTRICT HOSPITAL ..... 31 PERIPHERAL HOSPITAL ..... 32 RURAL HOSPITAL ..... 33 MATERNITY HOME ..... 34 PRIVATE HOSPITAL ..... 41 ESTATE MATERNITY HOME ..... 42 WHILE GOING TO HOSPITAL ..... 51 <b>(SKIP TO 445) ↴</b> OTHER ..... 96 <b>(SPECIFY)</b>	AT HOME ..... 11 <b>(SKIP TO 445) ↴</b> OTHER HOME ..... 12 GOVT HOSPITALS AND SPECIALIZED SERVICE TEACHING HOSPITAL ..... 21 PROVINCIAL GENERAL HOSPITAL ..... 22 BASE HOSPITAL ..... 23 OTHER GOVT HOSPITAL DISTRICT HOSPITAL ..... 31 PERIPHERAL HOSPITAL ..... 32 RURAL HOSPITAL ..... 33 MATERNITY HOME ..... 34 PRIVATE HOSPITAL ..... 41 ESTATE MATERNITY HOME ..... 42 WHILE GOING TO HOSPITAL ..... 51 <b>(SKIP TO 445) ↴</b> OTHER ..... 96 <b>(SPECIFY)</b>	AT HOME ..... 11 <b>(SKIP TO 445) ↴</b> OTHER HOME ..... 12 GOVT HOSPITALS AND SPECIALIZED SERVICE TEACHING HOSPITAL ..... 21 PROVINCIAL GENERAL HOSPITAL ..... 22 BASE HOSPITAL ..... 23 OTHER GOVT HOSPITAL DISTRICT HOSPITAL ..... 31 PERIPHERAL HOSPITAL ..... 32 RURAL HOSPITAL ..... 33 MATERNITY HOME ..... 34 PRIVATE HOSPITAL ..... 41 ESTATE MATERNITY HOME ..... 42 WHILE GOING TO HOSPITAL ..... 51 <b>(SKIP TO 445) ↴</b> OTHER ..... 96 <b>(SPECIFY)</b>
438	During the delivery, how did the health staff treat you?		TREATED WELL ..... 1 DIDN'T CARE VERY MUCH ..... 2 SHOUTED AT ME ..... 3 OTHER ..... 6 <b>(SPECIFY)</b>	TREATED WELL ..... 1 DIDN'T CARE VERY MUCH ..... 2 SHOUTED AT ME ..... 3 OTHER ..... 6 <b>(SPECIFY)</b>	TREATED WELL ..... 1 DIDN'T CARE VERY MUCH ..... 2 SHOUTED AT ME ..... 3 OTHER ..... 6 <b>(SPECIFY)</b>
439	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S). CIRCLE ALL MENTIONED.		SPECIALIST DOCTOR A DOCTOR ..... B NURSE ..... C PUBLIC HEALTH MIDWIFE ..... D <b>(SPECIFY)</b>	SPECIALIST DOCTOR A DOCTOR ..... B NURSE ..... C PUBLIC HEALTH MIDWIFE ..... D <b>(SPECIFY)</b>	SPECIALIST DOCTOR A DOCTOR ..... B NURSE ..... C PUBLIC HEALTH MIDWIFE ..... D <b>(SPECIFY)</b>
440	How long did you stay in the hospital after the delivery of (NAME)? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.		HOURS 1 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> OTHER ..... X <b>(SPECIFY)</b>	HOURS 1 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> OTHER ..... X <b>(SPECIFY)</b>	HOURS 1 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> OTHER ..... X <b>(SPECIFY)</b>
441	Was the delivery of (NAME) a normal delivery ?		ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	DON'T KNOW 998	DON'T KNOW 998
441	Was (NAME) delivered by		CEASARIAN ..... 1 FORCOPS ..... 2 FORCEPS ..... 2 VACCUM ..... 3 DON'T KNOW ..... 8	CEASARIAN ..... 1 FORCOPS ..... 2 FORCEPS ..... 2 VACCUM ..... 3 DON'T KNOW ..... 8	CEASARIAN ..... 1 FORCOPS ..... 2 FORCEPS ..... 2 VACCUM ..... 3 DON'T KNOW ..... 8
442	If unable to determine if a hospital, health center or clinic or private medical center, write the name of the place / hospital		IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE HOUR, RECORD '00'. <b>(GO TO 446) ↴</b>	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> OTHER ..... X <b>(SPECIFY)</b>	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> OTHER ..... X <b>(GO TO 446) ↴</b>



	QUESTION AND INSTRUCTION	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME	QUESTION AND INSTRUCTION	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME
443	Who checked on your health at that time? PROBE FOR THE MOST QUALIFIED.	HEALTH PERSON SPECIALIST DOCTOR.....1 DOCTOR.....2 NURSE.....3 PUBLIC HEALTH MIDWIFE .....			448 In the first 6 weeks after delivery how many times did a public health midwife visit your home?	NO. OF VISITS <input type="checkbox"/> 1 CHILD YOUNGER THAN 6 WEEKS .....57 DON'T KNOW .....98		
	OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....5 OTHER .....6 (SPECIFY) DON'T KNOW .....8				449 Did she make you aware of the services provided by the hospital after childbirth and what you should do in any case of emergencies?	YES .....1 NO .....2 DON'T KNOW .....8		
					450 Please tell me which are some of the complications why a woman should visit a doctor soon after child birth.	VAGINAL BLEEDING...A FEVER .....B PAINING TENDANTS..C DIFFICULTY IN BREATHING .....D VAGINAL DISCHARGE WITH ODOUR.....E SEVER HEADACHE....F CHEST PAIN .....G OTHER .....X		
444	Before you were discharged did any doctor check on your health?	YES.....1 (SKIP TO 446) <input type="checkbox"/> 2 NO .....	YES.....1 (SKIP TO 446) <input type="checkbox"/> 2 NO .....	YES .....	PROBE : Any others ? CIRCLE ALL. MENTIONED.	DON'T KNOW .....8 SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS		
445	Why didn't you deliver in a health facility? PROBE : ANY OTHER REASON RECORD ALL MENTIONED	EXPENSIVE.....A FACILITY NOT OPEN ....B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/ POOR QUALITY OF SERVICE.....D NO FEMALE PROVIDER E FACILITY .....E HUSBAND/FAMILY DID NOT ALLOW .....F NOT NECESSARY.....G NOT CUSTOMARY .....H OTHER .....X (SPECIFY)	EXPENSIVE.....A FACILITY NOT OPEN ..B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/ POOR QUALITY OF SERVICE.....D NO FEMALE PROVIDER E FACILITY .....E HUSBAND/FAMILY DID NOT ALLOW .....F NOT NECESSARY.....G NOT CUSTOMARY .....H OTHER .....X (SPECIFY)	YES .....	451 After delivery did you take a Vitamin A dose (like this/ any of these)? YES .....1 NO .....2	DON'T KNOW .....8 SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS		
				NO .....	452 Did you attend a public health midwife clinic within one month after the delivery? YES .....	YES .....		
					453 Were you checked by a doctor ? YES .....	YES .....		
					454 Was your baby checked by a doctor ? YES .....	NO .....		
446	After (NAME) was born did a public health midwife visit your home?	YES.....1 (SKIP TO 456) <input type="checkbox"/> 2 NO .....	YES .....	1 (SKIP TO 456) <input type="checkbox"/> 2 NO;.....2 (SKIP TO 450) <input type="checkbox"/> 2				
447	How many days or weeks after delivery did a public health midwife first visit you?	DAY 1 <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> DON'T KNOW 998			455 Has your menstrual period returned since the birth of (NAME) ? YES .....1 (SKIP TO 457) <input type="checkbox"/> 2 NO .....2 (SKIP TO 458) <input type="checkbox"/> 2			

	QUESTION AND INSTRUCTION	LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH NAME
443	Who checked on your health at that time? PROBE FOR THE MOST QUALIFIED.	HEALTH PERSON SPECIALIST DOCTOR.....1 DOCTOR.....2 NURSE.....3 PUBLIC HEALTH MIDWIFE .....		
	OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....5 OTHER .....6 (SPECIFY) DON'T KNOW .....8			
444	Before you were discharged did any doctor check on your health?	YES.....1 (SKIP TO 446) <input type="checkbox"/> 2 NO .....	YES.....1 (SKIP TO 446) <input type="checkbox"/> 2 NO .....	YES .....
445	Why didn't you deliver in a health facility? PROBE : ANY OTHER REASON RECORD ALL MENTIONED	EXPENSIVE.....A FACILITY NOT OPEN ....B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/ POOR QUALITY OF SERVICE.....D NO FEMALE PROVIDER E FACILITY .....E HUSBAND/FAMILY DID NOT ALLOW .....F NOT NECESSARY.....G NOT CUSTOMARY .....H OTHER .....X (SPECIFY)	EXPENSIVE.....A FACILITY NOT OPEN ..B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/ POOR QUALITY OF SERVICE.....D NO FEMALE PROVIDER E FACILITY .....E HUSBAND/FAMILY DID NOT ALLOW .....F NOT NECESSARY.....G NOT CUSTOMARY .....H OTHER .....X (SPECIFY)	YES .....
446	After (NAME) was born did a public health midwife visit your home?	YES.....1 (SKIP TO 456) <input type="checkbox"/> 2 NO .....	YES .....	1 (SKIP TO 456) <input type="checkbox"/> 2 NO;.....2 (SKIP TO 450) <input type="checkbox"/> 2
447	How many days or weeks after delivery did a public health midwife first visit you?	DAY 1 <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> DON'T KNOW 998		

	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
456	Did your period return between the birth of (NAME) and your next pregnancy ?	YES ..... 1 NO ..... 2 (SKIP TO 459) ↵		465	During the first 6 months after (NAME) was born, did you give (him/her) anything to drink other than breast milk ?	YES ..... 1 NO ..... 2 (SKIP TO 469) ↵	
457	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="checkbox"/> DONT KNOW ..... 98 SINCE LAST BIRTH ..... 77	MONTHS <input type="checkbox"/> DONT KNOW ..... 98 SINCE LAST BIRTH ..... 77	466	What was the main reason that you gave (NAME) something other than breastmilk to drink ?	NO MILK ..... 01 INSUFFICIENT MILK ..... 02 BECAME PREGNANT ..... 03 NIPPLES INJURED ..... 04 MOTHER ILL ..... 05 MOTHER HAS TO RETURN TO WORK ..... 06 OTHER MILK/FOOD BETTER FOR BABY ..... 07 BABY ILL ..... 08 BABY REFUSED ..... 09 ADVISED BY FAMILY MEMBERS ..... 10 BREAST NOT WELL ..... 11 OTHER ..... 96 (SPECIFY)	
457A	CHECK 229	PREGNANT ..... 1 NOT PREGNANT OR UNSURE ..... 2 (SKIP TO 460) ↵		458	Have you had sexual relations since the birth of (NAME) ?	YES ..... 1 NO ..... 2 (SKIP TO 460) ↵	
459	For how many months after the birth of (NAME) did you not have sexual relations ? IF LESS THAN A MONTH RECORD '00'.	MONTHS <input type="checkbox"/> DONT KNOW ..... 98	MONTHS <input type="checkbox"/> DONT KNOW ..... 98	460	Did you ever breastfeed (NAME) ?	YES ..... 1 NO ..... 2 (SKIP TO 478) ↵	
461	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 DAYS.	IMMEDIATELY ..... 000 (SKIP TO 462) ↵	HOURS 1 <input type="checkbox"/> DAYS 2 <input type="checkbox"/>	462	Did you feed the first breastmilk to the baby ?	YES ..... 1 (SKIP TO 465) ↵ NO ..... 2	
463	Why did you not give the first breastmilk to the baby ? RECORD MOST IMPORTANT REASON.	ADVISED BY MY MOTHER ..... 1 ADVISED BY MOTHER IN LAW ..... 2 ADVISED BY HEALTH PROFESSIONAL ..... 3 BABY REFUSED ..... 4 OTHER ..... 6 (SPECIFY)		468	How old was the baby when he/she first drank something other than breastmilk ?	DAY(S) 1 <input type="checkbox"/> WEEK(S) 2 <input type="checkbox"/> MONTH(S) 3 <input type="checkbox"/>	

456	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____	457	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
456	Did your period return between the birth of (NAME) and your next pregnancy ?	YES ..... 1 NO ..... 2 (SKIP TO 459) ↵		457	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
457	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="checkbox"/> DONT KNOW ..... 98 SINCE LAST BIRTH ..... 77	MONTHS <input type="checkbox"/> DONT KNOW ..... 98 SINCE LAST BIRTH ..... 77	458	Have you had sexual relations since the birth of (NAME) ?	YES ..... 1 NO ..... 2 (SKIP TO 460) ↵	
458	Have you had sexual relations since the birth of (NAME) ?	YES ..... 1 NO ..... 2 (SKIP TO 460) ↵		459	For how many months after the birth of (NAME) did you not have sexual relations ? IF LESS THAN A MONTH RECORD '00'.	MONTHS <input type="checkbox"/> DONT KNOW ..... 98	MONTHS <input type="checkbox"/> DONT KNOW ..... 98
459	For how many months after the birth of (NAME) did you not have sexual relations ? IF LESS THAN A MONTH RECORD '00'.	MONTHS <input type="checkbox"/> DONT KNOW ..... 98	MONTHS <input type="checkbox"/> DONT KNOW ..... 98	460	Did you ever breastfeed (NAME) ?	YES ..... 1 NO ..... 2 (SKIP TO 478) ↵	
460	Did you ever breastfeed (NAME) ?	YES ..... 1 NO ..... 2 (SKIP TO 478) ↵		461	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 DAYS.	IMMEDIATELY ..... 000 (SKIP TO 462) ↵	HOURS 1 <input type="checkbox"/> DAYS 2 <input type="checkbox"/>
461	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 DAYS.	IMMEDIATELY ..... 000 (SKIP TO 462) ↵	HOURS 1 <input type="checkbox"/> DAYS 2 <input type="checkbox"/>	462	Did you feed the first breastmilk to the baby ?	YES ..... 1 (SKIP TO 465) ↵ NO ..... 2	
462	Did you feed the first breastmilk to the baby ?	YES ..... 1 (SKIP TO 465) ↵ NO ..... 2		463	Why did you not give the first breastmilk to the baby ? RECORD MOST IMPORTANT REASON.	ADVISED BY MY MOTHER ..... 1 ADVISED BY MOTHER IN LAW ..... 2 ADVISED BY HEALTH PROFESSIONAL ..... 3 BABY REFUSED ..... 4 OTHER ..... 6 (SPECIFY)	
463	Why did you not give the first breastmilk to the baby ? RECORD MOST IMPORTANT REASON.	ADVISED BY MY MOTHER ..... 1 ADVISED BY MOTHER IN LAW ..... 2 ADVISED BY HEALTH PROFESSIONAL ..... 3 BABY REFUSED ..... 4 OTHER ..... 6 (SPECIFY)		468	How old was the baby when he/she first drank something other than breastmilk ?	DAY(S) 1 <input type="checkbox"/> WEEK(S) 2 <input type="checkbox"/> MONTH(S) 3 <input type="checkbox"/>	



	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____	LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
469	CHECK 404; IS CHILD LIVING	LIVING <input type="checkbox"/> (SKIP TO 473)	DEAD <input type="checkbox"/> (SKIP TO 473)	LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	MONTH(S)..... <input type="checkbox"/>	MONTH(S)..... <input type="checkbox"/>
471	Are you currently breastfeeding (NAME)?	YES ..... (SKIP TO 474) <input type="checkbox"/> 1 NO ..... (SKIP TO 474) <input type="checkbox"/> 2	YES ..... (SKIP TO 474) <input type="checkbox"/> 1 NO ..... (SKIP TO 474) <input type="checkbox"/> 2	YES ..... (SKIP TO 473) <input type="checkbox"/> 1 NO ..... (SKIP TO 473) <input type="checkbox"/> 2	FOR HOW LONG DID YOU BREAST FEED (NAME)? IF LESS THAN 1 MONTH RECORD '00.	MONTH(S)..... <input type="checkbox"/>	MONTH(S)..... <input type="checkbox"/>
472A	What was the main reason for stopping breastfeeding (NAME)?	NO MILK ..... INSUFFICIENT MILK ..... BECAME PREGNANT ..... NIPPLES INJURED ..... MOTHER ILL ..... MOTHER HASTO RETURN TO WORK ..... OTHER MILK/FOOD	NO MILK ..... INSUFFICIENT MILK ..... BECAME PREGNANT ..... NIPPLES INJURED ..... MOTHER ILL ..... MOTHER HAS TO RETURN TO WORK ..... OTHER MILK/FOOD	NO MILK ..... INSUFFICIENT MILK ..... BECAME PREGNANT ..... NIPPLES INJURED ..... MOTHER ILL ..... MOTHER HAS TO RETURN TO WORK ..... OTHER MILK/FOOD	FOR HOW LONG DID YOU BREAST FEED (NAME)? IF LESS THAN 1 MONTH RECORD '00.	MONTH(S)..... <input type="checkbox"/>	MONTH(S)..... <input type="checkbox"/>
473	For how long did you breast feed (NAME)? IF LESS THAN 1 MONTH RECORD	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	DONT KNOW ..... 98	DONT KNOW ..... 98	DONT KNOW ..... 98		
474	Did you ever give the baby extracted breast milk?	YES ..... NO ..... (SKIP TO 476) <input type="checkbox"/> 1 NO ..... (SKIP TO 476) <input type="checkbox"/> 2	YES ..... NO ..... (SKIP TO 476) <input type="checkbox"/> 1 NO ..... (SKIP TO 476) <input type="checkbox"/> 2	YES ..... NO ..... (SKIP TO 476) <input type="checkbox"/> 1 NO ..... (SKIP TO 476) <input type="checkbox"/> 2	DO YOU USE A BOTTLE WITH A NIPPLE? <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	YES ..... NO ..... (SKIP TO 476) <input type="checkbox"/> 1 NO ..... (SKIP TO 476) <input type="checkbox"/> 2
474A	Did you use a bottle with a nipple, a cup or a spoon to give extracted breastmilk?	YES ..... NO ..... (SKIP TO 479) <input type="checkbox"/> 1 NO ..... (SKIP TO 479) <input type="checkbox"/> 2	YES ..... NO ..... (SKIP TO 479) <input type="checkbox"/> 1 NO ..... (SKIP TO 479) <input type="checkbox"/> 2	DO YOU USE A BOTTLE WITH A NIPPLE? <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	YES ..... NO ..... (SKIP TO 485) <input type="checkbox"/> 1 NO ..... (SKIP TO 485) <input type="checkbox"/> 2	
475	Have you given the baby anything to drink from a bottle with a nipple?	YES ..... NO ..... (SKIP TO 479) <input type="checkbox"/> 1 NO ..... (SKIP TO 479) <input type="checkbox"/> 2	YES ..... NO ..... (SKIP TO 479) <input type="checkbox"/> 1 NO ..... (SKIP TO 479) <input type="checkbox"/> 2	DO YOU USE A BOTTLE WITH A NIPPLE? <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	YES ..... NO ..... (SKIP TO 485) <input type="checkbox"/> 1 NO ..... (SKIP TO 485) <input type="checkbox"/> 2	
476	Did you have the ability to give the child extracted breast milk us- ing a bottle with a nipple, cup or a spoon?	YES ..... NO ..... (SKIP TO 479) <input type="checkbox"/> 1 NO ..... (SKIP TO 479) <input type="checkbox"/> 2	YES ..... NO ..... (SKIP TO 479) <input type="checkbox"/> 1 NO ..... (SKIP TO 479) <input type="checkbox"/> 2	DO YOU USE A BOTTLE WITH A NIPPLE? <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	YES ..... NO ..... (SKIP TO 485) <input type="checkbox"/> 1 NO ..... (SKIP TO 485) <input type="checkbox"/> 2	
478	What was the main reason for never breastfeeding (NAME)? (CIRCLE THE RELEVANT CODE)	NO MILK ..... INSUFFICIENT MILK ..... BECAME PREGNANT ..... NIPPLES INJURED ..... MOTHER ILL ..... MOTHER HAS TO RETURN TO WORK ..... OTHER MILK/FOOD BETTER FOR BABY ..... BABY ILL ..... BABY REFUSED ..... ADVISED BY FAMILY MEMBERS ..... BREAST NOT WELL ..... WELL ..... OTHER ..... (SPECIFY) (SPECIFY)	NO MILK ..... INSUFFICIENT MILK ..... BECAME PREGNANT ..... NIPPLES INJURED ..... MOTHER ILL ..... MOTHER HAS TO RETURN TO WORK ..... OTHER MILK/FOOD BETTER FOR BABY ..... BABY ILL ..... BABY REFUSED ..... ADVISED BY FAMILY MEMBERS ..... BREAST INJURIES ..... OTHER ..... (SPECIFY) (SPECIFY)	NO MILK ..... INSUFFICIENT MILK ..... BECAME PREGNANT ..... NIPPLES INJURED ..... MOTHER ILL ..... MOTHER HAS TO RETURN TO WORK ..... OTHER MILK/FOOD BETTER FOR BABY ..... BABY ILL ..... BABY REFUSED ..... ADVISED BY FAMILY MEMBERS ..... BREAST INJURIES ..... OTHER ..... (SPECIFY) (SPECIFY)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	NO MILK ..... INSUFFICIENT MILK ..... BECAME PREGNANT ..... NIPPLES INJURED ..... MOTHER ILL ..... MOTHER HAS TO RETURN TO WORK ..... OTHER MILK/FOOD BETTER FOR BABY ..... BABY ILL ..... BABY REFUSED ..... ADVISED BY FAMILY MEMBERS ..... BREAST INJURIES ..... OTHER ..... (SPECIFY) (SPECIFY)	

	QUESTION AND INSTRUCTION	LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH NAME _____
479	Did anyone provide YES ..... <sup>1</sup> you with advice on NO ..... <sup>2</sup> breastfeeding?	(SKIP TO 481) ↴				
480	From whom did you get advice ? CIRCLE ALL MENTIONED.	MOTHER/ ELDERLY RELATIVE ..... A PUBLIC HEALTH MIDWIFE ..... B FAMILY DOCTOR ..... C BREAST MILK MANAGEMENT UNIT ..... D FRIENDS ..... E OTHER ..... X				
481	Is the breastmilk management center where you can get advice located in a government hospital or private hospital?	IN GOVERNMENT HOSPITAL ..... 1 IN PRIVATE HOSPITAL ..... 2 OTHER ..... 6 DON'T KNOW ..... 8				
482	CHECK 465.	DRAINK ONLY BREASTMILK ..... <sup>1</sup> (SKIP TO 488) ↴ OTHER ..... <sup>6</sup>				
482A	CHECK 467.	GAVE OTHER MILK ..... <sup>1</sup> (SKIP TO 484) ↴ OTHER ..... <sup>6</sup>				
483	Have you given other milk to (NAME) ?	YES ..... <sup>1</sup> NO ..... <sup>2</sup> (SKIP TO 485) ↴				
484	How many times did you give other milk yesterday and yesterday night ? RECORD 00 IF NOT GIVEN	NO OF TIMES <input type="checkbox"/> DONT KNOW ..... 98				
485	How old was (NAME) when he/she was given solid/ semi solid foods for the first time?	MONTHS <input type="checkbox"/> NOT GIVEN ..... <sup>77</sup> (SKIP TO 488)	MONTHS <input type="checkbox"/> NOT GIVEN ..... <sup>77</sup> (SKIP TO 488)	MONTHS <input type="checkbox"/> NOT GIVEN ..... <sup>77</sup> (SKIP TO 488)	EXTRACTED BREAST MILK ..... A GIVEN OTHER DRINK / EAT ? RECORD ALL MENTIONED	EXTRACTED BREAST MILK ..... A GIVEN OTHER DRINK / EAT ? RECORD ALL MENTIONED
486	What was the food for (NAME) given first? CIRCLE THE RELEVANT CODE.	GRUEL WATER ..... 01 RICH (PASTE) ..... 02 BOILED VEGETABLE WATER ..... 03 FRUIT JUICES ..... 04 FRUIT(SMASHED) ..... 05 BISCUITS ..... 06 CEREALS (COMMERCIAL) PREPARATION) ..... 07 ANY OTHER ..... <sup>96</sup> (SPECIFY) DON'T KNOW ..... <sup>98</sup>	GRUEL WATER ..... 01 RICH (PASTE) ..... 02 BOILED VEGETABLE WATER ..... 03 FRUIT JUICES ..... 04 FRUIT(SMASHED) ..... 05 BISCUITS ..... 06 CEREALS (COMMERCIAL) PREPARATION) ..... 07 ANY OTHER ..... <sup>96</sup> (SPECIFY) DON'T KNOW ..... <sup>98</sup>	GRUEL WATER ..... 01 RICE(PASTE) ..... 02 BOILED VEGETABLE WATER ..... 03 FRUIT JUICES ..... 04 FRUIT(SMASHED) ..... 05 BISCUITS ..... 06 CEREALS (COMMERCIAL) PREPARATION) ..... 07 ANY OTHER ..... <sup>96</sup> (SPECIFY) DON'T KNOW ..... <sup>98</sup>	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501	USE A ADDITIONAL FORM FOR NEXT BIRTH OR IF NO- MORE BIRTH GO TO 501
491						

	Appendix E	321

## SECTION 5 - CHILD IMMUNIZATION, HEALTH AND NUTRITION

**506** For children having a vaccination card

RECORD WHETHER THE VACCINATION WAS GIVEN OR NOT, ACCORDING TO THE VACCINATION CARD. FOR THOSE THAT ARE GIVEN, ACCORDING TO THE CARD, RECORD CODE "1" IN THE COLUMN "GIVEN" AND RECORD THE DATE FROM THE CARD. IF THE IMMUNIZATION WAS GIVEN BUT NO DATES IS RECORDED ON THE CARD, RECORD "44" IN THE "DAY" COLUMN. RECORD CODE FOR THE PLACE OF THE IMMUNIZATION. IF A VACCINATION WAS NOT GIVEN, RECORD CODE "2" IN THE "GIVEN" COLUMN AND GO TO THE NEXT IMMUNIZATION.

	LAST BIRTH NAME .....	NEXT - TO - LAST BIRTH NAME .....	SECOND - FROM LAST BIRTH NAME .....				
			YEAR	MONTH	DAY	PLACE	GIVEN
BCG	0-4 weeks	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Pentavclant I	Y <sub>1</sub> N <sub>2</sub> ↑
Hexavalent I	2 months	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Pentavclant II	Y <sub>1</sub> N <sub>2</sub> ↑
Polio I	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Hexavalent II	Y <sub>1</sub> N <sub>2</sub> ↑
Hexavalent II	4 months	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Polio II	Y <sub>1</sub> N <sub>2</sub> ↑
IPV	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Pentavclant III	Y <sub>1</sub> N <sub>2</sub> ↑
						Hexavalent III	Y <sub>1</sub> N <sub>2</sub> ↑
						Polio III	Y <sub>1</sub> N <sub>2</sub> ↑
Vitamin A	9 months	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	JE	Y <sub>1</sub> N <sub>2</sub> ↑
Vitamin A	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	MMR I	Y <sub>1</sub> N <sub>2</sub> ↑
MMR I	12 months	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	JE	Y <sub>1</sub> N <sub>2</sub> ↑
Vitamin A	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	Y <sub>1</sub> N <sub>2</sub> ↑	PLACE - Field clinic	1
						Hospital clinic	2
						Private clinic	3

**501** ENTER IN THE TABLE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH IN 2011 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL SHEET NO. 5).

	LAST BIRTH NAME .....	NEXT TO LAST BIRTH NAME .....	SECOND FROM LAST BIRTH NAME .....
502	LINE NUMBER AND NAME FROM 215 (BIRTH HISTORY)	LINE NUMBER NAME .....	LINE NUMBER NAME .....
503	FROM 219 (BIRTH HISTORY)	LIVING DEAD □	LIVING DEAD □
		(GO TO 503 IN NEXT COLUMN OR IF NO MORE BIRTHS GO TO 549)	(GO TO 503 IN NEXT COLUMN OR IF NO MORE BIRTHS GO TO 549)
		(USE ADDITIONAL FORM NO. 5 OR, IF NO MORE BIRTHS, GO TO 549)	(USE ADDITIONAL FORM NO. 5 OR, IF NO MORE BIRTHS, GO TO 549)
504	Do you have a card where (NAME)'s vaccinations are written down? (CHDR) IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 506) ↓ YES, NOT SEEN....2 (SKIP TO 509) ↓ NOT AVAILABLE....3	YES, SEEN.....1 (SKIP TO 506) ↓ YES, NOT SEEN....2 (SKIP TO 509) ↓ NOT AVAILABLE....3
505	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 509) ↓ NO.....2	YES.....1 (SKIP TO 509) ↓ NO.....2

	NO	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT - TO - LAST BIRTH	SECOND - FROM LAST BIRTH
	508	Has (NAME) received any vaccinations that are not recorded in this card, including vaccinations received in a national immunization day campaign?	YES..... 1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510)	YES..... 1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510)	YES..... 1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510)
	NO		NO..... 2 (SKIP TO 510)	NO..... 2 (SKIP TO 510)	NO..... 2 (SKIP TO 510)

506	For children having a vaccination card	cont .....	RECORD WHETHER THE VACCINATION WAS GIVEN OR NOT, ACCORDING TO THE VACCINATION CARD. FOR THOSE THAT ARE GIVEN, ACCORDING TO THE CARD, RECORD CODE "1" IN THE COLUMN "GIVEN" AND RECORD THE DATE FROM THE CARD. IF THE IMMUNIZATION WAS GIVEN BUT NO DATES IS RECORDED ON THE CARD, RECORD "44" IN THE "DAY" COLUMN. RECORD CODE FOR THE PLACE OF THE IMMUNIZATION. IF A VACCINATION WAS NOT GIVEN, RECORD CODE "2" IN THE "GIVEN" COLUMN AND GO TO THE NEXT IMMUNIZATION.																																																																																																
			<table border="1"> <thead> <tr> <th></th> <th colspan="2">LAST BIRTH NAME .....</th> <th colspan="2">NEXT - TO - LAST BIRTH NAME .....</th> <th>SECOND - FROM LAST BIRTH NAME .....</th> </tr> <tr> <th></th> <th>AGE</th> <th>GIVEN</th> <th>MONTH</th> <th>YEAR</th> <th>PLACE</th> </tr> </thead> <tbody> <tr> <td>DPT</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Polio IV</td> <td>18 months</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>2 years</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>2 1/2 years</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>MMR II</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>3 years</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>3 1/2 years</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>4 years</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>4 1/2 years</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>DT</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Polio V</td> <td>5 years</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Vitamin A</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> <td>Y<sub>1</sub> N<sub>2</sub> ↗</td> </tr> <tr> <td>Other vaccination (specify)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		LAST BIRTH NAME .....		NEXT - TO - LAST BIRTH NAME .....		SECOND - FROM LAST BIRTH NAME .....		AGE	GIVEN	MONTH	YEAR	PLACE	DPT	Y <sub>1</sub> N <sub>2</sub> ↗	Polio IV	18 months	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	2 years	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	2 1/2 years	Y <sub>1</sub> N <sub>2</sub> ↗	MMR II	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	3 years	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	3 1/2 years	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	4 years	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	4 1/2 years	Y <sub>1</sub> N <sub>2</sub> ↗	DT	Y <sub>1</sub> N <sub>2</sub> ↗	Polio V	5 years	Y <sub>1</sub> N <sub>2</sub> ↗	Vitamin A	Y <sub>1</sub> N <sub>2</sub> ↗	Other vaccination (specify)																																																	
	LAST BIRTH NAME .....		NEXT - TO - LAST BIRTH NAME .....		SECOND - FROM LAST BIRTH NAME .....																																																																																														
	AGE	GIVEN	MONTH	YEAR	PLACE																																																																																														
DPT	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Polio IV	18 months	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	2 years	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	2 1/2 years	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
MMR II	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	3 years	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	3 1/2 years	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	4 years	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	4 1/2 years	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
DT	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Polio V	5 years	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Vitamin A	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗	Y <sub>1</sub> N <sub>2</sub> ↗																																																																																														
Other vaccination (specify)																																																																																																			



509 A	FOR CHILDREN NOT HAVING A VACCINATION CARD		Has (NAME) had any of the following injections/vaccinations?		LAST BIRTH	NEXT TO LAST BIRTH	SECOND - FROM LAST BIRTH
	NAME.....	AGE	NAME.....	NAME.....			
BCG	0-4 weeks	YFS	DONT KNOW	DONT KNOW	LAST BIRTH	NEXT TO LAST BIRTH	SECOND - FROM LAST BIRTH
Pentavalent I	2 months	YES	OZ	OZ	NAME.....	NAME.....	NAME.....
Polio I							
Pentavalent II	4 months						
Hexavalent II							
Polio II							
IPV							
Pentavalent III							
Hexavalent III	6 months						
Polio III							
Vitamin A							
JE							
VITAMIN A	9 months						
MMR I							
MMR I							
JE	12 months						
Vitamin A							
DPT							
Polio IV	18 months						
Vitamin A							
Vitamin A	2 years						
Vitamin A	2 1/2 years						
MMR II							
Vitamin A	3 1/2 years						
Vitamin A	3 1/2 years						
Vitamin A	4 years						
Vitamin A	4 1/2 years						
DT							
Polio V	5 years						
Vitamin A							
Other vaccination (specify)							

SKIP TO 513

NO	QUESTIONS AND FILTERS	LAST BIRTH	NEXT - TO - LAST BIRTH	SECOND - FROM LAST BIRTH
510	RECORD BIRTH WEIGHT IN GRAMS FROM HEALTH CARD.	RECORD IN GRAMS	RECORD IN GRAMS	RECORD IN GRAMS
		RECORD IN GRAMS	BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999	BIRTH WEIGHT NOT ON CARD OR NO CARD.....9999
513	During the last 14 days, was (NAME) given any syrup that contained vitamins?	YES .....	1 YES .....	1 YES .....
		NO .....	2 NO .....	2 NO .....
		DONT KNOW .....	8 DONT KNOW .....	8 DONT KNOW .....
514	During the last 14 days was (NAME) given any syrup that contained vitamins?	YES .....	1 YES .....	1 YES .....
		NO .....	2 NO .....	2 NO .....
		DONT KNOW .....	8 DONT KNOW .....	8 DONT KNOW .....
515	Was (NAME) given the mega dose of vitamin "A" at a children's clinic last year?	YES .....	1 YES .....	1 YES .....
		NO .....	2 NO .....	2 NO .....
		(SKIP TO 517) ↗	8 (SKIP TO 517) ↗	8 (SKIP TO 517) ↗
		DONT KNOW .....	8 DONT KNOW .....	8 DONT KNOW .....
516	How many times?	ONCE .....	1 ONCE .....	1 ONCE .....
		TWICE .....	2 TWICE .....	2 TWICE .....
		OTHER .....	6 OTHER .....	6 OTHER .....
517	Has (NAME) taken any drug for intestinal worms during the last six months?	YES .....	1 YES .....	1 YES .....
		NO .....	2 NO .....	2 NO .....
		DONT KNOW .....	8 DONT KNOW .....	8 DONT KNOW .....
518	Has (NAME) had diarrhoea in the last 2 weeks?	YES .....	1 YES .....	1 YES .....
		NO .....	2 NO .....	2 NO .....
		(SKIP TO 534) ↗	8 (SKIP TO 534) ↗	8 (SKIP TO 534) ↗
		DONT KNOW .....	8 DONT KNOW .....	8 DONT KNOW .....
519	Did (NAME) have watery diarrhoea or blood and mucus in the stools?	WATERY DIARRHOEA..1	BLOOD AND MUSCUS IN STOOLS..2	BLOOD AND MUSCUS IN STOOLS..2
		BOTH .....	3 BOTH .....	3 BOTH .....
		DONT KNOW .....	8 DONT KNOW .....	8 DONT KNOW .....

NO	QUESTIONS AND FILTERS	LAST BIRTH	NEXT - TO - LAST BIRTH	SECOND - FROM LAST BIRTH	NAME	NAME	NAME	NAME	NAME
520	CHECK QUESTION NO. 471.	NAME CURRENTLY BREASTFEED ..... 1 NOT CURRENTLY BREASTFEED ..... 2 (GO TO 520B) ↴	NAME CURRENTLY BREASTFEED ..... 1 NOT CURRENTLY BREASTFEED ..... 2 (GO TO 520B) ↴	NAME CURRENTLY BREASTFEED ..... 1 NOT CURRENTLY BREASTFEED ..... 2 (GO TO 520B) ↴	521A When (NAME) had diarrhoea was (he/she) given less than usual amount of semi solid food, about the same amount, more than usual or not given semi solid food? 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 THAN USUAL ..... 4	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4
520A	When (NAME) had diarrhoea was (he/she) breastfed less than usual, about the same amount as usual or more than usual? IF LESS PROBE: Was (he/she) breastfed much less than usual or somewhat less?	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME .. 3 MORE THAN USUAL ..... 4	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4	IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	NOT GIVEN SEMI-SOLID FOOD ..... 5			
521B	When (NAME) had diarrhoea, was (he/she) given less than usual solid food to eat, about the same amount, more than usual or not given solid food? 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 THAN USUAL ..... 4	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4	Did you seek advice or treatment for the diarrhoea from any source?	YES.....1 NO ..... (SKIP TO 527) ↴			

520	Now I would like to know how much (NAME) was given to drink during the diarrhoea? Was he/she given less than usual to drink, about the same amount, more than usual, or was (he/she) not given anything to drink (apart from breastmilk)? 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 THAN USUAL ..... 4 NOT GIVEN.....5	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4 NOT GIVEN.....5	MUCH LESS.....1 SOMEWHAT LESS ..... 2 ABOUT THE SAME...3 MORE THAN USUAL ..... 4 NOT GIVEN.....5	Did you seek advice or treatment for the diarrhoea from any source?	YES.....1 NO ..... (SKIP TO 527) ↴			
-----	--	---	--	--	---	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------



NO	QUESTIONS AND FILTERS	LAST BIRTH	NEXT - TO - LAST BIRTH	SECOND - FROM - LAST BIRTH	NAME _____					
523	Where did you seek advice or treatment? Anywhere else?	NAME _____	NAME _____	NAME _____	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	
	PROBE TO IDENTIFY EACH TYPE OF PLACE AND RELEVANT CIRCLE, REFER TO THE NAME OF THE CODE(S)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
524	CHECK 523.	<input type="checkbox"/> MORE CODE CIRCLED. <input checked="" type="checkbox"/> CODE CIRCLED. <small>(SKIP TO 526)</small>	<input type="checkbox"/> MORE CODE CIRCLED. <input checked="" type="checkbox"/> CODE CIRCLED. <small>(SKIP TO 526)</small>	<input type="checkbox"/> ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	
525	Where did you first seek advice or treatment?	NAME _____	NAME _____	NAME _____	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
	OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
526	How many days after the diarrhoea started did you first seek advice? IF THE SAME DAY, RECORD "00".	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
527	Does (NAME) still have diarrhoea?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
528	a) Was (NAME) given fluid made from a special packet called [JEEWANI] at any time since he/she started having diarrhoea? b) Was (NAME) given a home fluid recommended by a health officer?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
529	Was anything (else) given to treat the diarrhoea?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
530	What(else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	

NO	QUESTIONS AND FILTERS	LAST BIRTH	NEXT - TO - LAST BIRTH	SECOND - FROM - LAST BIRTH	NAME _____					
523	Where did you seek advice or treatment? Anywhere else?	NAME _____	NAME _____	NAME _____	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E	PUBLIC SECTOR MOH CLINIC.....A GOVT. HOSPITAL/ CLINIC.....B MOBILE CLINIC.....C PUBLIC HEALTH MIDWIFE.....D OTHER GOVERNMENT.....E
	PROBE TO IDENTIFY EACH TYPE OF PLACE AND RELEVANT CIRCLE, REFER TO THE NAME OF THE CODE(S)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
	OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
524	CHECK 523.	<input type="checkbox"/> MORE CODE CIRCLED. <input checked="" type="checkbox"/> CODE CIRCLED. <small>(SKIP TO 526)</small>	<input type="checkbox"/> MORE CODE CIRCLED. <input checked="" type="checkbox"/> CODE CIRCLED. <small>(SKIP TO 526)</small>	<input type="checkbox"/> ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	TWO OR ONLY ONE CODE CIRCLED. <input checked="" type="checkbox"/> MORE CODE CIRCLED. <small>(SKIP TO 526)</small>	
525	Where did you first seek advice or treatment?	NAME _____	NAME _____	NAME _____	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05	PUBLIC SECTOR MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
	OTHER SOURCE GROCERY.....K UNABLE TO DETERMINE.....X	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	(SPECIFY)	
526	How many days after the diarrhoea started did you first seek advice? IF THE SAME DAY, RECORD "00".	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
527	Does (NAME) still have diarrhoea?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
528	a) Was (NAME) given fluid made from a special packet called [JEEWANI] at any time since he/she started having diarrhoea? b) Was (NAME) given a home fluid recommended by a health officer?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
529	Was anything (else) given to treat the diarrhoea?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
530	What(else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT - TO - LAST BIRTH NAME _____	SECOND - FROM - LAST BIRTH NAME _____	NO QUESTIONS AND FILTERS NAME _____	LAST BIRTH NAME _____	NEXT - TO - LAST BIRTH NAME _____	SECOND - FROM - LAST BIRTH NAME _____
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or did he/she have difficulty in breathing?	YES..... NO..... (SKIP TO 537) → DON'T KNOW ..... 8	YES..... NO..... (SKIP TO 537) → DON'T KNOW ..... 8	YES..... NO..... (SKIP TO 537) → DON'T KNOW ..... 8	539 When (NAME) had a fever, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat?	MUCH LESS..... SOMEWHAT LESS..... ABOUT THE SAME..3 MORE..... 4	MUCH LESS..... SOMEWHAT LESS..... ABOUT THE SAME..3 MORE..... 4	MUCH LESS..... SOMEWHAT LESS..... ABOUT THE SAME..3 MORE..... 4
536A	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ..... NOSE ONLY ..... BOTH ..... OTHER .....	CHEST ONLY ..... NOSE ONLY ..... BOTH ..... OTHER .....	CHEST ONLY ..... NOSE ONLY ..... BOTH ..... OTHER .....	IF LESS, PROBE : Was (NAME) given much less than usual to eat or somewhat less?	STOPPED FOOD ..... NEVER GAVE FOOD .....	STOPPED FOOD ..... NEVER GAVE FOOD .....	STOPPED FOOD ..... NEVER GAVE FOOD .....
536B	Does (NAME) still have a cough?	DON'T KNOW ..... YES..... NO..... 2	DON'T KNOW ..... YES..... NO..... 2	DON'T KNOW ..... YES..... NO..... 2	540 Did you seek advice or treatment for the illness from any source?	YES..... NO .....	DON'T KNOW ..... 8	DON'T KNOW ..... 8
537	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... NO..... 2	YES..... NO..... 2	YES..... NO..... 2	541 Where did you seek advice or treatment?	PUBLIC SECTOR MOH CLINIC ..... GOVT. HOSPITAL/ CLINIC ..... MOBILE CLINIC .....	PUBLIC SECTOR MOH CLINIC ..... GOVT. HOSPITAL/ CLINIC ..... MOBILE CLINIC .....	PUBLIC SECTOR MOH CLINIC ..... GOVT. HOSPITAL/ CLINIC ..... MOBILE CLINIC .....
537A	CHECK QUESTION 471.	CURRENTLY BREASTFEED ..... NOT CURRENTLY BREASTFEED ..... (GO TO 538) →	CURRENTLY BREASTFEED ..... NOT CURRENTLY BREASTFEED ..... (GO TO 538) →	CURRENTLY BREASTFEED ..... NOT CURRENTLY BREASTFEED ..... (GO TO 538) →	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE RELEVANT CODE(S)	1 IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	1 IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	1 IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.
537B	When (NAME) had fever was he/she breastfed less than usual, about the same amount or more than usual?	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	(SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC .....	F PHARMACY ..... G PRIVATE DOCTOR .....	(SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC .....	(SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC .....
	IF LESS, PROBE : Was he/she breastfed much less than usual to drink or somewhat less?	ABOUT THE SAME..3 MORE THAN USUAL .....	ABOUT THE SAME..3 MORE THAN USUAL .....	ABOUT THE SAME..3 MORE .....	K UNABLE TO DETERMINE .....	H PRIVATE DOCTOR .....	K UNABLE TO DETERMINE .....	K UNABLE TO DETERMINE .....
538	How much was (NAME) given to drink during the fever (apart from breast milk)? Was (he/she) given less than usual to drink, about the same amount, or more than usual?	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	542 CHECK 541	TWO OR ONLY ONE MORE CODE BOXES CIRCLED .....	TWO OR ONLY ONE MORE CODE BOXES CIRCLED .....	TWO OR ONLY ONE MORE CODE BOXES CIRCLED .....
	IF LESS, PROBE : Was (he/she) given much less to drink than usual or somewhat less?	ABOUT THE SAME..3 MORE .....	ABOUT THE SAME..3 MORE .....	ABOUT THE SAME..3 MORE .....		544 (SKIP TO 544) →	544 (SKIP TO 544) →	544 (SKIP TO 544) →

NO	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT - TO - LAST BIRTH NAME _____	SECOND - FROM - LAST BIRTH NAME _____	NO QUESTIONS AND FILTERS NAME _____	LAST BIRTH NAME _____	NEXT - TO - LAST BIRTH NAME _____	SECOND - FROM - LAST BIRTH NAME _____
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or did he/she have difficulty in breathing?	YES..... NO..... (SKIP TO 537) → DON'T KNOW ..... 8	YES..... NO..... (SKIP TO 537) → DON'T KNOW ..... 8	YES..... NO..... (SKIP TO 537) → DON'T KNOW ..... 8	539 When (NAME) had a fever, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat?	MUCH LESS..... SOMEWHAT LESS..... ABOUT THE SAME..3 MORE..... 4	MUCH LESS..... SOMEWHAT LESS..... ABOUT THE SAME..3 MORE..... 4	MUCH LESS..... SOMEWHAT LESS..... ABOUT THE SAME..3 MORE..... 4
536A	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ..... NOSE ONLY ..... BOTH ..... OTHER .....	CHEST ONLY ..... NOSE ONLY ..... BOTH ..... OTHER .....	CHEST ONLY ..... NOSE ONLY ..... BOTH ..... OTHER .....	IF LESS, PROBE : Was (NAME) given much less than usual to eat or somewhat less?	STOPPED FOOD ..... NEVER GAVE FOOD .....	STOPPED FOOD ..... NEVER GAVE FOOD .....	STOPPED FOOD ..... NEVER GAVE FOOD .....
536B	Does (NAME) still have a cough?	DON'T KNOW ..... YES..... NO..... 2	DON'T KNOW ..... YES..... NO..... 2	DON'T KNOW ..... YES..... NO..... 2	540 Did you seek advice or treatment for the illness from any source?	YES..... NO .....	DON'T KNOW ..... 8	DON'T KNOW ..... 8
537	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... NO..... 2	YES..... NO..... 2	YES..... NO..... 2	541 Where did you seek advice or treatment?	PUBLIC SECTOR MOH CLINIC ..... GOVT. HOSPITAL/ CLINIC ..... MOBILE CLINIC .....	PUBLIC SECTOR MOH CLINIC ..... GOVT. HOSPITAL/ CLINIC ..... MOBILE CLINIC .....	PUBLIC SECTOR MOH CLINIC ..... GOVT. HOSPITAL/ CLINIC ..... MOBILE CLINIC .....
537A	CHECK QUESTION 471.	CURRENTLY BREASTFEED ..... NOT CURRENTLY BREASTFEED ..... (GO TO 538) →	CURRENTLY BREASTFEED ..... NOT CURRENTLY BREASTFEED ..... (GO TO 538) →	CURRENTLY BREASTFEED ..... NOT CURRENTLY BREASTFEED ..... (GO TO 538) →	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE RELEVANT CODE(S)	1 IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	1 IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	1 IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.
537B	When (NAME) had fever was he/she breastfed less than usual, about the same amount or more than usual?	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	(SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC .....	F PHARMACY ..... G PRIVATE DOCTOR .....	(SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC .....	(SPECIFY) PRIVATE SECTOR PVT HOSPITAL/ CLINIC .....
	IF LESS, PROBE : Was he/she breastfed much less than usual to drink or somewhat less?	ABOUT THE SAME..3 MORE THAN USUAL .....	ABOUT THE SAME..3 MORE THAN USUAL .....	ABOUT THE SAME..3 MORE .....	K UNABLE TO DETERMINE .....	H PRIVATE DOCTOR .....	K UNABLE TO DETERMINE .....	K UNABLE TO DETERMINE .....
538	How much was (NAME) given to drink during the fever (apart from breast milk)? Was (he/she) given less than usual to drink, about the same amount, or more than usual?	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	MUCH LESS..... SOMEWHAT LESS .....	542 CHECK 541	TWO OR ONLY ONE MORE CODE BOXES CIRCLED .....	TWO OR ONLY ONE MORE CODE BOXES CIRCLED .....	TWO OR ONLY ONE MORE CODE BOXES CIRCLED .....
	IF LESS, PROBE : Was (he/she) given much less to drink than usual or somewhat less?	ABOUT THE SAME..3 MORE .....	ABOUT THE SAME..3 MORE .....	ABOUT THE SAME..3 MORE .....		544 (SKIP TO 544) →	544 (SKIP TO 544) →	544 (SKIP TO 544) →



NO	QUESTIONS AND FILTERS	LAST BIRTH	NEXT- TO - LAST BIRTH	SECOND - FROM - LAST BIRTH	CODING CATEGORIES	SKIP
549	CHECK 218 AND 221, ALL ROWS:					
543	Where did you first seek advice or treatment?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, SELECT THE OPTION "UNABLE TO DETERMINE" AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY)	<b>PUBLIC SECTOR</b> MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY)	<b>PUBLIC SECTOR</b> MOH CLINIC.....01 GOVT. HOSPITAL/ CLINIC.....02 MOBILE CLINIC.....03 PUBLIC HEALTH MIDWIFE.....04 OTHER GOVERNMENT.....05 (SPECIFY)	NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT.  ONE OR MORE <input type="checkbox"/>	NONE <input type="checkbox"/>
550	How do you dispose of the stools (excrement) of (NAME OF YOUNGEST CHILD)?  CIRCLE THE RELEVANT CODE.  (SPECIFY)	CHILD USED TOILET OR LATRINE.....01 PUT/TRINSED INTO TOILET OR LATRINE.....02 PUT/TRINSED INTO DRAIN OR DITCH.....03 THROWN INTO GARBAGE.....04 BURIED.....05 LEFT IN THE OPEN .....06 OTHER _____ (SPECIFY)				552
551	CHECK 528(a) IF NO CODE CIRCLED OR CIRCLED "2" OR "8" <input type="checkbox"/>	<input type="checkbox"/> CIRCLED "1" <input type="checkbox"/>				553
552	Have you ever heard about a special product called Jlewani, a pre packaged ORS liquid that you can get for the treatment of diarrhea?  NUMBER OF <input type="checkbox"/> DAYS	YES .....1 NO .....2 DONT KNOW .....8				YES .....1 NO .....2 DONT KNOW .....8
553	CHECK 218 AND 221, ALL ROWS:  HAS AT LEAST ONE CHILD BORN IN 2011 OR LATER AND LIVING WITH HER. <input type="checkbox"/>  RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554.					
544	After how many days of the start of fever did you seek first medical advice? IF THE SAME DAY, RECORD "00"	NUMBER OF <input type="checkbox"/> DAYS				
545	During his/her illness was (NAME)'s blood sample tested for malaria?	YES .....1 NO .....2 DONT KNOW .....8				
546	Was (NAME) given any drugs/medicines at any time during the illness ? RECORD ALL MENTIONED.	YES .....1 NO .....2 DONT KNOW .....8				YES .....1 NO .....2 DONT KNOW .....8
547	Which drugs were given to (NAME) ? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS .....A ANTIOTIC DRUGS .....B OTHER DRUGS .....C DONT KNOW .....Z				ANTIMALARIAL DRUGS .....A ANTIOTIC DRUGS .....B OTHER DRUGS .....C DONT KNOW .....Z
547A	Is (NAME) still sick with fever?	YES .....1 NO .....2				YES .....1 NO .....2
548		GO BACK TO 503 IN NEXT COLUMN, OR IF NO MORE BIRTHS, GO TO 549.				USE ADDITIONAL FORM NO. 5 OR IF NO MORE BIRTHS, GO TO 549.  NAME OF THE YOUNGEST CHILD

NO	QUESTIONS AND FILTERS	LAST BIRTH	NEXT BIRTH	SECOND - FROM - LAST BIRTH	CODING CATEGORIES	SKIP
544	After how many days of the start of fever did you seek first medical advice? IF THE SAME DAY, RECORD "00"	NUMBER OF <input type="checkbox"/> DAYS				
545	During his/her illness was (NAME)'s blood sample tested for malaria?	YES .....1 NO .....2 DONT KNOW .....8				
546	Was (NAME) given any drugs/medicines at any time during the illness ? RECORD ALL MENTIONED.	YES .....1 NO .....2 DONT KNOW .....8				YES .....1 NO .....2 DONT KNOW .....8
547	Which drugs were given to (NAME) ? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS .....A ANTIOTIC DRUGS .....B OTHER DRUGS .....C DONT KNOW .....Z				ANTIMALARIAL DRUGS .....A ANTIOTIC DRUGS .....B OTHER DRUGS .....C DONT KNOW .....Z
547A	Is (NAME) still sick with fever?	YES .....1 NO .....2				YES .....1 NO .....2
548		GO BACK TO 503 IN NEXT COLUMN, OR IF NO MORE BIRTHS, GO TO 549.				USE ADDITIONAL FORM NO. 5 OR IF NO MORE BIRTHS, GO TO 549.  NAME OF THE YOUNGEST CHILD

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
554	Now I would like to ask you about liquids or foods (NAME OF THE YOUNGEST CHILD) had yesterday during the day or at night.			555 Now I would like to ask you about other liquids or foods that (NAME OF THE YOUNGEST CHILD) or you may have had yesterday during the daytime or at night. I am interested in whether your child or you had the item even if it was combined with other foods. Did (NAME OF THE YOUNGEST CHILD) or you drink/eat:		

Did (NAME OF THE YOUNGEST CHILD) drink/ eat ?	YES	NO	DON'T KNOW
1. Breast milk ?	1	1	2
2. Plain water ?	2	1	2
3. Infant Formula ?	3	1	2
4. Herbal Decoction (Eg: "Paspangwa") ?	4	1	2
5. Sugar/ glucose water ?	5	1	2
6. Soda / Cola drinks ?	6	1	2
7. ORS liquids like jeewanji ?	7	1	2
8. Vitamin ?	8	1	2
9. Syrup with iron ?	9	1	2
10. Medicines ?	10	1	2
11. Fresh milk/ Adult Formula ?	11	1	2
12. Children Formula ?	12	1	2
13. Soup ?	13	1	2
14. Gruel ?	14	1	2
15. Cereal (Nestom/Cerelak/Thriposha) ?	15	1	2
16. Porridge or rice ?	16	1	2



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
556	CHECK 554 (CODE 1 -14) AND CHECK 555 (CODE 1- 4 FOR CHILD) AT LEAST ONE "YES" <input type="checkbox"/>		
	NOT A SINGLE "YES" <input type="checkbox"/>		
557	Did (NAME OF THE YOUNGEST CHILD) drink anything from a bottle with a teat? 559	YES .....1 NO .....2	559
558	What did (he/she) drink from a bottle with a teat? PROBE : Anything else ? CIRCLE ALL MENTIONED.	EXTRACTED BREAST MILK .....A OTHER MILK .....B PLAIN WATER .....C TEA/COFFEE .....D FRUIT JUICE .....E SUGAR/GLUCOSE WATER .....F LIQUIDS LIKE JEEWANI .....G SODA/COCA DRINKS .....H OTHER DRINKS .....I GRUEL .....J SOUP WATER .....K OTHER .....X (SPECIFY)	563A Do you add salt to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2
559	CHECK 554 (LAST 2 CATEGORIES) AND 555 [CATERGORIES 5 THROUGH 24 FOR CHILD] AT LEAST ONE "YES" <input type="checkbox"/>	NOT A SINGLE "YES" <input type="checkbox"/> 563 A	563B Do you add sugar to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2
560	How many times did (NAME OF THE YOUNGEST CHILD) eat solid, semi-solid or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD "7".	NUMBER OF TIMES <input type="checkbox"/> DONT KNOW .....8	563C Do you add spices to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2 (SPECIFY)
561	Did (NAME OF THE YOUNGEST CHILD) refuse to take meals at any time yesterday?	YES .....1 NO .....2	563D Do you add any other item to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2
562	What did you do when (NAME OF THE YOUNGEST CHILD) refused to eat ? CIRCLE ALL MENTIONED.	FORCED/THREATENED/ SCARED THE CHILD TO EAT .....A TRIED TO FEED AGAIN AFTER SOME TIME .....B DID SOMETHING HE/SHE LIKED .....C TRYED TO FEED WITH FAMILY MEMBERS .....D DID NOT DO ANYTHING .....E OTHER .....X (SPECIFY)	564 A Do you have a habit of washing your hands using soap/detergent after you use the toilet ? 1.....YES .....1 2.....NO .....2
			564 B Do you have a habit of washing your hands using soap/detergent before having meals ? 1.....YES .....1 2.....NO .....2
			564 C Do you have a habit of washing your hands using soap/detergent before preparing meals ? 1.....YES .....1 2.....NO .....2

556	CHECK 554 (CODE 1 -14) AND CHECK 555 (CODE 1- 4 FOR CHILD) AT LEAST ONE "YES" <input type="checkbox"/>	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NOT A SINGLE "YES" <input type="checkbox"/>			
557	Did (NAME OF THE YOUNGEST CHILD) drink anything from a bottle with a teat? 559	YES .....1 NO .....2	559	
558	What did (he/she) drink from a bottle with a teat? PROBE : Anything else ? CIRCLE ALL MENTIONED.	EXTRACTED BREAST MILK .....A OTHER MILK .....B PLAIN WATER .....C TEA/COFFEE .....D FRUIT JUICE .....E SUGAR/GLUCOSE WATER .....F LIQUIDS LIKE JEEWANI .....G SODA/COCA DRINKS .....H OTHER DRINKS .....I GRUEL .....J SOUP WATER .....K OTHER .....X (SPECIFY)	563A Do you add salt to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2	
559	CHECK 554 (LAST 2 CATEGORIES) AND 555 [CATERGORIES 5 THROUGH 24 FOR CHILD] AT LEAST ONE "YES" <input type="checkbox"/>	NOT A SINGLE "YES" <input type="checkbox"/> 563 A	563B Do you add sugar to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2	
560	How many times did (NAME OF THE YOUNGEST CHILD) eat solid, semi-solid or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD "7".	NUMBER OF TIMES <input type="checkbox"/> DONT KNOW .....8	563C Do you add spices to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2 (SPECIFY)	
561	Did (NAME OF THE YOUNGEST CHILD) refuse to take meals at any time yesterday?	YES .....1 NO .....2	563D Do you add any other item to (NAME OF THE YOUNGEST CHILD)'s meals ? 1.....YES .....1 2.....NO .....2	
562	What did you do when (NAME OF THE YOUNGEST CHILD) refused to eat ? CIRCLE ALL MENTIONED.	FORCED/THREATENED/ SCARED THE CHILD TO EAT .....A TRIED TO FEED AGAIN AFTER SOME TIME .....B DID SOMETHING HE/SHE LIKED .....C TRYED TO FEED WITH FAMILY MEMBERS .....D DID NOT DO ANYTHING .....E OTHER .....X (SPECIFY)	564 A Do you have a habit of washing your hands using soap/detergent after you use the toilet ? 1.....YES .....1 2.....NO .....2	
			564 B Do you have a habit of washing your hands using soap/detergent before having meals ? 1.....YES .....1 2.....NO .....2	
			564 C Do you have a habit of washing your hands using soap/detergent before preparing meals ? 1.....YES .....1 2.....NO .....2	

## SECTION 6 - FERTILITY PREFERENCES

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
600A	Are you currently married or living together with a man?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION/ HUSBAND DIED / DIVORCED / SEPARATED .....3	600D
600 B	Is your husband/ partner living with you now or is he staying elsewhere? IF THE SPOUSE IS TEMPORARILY STAYING IN OTHER LOCATION CONSIDER AS LIVING WITH HIM AT HOME. IF THE SPOUSE DOES NOT VISIT HOME AT LEAST ONCE IN 6 MONTHS CONSIDER AS STAYING ELSEWHERE.	LIVING WITH HIM AT HOME .....1 HE IS STAYING ELSEWHERE .....2	600D
600C	RECORD THE HUSBANDS/ PARTNERS NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE, IF HE IS NOT LISTED IN THE HOUSEHOLD RECORD "00".	NAME _____ LINE NUMBER _____	600D
600D	Have you been married or lived with a man only once or more than once ?	ONLY ONCE .....1 MORE THAN ONCE .....2	600F
600 E	How many times have you been married or lived with a man ?	TIMES _____	600F
600 F	CHECK 600D, MARRIED/LIVED WITH A MAN ONCE MARRIED/LIVED WITH A MAN MORE THAN ONCE	MONTH ..... DON'T KNOW MONTH .....98	600G
	In which month and year did you start living with your husband/ partner ?	YEAR ..... DON'T KNOW YEAR .....998	600G
600 G	How old were you when you started living with him? (COMPARE AND CORRECT 105, 600F AND 600G IF "INCONSISTENT")	AGE (YEARS) ..... _____	600 H
600 H	CHECK FOR PRESENCE OF OTHERS, BEFORE COUNTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.	CIRCLE ALL MENTIONED.	600 I
600 I	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to any one. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .....00 AGE IN YEARS ..... _____	600 J



NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 310A NEITHER STERILIZED	HE OR SHE STERILIZED <input type="checkbox"/>	613
602	CHECK 229: NOT PREGNANT OR UNSURE <input type="checkbox"/>	WANTS (A/ANOTHER) CHILD .....1 NO MORE/NONE .....2 NOT PREGNANT AND UNSURE .....3 PREGNANT AND UNSURE .....4 SAYS SHE CAN'T GET PREGNANT .....5 MENOPAUSAL .....6	604
	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?	609
603	CHECK 229: NOT PREGNANT OR UNSURE <input type="checkbox"/>	MONTHS .....1 YEARS .....2 SOON/NOW .....993 OTHER .....996 (SPECIFY) DON'T KNOW .....998	605
	How long would you like to wait from now before the birth of (a/another) child?  Would you like to have a child now?	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	609
604	Why don't you wish to have any more children in future?  CIRCLE ALL MENTIONED.	ENOUGH CHILDREN AT PRESENT .....A FINANCIAL PROBLEMS .....B NO ONE TO LOOKAFTER THE CHILD .....C OLD AGE .....D ILLNESS .....E OTHER .....X	605
605	CHECK 229: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	610

NO.	QUESTION AND FILTERS	CODING CATEGORIES	CODING CATEGORIES	SKIP
606	CHECK 310: USING A FAMILY PLANNING METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING	CURRENTLY <input type="checkbox"/>	YES <input type="checkbox"/> CURRENTLY <input type="checkbox"/>	613
607	CHECK 603: NOT ASKED <input type="checkbox"/> MORE THAN 5 YEARS	BETWEEN 2 TO 5 YEARS (INCLUDE 2 & 5 YEARS)	LESS THAN 2 YEARS <input type="checkbox"/>	610
609	CHECK 310: <input type="checkbox"/> NOT ASKED <input type="checkbox"/> CURRENTLY NOT USING	NO, <input type="checkbox"/> CURRENTLY NOT USING	YES <input type="checkbox"/> CURRENTLY <input type="checkbox"/>	613
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future ?	YES <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>	1 2 8 612

<p>606      CHECK 310: USING A FAMILY PLANNING METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING</p> <p>607      CHECK 603: NOT ASKED <input type="checkbox"/> MORE THAN 5 YEARS</p> <p>608      CHECK 602: WANT A/ANOTHER CHILD</p> <p>You said that you do not want (a/another) child for at least two years. But you are not using any method to avoid pregnancy.</p> <p>Could you please tell me why you are not using any method?</p> <p>Is there any other reason? Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p><b>FERTILITY-RELATED REASONS</b></p> <p>DO NOT WANT ANY MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children. But you are not using any method to avoid pregnancy.</p> <p>Could you please tell me why you are not using any method?</p> <p>Is there any other reason? Any other reason?</p> <p>LACK OF KNOWLEDGE L NO WAY TO GET INFORMATION METHOD-RELATED REASONS N HEALTH CONCERNS F E A R O F S I D E E F F E C T S O L A C K O F A C C E S S / T O O F A R P E X P E N S I V E Q I N C O N V E N I E N T T O U S E R I N T E R F E R E S W I T H B O D Y ' S N O R M A L P R O C E S S E S S P R E V I O U S L Y O C C U R R E D S I D E E F F E C T S T O T H E R (S P E C I F Y) Z D O N T K N O W .....</p>
--	---

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	CHECK : 219 HAS LIVING CHILDREN	NO LIVING CHILDREN	
	If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?	If you could choose exactly the number of children to have in your whole life, how many would that be?	615
	PROBE FOR A NUMERIC RESPONSE	(SPECIFY)	96
614	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 no matter ?	BOYS      GIRLS      EITHER NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____ (SPECIFY) 96	
615	During last few months have you heard about family planning methods? On the radio? On the television? In a newspaper or magazine? On the internet ?	RADIO ..... 1      YES NO TELEVISION ..... 1      2 NEWS PAPER OR MAGAZINE ..... 1      2 INTERNET ..... 1      2	701
616	CHECK 600 A : YES <input type="checkbox"/> YES <input type="checkbox"/> NO, CURRENTLY LIVING WITH A MAN MARRIED	<input type="checkbox"/> NOT IN UNION/HUSBAND DIED	
617	CHECK 310A CODES OTHER THAN B, G OR L CIRCLED	CODE B, G OR L CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>	619 620
618	Does your husband/partner know that you are using a method of family planning ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
619	CHECK 310A NOT STERILIZED	HE OR SHE HAS STERILIZED <input type="checkbox"/>	701
620	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want ?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason for not using any contraceptive method in the future?	FERTILITY RELATED REASONS INFREQUENT SEX/ NO SEX ..... 21 MENOPAUSAL/ HYSTERECTOMY ..... 22 SUBFECUND/INFECUND ..... 23 WANTS AS MANY CHILDREN AS POSSIBLE ..... 24  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED ..... 32 OTHERS OPPOSED ..... 33 RELIGIOUS ..... 34  LACK OF KNOWLEDGE LACK OF KNOWLEDGE ..... 41 NO WAY TO GET INFORMATION ..... 42	



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	CODING CATEGORIES	SKIP
706B	Does/did he work for the government/ for a semi government organization/for a private employer/ for his own account or does he do unpaid family work?		SECTOR GOVERNMENT .....1 SEMI GOVERNMENT .....2 EMPLOYEE .....3 EMPLOYER .....4 OWN ACCOUNT WORKER .....5 UNPAID FAMILY WORKER .....6	
707	Apart from doing housework, are you currently working in a job or a business?		YES .....1 NO .....2	711A 1 → 711A 2
710	What is the main reason that you are not working in a job or a business?		DIFFICULT TO FIND JOB .....1 NEEDS TO BE HOME FOR THE CHILDREN .....2 HUSBAND DOES NOT WANT HER TO WORK .....3 DOES NOT WANT A JOB .....4 OTHER .....6	
711	Do you have enough money for the daily expenses of your house?		YES .....1 NO .....2	713 1 → 713 2
711A	What is your occupation? What kind of work do you do?		(SPECIFY) _____	
706	Is your husband/partner currently working in a job or business	YES .....1 NO .....2	707 1 → 707 2	
706 T	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN	FORMERLY MARRIED/ LIVED WITH A MAN	(SPECIFY) _____	711B CHECK Q 711A AND SELECT ONE OF THE MAJOR EMPLOYMENT GROUP MANAGER, SENIOR OFFICIALS AND LEGISLATORS .....1 PROFESSIONALS .....2 TECHNICIANS AND ASSOCIATE PROFESSIONALS .....3 CLERKS AND CLERICAL SUPPORT WORKERS .....4 SERVICE AND SALES WORKERS .....5 SKILLED AGRICULTURAL, FORESTRY AND FISHERY WORKERS .....6 CRAFT AND RELATED TRADES WORKERS .....7 PLANT AND MACHINE OPERATORS AND ASSEMBLERS .....8 ELEMENTARY OCCUPATIONS .....9
706 A	CHECK Q 706T AND SELECT ONE OF THE MAJOR EMPLOYMENT GROUP	What is your husband's/partner's occupation? What kind of work does he do?	What was your (last) husband's/partner's occupation? What kind of work did he do?	712A CHECK 701 Currently married/ Living with a man 1 → 714 2
				Formerly married / Lived with a man 1 → 714 2

SECTION 7 - HUSBAND'S BACKGROUND AND WOMAN'S WORK				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	CODING CATEGORIES	SKIP
701	CHECK 600A AND 600 B CURRENTLY MARRIED/ LIVING WITH A MAN	FORMERLY MARRIED/ LIVED WITH A MAN	1 → 706	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS		
704	What is the highest educational qualification of your husband/partner completed?	NEVER ATTENDED SCHOOL .....77 PRE SCHOOL .....78 PASSED GRADE 1 .....01 PASSED GRADE 2 .....02 PASSED GRADE 3 .....03 PASSED GRADE 4 .....04 PASSED GRADE 5 .....05 PASSED GRADE 6 .....06 PASSED GRADE 7 .....07 PASSED GRADE 8 .....08 PASSED GRADE 9 .....09 PASSED GRADE 10 .....10 PASSED GRADE G.C.E. (O/L) .....11 PASSED GRADE 12 .....12 PASSED GRADE G.C.E. (A/L) .....13 DEGREE & ABOVE .....14		
706	Is your husband/partner currently working in a job or business	YES .....1 NO .....2	707 1 → 707 2	
706 T	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN	FORMERLY MARRIED/ LIVED WITH A MAN	(SPECIFY) _____	711B CHECK Q 711A AND SELECT ONE OF THE MAJOR EMPLOYMENT GROUP MANAGER, SENIOR OFFICIALS AND LEGISLATORS .....1 PROFESSIONALS .....2 TECHNICIANS AND ASSOCIATE PROFESSIONALS .....3 CLERKS AND CLERICAL SUPPORT WORKERS .....4 SERVICE AND SALES WORKERS .....5 SKILLED AGRICULTURAL, FORESTRY AND FISHERY WORKERS .....6 CRAFT AND RELATED TRADES WORKERS .....7 PLANT AND MACHINE OPERATORS AND ASSEMBLERS .....8 ELEMENTARY OCCUPATIONS .....9
706 A	CHECK Q 706T AND SELECT ONE OF THE MAJOR EMPLOYMENT GROUP	What is your husband's/partner's occupation? What kind of work does he do?	What was your (last) husband's/partner's occupation? What kind of work did he do?	712A CHECK 701 Currently married/ Living with a man 1 → 714 2
				Formerly married / Lived with a man 1 → 714 2

## SECTION 8 - HIV/AIDS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	CODING CATEGORIES	SKIP
712B	Could you say that the money that you earn is higher than what your husband/partner earns, or less than what he earns, or about the same? 1 2 3 4 5 6 7 8	MORE THAN HIM ..... LESS THAN HIM ..... ABOUT THE SAME ..... HUSBAND/PARTNER HAS NO EARNING .....	YES ..... NO .....	1 2 805
713	Who usually decides how your husband/partner's earnings will be used; mainly you, mainly your husband/partner, or you and your husband/partner jointly? 1 2 3 4 5 6 7 8	RESPONDENT ..... HUSBAND/PARTNER ..... RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... HUSBAND/PARTNER HAS NO EARNINGS ..... NOT APPLICABLE ..... OTHER .....	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
714	Who usually takes the decisions about health care for yourself? 1 2 3 4 5 6 7 8	RESPONDENT ..... HUSBAND/PARTNER ..... RESPONDENT & HUSBAND/PARTNER JOINTLY ..... SOMEONE ELSE .....	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
715	Who usually takes the decisions about making major household purchases? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
716	Who usually takes the decisions about making purchases for daily household needs? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
717	Who usually takes the decisions about visits to your family or relatives? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
801	Now I would like to talk about something else. Have you ever heard about AIDS or the HIV virus ? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 805
802	Please tell me if each of following statements are right or wrong or you don't know 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
803	I don't want to know the results, but during the last 12 months have you been tested to see if you have the AIDS virus? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
804	I don't want to know the results, but did you get the results of the test? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8

NO	QUESTIONS AND FILTERS	CODING CATEGORIES
712B	Could you say that the money that you earn is higher than what your husband/partner earns, or less than what he earns, or about the same? 1 2 3 4 5 6 7 8	MORE THAN HIM ..... LESS THAN HIM ..... ABOUT THE SAME ..... HUSBAND/PARTNER HAS NO EARNING .....
713	Who usually decides how your husband/partner's earnings will be used; mainly you, mainly your husband/partner, or you and your husband/partner jointly? 1 2 3 4 5 6 7 8	RESPONDENT ..... HUSBAND/PARTNER ..... RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... HUSBAND/PARTNER HAS NO EARNINGS ..... NOT APPLICABLE ..... OTHER .....
714	Who usually takes the decisions about health care for yourself? 1 2 3 4 5 6 7 8	RESPONDENT ..... HUSBAND/PARTNER ..... RESPONDENT & HUSBAND/PARTNER JOINTLY ..... SOMEONE ELSE .....
715	Who usually takes the decisions about making major household purchases? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
716	Who usually takes the decisions about making purchases for daily household needs? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
717	Who usually takes the decisions about visits to your family or relatives? 1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8



**SECTION 9 - VIOLENCE OF INTIMATE PARTNER**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	CHECK 801. HEARD ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES.....1 NO.....2 Have you heard about infections that can be transmitted through sexual contact?  Now I would like to ask you some questions about your health during the last 12 months. Have you had a disease which you got through sexual contact?	901 FULL PRIVACY OBTAINED .....1 FULL PRIVACY NOT OBTAINED .....2 1001 ↔
806	Sometimes women experience a bad-smelling abnormal genital discharge During the last 12 months have you had any bad smelling, abnormal genital discharge?	YES.....1 NO.....2 DONT KNOW .....8	902 Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Sri Lanka. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. In the last 12 months has your (last) husband/partner ever:
807	Sometimes women have a genital sore or ulcer.	YES.....1 NO.....2 DONT KNOW .....8	a) Slapped, beaten, or thumped you? IF YES, How often ? b) Pushed or shoved You? IF YES, How often ? c) Tried to strangulate You? IF YES, How often ? d) Dragged or pulled You? IF YES, How often ? e) Beat You with an object? IF YES, How often ? f) Burned You? IF YES, How often ? g) Prevented You leaving home? IF YES, How often ? h) Forced You to have sex? IF YES, How often ? i) Belittled or Seriously offended You IF YES, How often ?

809	CHECK 806,807 AND 808 HAS HAD AN INFECTION <input type="checkbox"/> (ANY "YES")	HAS NOT HAD AN INFECTION <input type="checkbox"/> OR DOES NOT KNOW	901 ↔
810	The last time you had (PROBLEM FROM 806/807/808) Did you seek any kind of advice or treatment?	YES.....1 NO.....2 901 ↔	PUBLIC SECTOR GOVERNMENT HOSPITAL/ CLINIC .....A MOH CLINIC .....B FAMILY PLANNING CLINIC C STD CLINIC .....D MOBILE CLINIC .....E OTHER PUBLIC .....F _____ (SPECIFY)
811	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).		PRIVATE SECTOR SPECIALIST .....G PRIVATE DOCTOR (DISPENSARY) .....H PRIVATE HOSPITAL/ CLINIC .....I PHARMACY/GROCERY .....J MOBILE CLINIC .....K OTHER PRIVATE .....L _____ (SPECIFY)
	NAME OF THE PLACE(S)		UNABLE TO DETERMINE .....X

**SECTION 10 - AWARENESS ABOUT WELL - WOMEN CLINIC**

NO	QUESTION AND FILTER	CODING CATEGORIES	SKIP
903	CHECK 902 IF CODE 1,2,3 OR 4 IN 902 →	ONLY CODES 5 OR 9 IN 902 <input type="checkbox"/>	908
906	Did you ask help from any body?	YES .....1 NO .....2 →	908
907	Who gave you help or advice? CIRCLE ALL MENTIONED. PROBE : Anyone else?	PARENTS/BROTHER/SISTER RELATIONS .....A FRIENDS/NEIGHBOURS .....B HEALTH OFFICER/PUBLIC HEALTH MIDWIFE .....C POLICE .....D GOVERNMENT INSTITUTIONS (MINISTRY/DEPARTMENT EXCEPT POLICE) .....E (SPECIFY) NON GOVERNMENT ORGANIZATION .....F OTHER .....X	1001 Have you heard about Well - Women Clinics? YES .....1 NO .....2 →
908	Do you know which organizations or people provide services to combat violence against women? CIRCLE ALL MENTIONED. PROBE : Anyone else?	PUBLIC HEALTH MIDWIFE .....A MEDICAL OFFICER HEALTH .....B MITHURU PIYASA IN HOSPITAL .....C LEGAL AID COMMISSION .....D WOMEN HELP LINE(TEL NO.1938) .....E SRI LANKA WOMEN BUREAU .....F DEPT. OF SOCIAL SERVICE .....G OTHER .....X (SPECIFY)	1002 Do you know at what age women should attend a Well - Women Clinic? AGE <input type="checkbox"/>
909	Who gave you help or advice? CIRCLE ALL MENTIONED. PROBE : Anyone else?	PARENTS/BROTHER/SISTER RELATIONS .....A FRIENDS/NEIGHBOURS .....B HEALTH OFFICER/PUBLIC HEALTH MIDWIFE .....C POLICE .....D GOVERNMENT INSTITUTIONS (MINISTRY/DEPARTMENT EXCEPT POLICE) .....E (SPECIFY) NON GOVERNMENT ORGANIZATION .....F OTHER .....X	1003 Which are the services provided by Well - Women Clinics? CIRCLE ALL MENTIONED. PROBE : Any other services ? THE TEST FOR HIGH BLOOD PRESSURE.....A THE TEST FOR DIABETES.....B THE TEST FOR BREAST CANCER.....C THE TEST FOR CERVICAL CANCER.....D FAMILY PLANNING SERVICE.....E HEALTH EDUCATION .....F OTHER .....X DON'T KNOW .....Z
910	Do you know which organizations or people provide services to combat violence against women? CIRCLE ALL MENTIONED. PROBE : Anyone else?	PUBLIC HEALTH MIDWIFE .....A MEDICAL OFFICER HEALTH .....B MITHURU PIYASA IN HOSPITAL .....C LEGAL AID COMMISSION .....D WOMEN HELP LINE(TEL NO.1938) .....E SRI LANKA WOMEN BUREAU .....F DEPT. OF SOCIAL SERVICE .....G OTHER .....X (SPECIFY)	1004 Have you ever attended a Well - Women Clinic? YES .....1 NO .....2
911	Have you ever had a PAP test?	YES .....1 NO .....2	1005

903	CHECK 902 IF CODE 1,2,3 OR 4 IN 902 →	ONLY CODES 5 OR 9 IN 902 <input type="checkbox"/>	908
906	Did you ask help from any body?	YES .....1 NO .....2 →	908
907	Who gave you help or advice? CIRCLE ALL MENTIONED. PROBE : Anyone else?	PARENTS/BROTHER/SISTER RELATIONS .....A FRIENDS/NEIGHBOURS .....B HEALTH OFFICER/PUBLIC HEALTH MIDWIFE .....C POLICE .....D GOVERNMENT INSTITUTIONS (MINISTRY/DEPARTMENT EXCEPT POLICE) .....E (SPECIFY) NON GOVERNMENT ORGANIZATION .....F OTHER .....X	1001 Have you heard about Well - Women Clinics? YES .....1 NO .....2 →
908	Do you know which organizations or people provide services to combat violence against women? CIRCLE ALL MENTIONED. PROBE : Anyone else?	PUBLIC HEALTH MIDWIFE .....A MEDICAL OFFICER HEALTH .....B MITHURU PIYASA IN HOSPITAL .....C LEGAL AID COMMISSION .....D WOMEN HELP LINE(TEL NO.1938) .....E SRI LANKA WOMEN BUREAU .....F DEPT. OF SOCIAL SERVICE .....G OTHER .....X (SPECIFY)	1002 Do you know at what age women should attend a Well - Women Clinic? AGE <input type="checkbox"/>



SECTION 11- CHILDREN WHO NEED SPECIAL CARE (DISABLED)							
1100	CHECK AGE IN Q 220 IF ONE OR MORE CHILDREN AGED 2-5 YEARS		NO CHILDREN AGED 2-5 YEARS	1200			
NO.	QUESTIONS AND INSTRUCTIONS (FROM Q 215)	LAST CHILD LINE NUMBER	NEXT - TO - LAST CHILD LINE NUMBER	SECOND - FROM - LAST CHILD LINE NUMBER	NAME	LAST CHILD NAME	SECOND - FROM - LAST CHILD NAME
1101	LINE NUMBER (FROM Q 215)						
1102	AGE OF THE CHILD FROM Q 220	YEARS	YEARS	YEARS			
1103	Compared to other children of the same age, was (NAME) late in standing up and walking?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2			
1104	Does (NAME) have difficulty with his/her vision?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2			
1105	If 'YES' (A) Does he/she have difficulty seeing during day time? (B) Does he/she have difficulty seeing during night time?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8			
1106	Do you feel that (NAME) has difficulty in hearing?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2			
1107	Does (NAME) understand when you tell him/her something?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2			
1108	Does (NAME) have difficulty in walking, difficulty in moving hands or legs or stiffness/weakness of legs and hands?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2			
1109	Does (NAME) suffer from fits or convulsions?			YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
1110	(A) Did he/she have fits or convulsions at times when he/she had a fever? (B) Did he/she have fits or convulsions at times when he/she did not have a fever?			YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
1111	Can (NAME) do activities like other children of the same age?			YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
1112	Can you understand the words that (NAME) speaks?			YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
1113	CHECK 220, AGE OF THE CHILD.				3 - 5 YEARS 2 YEARS GO TO 1115	3 - 5 YEARS 2 YEARS GO TO 1115	3 - 5 YEARS 2 YEARS GO TO 1115
1114	Is (NAME)'s speech normal?				YES.....1 NO.....2 DON'T KNOW...8	YES.....1 NO.....2 DON'T KNOW...8	YES.....1 NO.....2 DON'T KNOW...8
1115	Compared to children of the same age, does (NAME) show any signs of slowness in mental development?				YES.....1 NO.....2 DON'T KNOW...8	YES.....1 NO.....2 DON'T KNOW...8	YES.....1 NO.....2 DON'T KNOW...8

**SECTION 12 - EARLY CHILDHOOD DEVELOPMENT**

<b>1200 CHECK Q 220</b> IF ONE OR MORE CHILDREN AGE LESS THAN 5 YEARS		NO CHILDREN AGE LESS THAN 5 YEARS	
NO	QUESTIONS AND INSTRUCTIONS	LAST CHILD	NEXT TO LAST CHILD
1201	LINE NO (FROM Q 215) NAME (FROM Q 215)	LINE NUMBER <input type="checkbox"/> NAME.....	LINE NUMBER <input type="checkbox"/> NAME.....
1202	Did you read the following books given by the family health officer in your area before or after (NAME)'S birth? (A) Books about early childhood development	YES..... NO..... DONT KNOW.....8	YES..... NO..... DONT KNOW.....8
1203	The child development section of the Child Health Development Record (CHDR)	YES..... NO..... DONT KNOW.....8	YES..... NO..... DONT KNOW.....8
1204	How many children's books or picture books do you have for (NAME)? IF NO BOOKS, INSERT 00 AND IF 10 OR MORE THAN 10 BOOKS INSERT 10.	NUMBER <input type="checkbox"/>	NUMBER <input type="checkbox"/>
I am interested in knowing about the things that (NAME) plays with when he / she is at home. Does he/she play with: (A) Home made toys (Such as dolls, cars or other made at home)			
(B) Toys from a shop or manufactured toys?			
(C) Household objects (such as pots, bowls, or spoons) or objects found outside (such as sticks, stones, seashells, leaves, clay or sand)			



NO	QUESTIONS AND INSTRUCTIONS	LAST CHILD	NEXT TO LAST CHILD	SECOND FROM LAST CHILD
1205	(A) How many days did (NAME) play during the last 3 days? All three days, two days, one day or did (he/she) not play during the last 3 days? All three days? Two days? One day? Did not play during the last 3 days?	3 days.....1 2 days.....2 1 day.....3 0 day.....4	3 days.....1 2 days.....2 1 day.....3 0 day.....4	3 days.....1 2 days.....2 1 day.....3 0 day.....4
1206	CHECK AGE IN Q 220	AGE 0,1 OR 2 YEARS <input type="checkbox"/> GO TO 1208	AGE 0,1 OR 2 YEARS <input type="checkbox"/> GO TO 1208	AGE 0,1 OR 2 YEARS <input type="checkbox"/> GO TO 1208
1207	Does (NAME) attend a pre school an early childhood development centre?	YES..... NO.....2	YES..... NO.....2	YES..... NO.....2
1208	NAME.....	NAME.....	NAME.....	NAME.....

**SECTION 13 - OTHER HEALTH ISSUES**

NO	QUESTIONS AND INSTRUCTIONS	LAST CHILD NAME	NEXT TO LAST CHILD NAME	SECOND FROM LAST CHILD NAME	SKIP
NO	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES			
1301	CHECK 707 IF YES <input type="checkbox"/>	IF NO <input type="checkbox"/>			1304
1301 A	Do you work mostly inside a house or a building or do you work mostly outside ?	INSIDE .....	OUTSIDE .....		1304
1302	Which of the following best describes the indoor smoking policy where you work : smoking is allowed anywhere, smoking is allowed only in some areas, smoking is not allowed anywhere indoors or is there no policy ?	SMOKING IS ALLOWED ANY WHERE .....	SMOKING IS ALLOWED ONLY IN SOME AREAS .....	SMOKING IS NOT ALLOWED ANYWHERE INDOORS .....	1 2 3
1303	During the past 30 days, did anyone smoke in indoor areas of your work place?	YES .....	NO .....	THERE IS NO POLICY .....	4 8
1304	Did you visit any government buildings/offices during the past 30 days?	YES .....	NO .....	REFUSED .....	1 2 3 8
1305	Did anyone smoke inside the buildings/offices that you visited?	YES .....	NO .....	REFUSED .....	1 2 3 8
1306	Do you know how filaria spreads from one person to another ?	FROM MOSQUITO .....	FROM FOODS .....	FROM WATER .....	1 2 3 4 5 6 8
1307	Have you heard of one day treatment to prevent filaria ?	YES.....1	NO.....2		1309

NO	QUESTIONS AND INSTRUCTIONS	NAME	NAME	NAME	NAME
1208	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities ? READ EACH ALTERNATIVE AND RECORD ALL MENTIONED ; IF "NO ONE" RECORD "C".	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X
(A)	Who read books to (NAME) or looked at picture books with (him/her)?	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X
(B)	Who told stories to (NAME)?	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X
(C)	Who sang songs/lullabies to (NAME) ?	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X
(D)	Who took (NAME) outside the home, compound or yard?	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X
(E)	Who played with (NAME)?	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X
(F)	Who named, counted or drew things with (NAME)?	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X	MOTHER .....A FATHER .....B NO ONE .....C OTHER .....X
	GO BACK TO 1201 IN NEXT COLUMN OR IF NO MORE CHILDREN GO TO SECTION 13	IF USED ADDITIONAL FORMS, GO TO 201 IN ADDITIONAL FORM FOR NEXT CHILD OR IF NO MORE CHILDREN GO TO SECTION 13			

DEMOGRAPHIC AND HEALTH SURVEY  
BIOMARKER QUESTIONNAIRE

SRI LANKA  
DEPARTMENT OF CENSUS AND STATISTICS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1308	Have you ever received one day treatment to prevent filaria?	YES ..... NO ..... DONT KNOW .....	1 ..... 2 ..... 8 .....
1309	Have you ever had a blood test during night time to diagnose filaria?	YES .....	1
		NO .....	2
		DONT KNOW .....	8
1310	How many main meals per week do you yourself usually take from outside your home, such as from a restaurant?	1 MEALS ..... 2 MEALS ..... 3 MEALS ..... 4 MEALS ..... 5 MEALS ..... MORE THAN 5 MEALS ..... DO NOT TAKE.....	1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 .....
1311	What do you think is the maximum recommended amount of salt for an adult per day?	HALF A TEA SPOON (2.5g) ..... 1 TEA SPOON (5g)(1/2 TABLE SPOON) ..... 2 TEA SPOONS (10g)(1 TABLE SPOON) ..... 3 TEA SPOONS (15g) ..... 4 OTHER ..... (SPECIFY) ..... DON'T KNOW .....	1 ..... 2 ..... 3 ..... 4 ..... 6 ..... 8 .....
1312	RECORD THE TIME	HOURS ..... MINUTES .....	END

IDENTIFICATION (1)			
Census Block Number (A0) : .....		<input type="checkbox"/>	
Sector (Urban/Rural/Estate).....		<input type="checkbox"/>	
PSU:.....		<input type="checkbox"/>	
SSU:.....		<input type="checkbox"/>	
Household Number within the Housing Unit.....		<input type="checkbox"/>	
Name and Line Number of first eligible woman: .....		<input type="checkbox"/>	
Name and Line Number of second eligible woman: .....		<input type="checkbox"/>	
Name and Line Number of third eligible woman: .....		<input type="checkbox"/>	
FIELDWORKER VISITS			
DATE	1	2	3
	INTERVIEWER'S NAME		
NEXT VISIT DATE TIME			
NOTES :			
TOTAL ELIGIBLE WOMEN		<input type="checkbox"/>	
TOTAL ELIGIBLE CHILDREN		<input type="checkbox"/>	
LANGUAGE OF INTERVIEW**		<input type="checkbox"/> NATIVE LANGUAGE OF RESPONDENT**	
LANGUAGE CODES:		<input type="checkbox"/>	
SINHALA - 01		<input type="checkbox"/> TRANSLATOR (YES = 1, NO = 2)	
TAMIL - 02		<input type="checkbox"/>	
ENGLISH - 03		<input type="checkbox"/>	
OTHER - 04		<input type="checkbox"/>	
SUPERVISOR NAME _____		SUPERVISOR CODE <input type="checkbox"/>	
DATE			

If there are eligible children and women, complete section HI and HII  
Say thanks and end interview.



**PART H1 - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5**

H101	CHECK COLUMN 13 OF PART A1. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN BORN IN 2011 - 2016 YEARS IN QUESTION H102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
H102	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... NAME _____
H103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY,MONTH,AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED COPY MONTH AND YEAR FROM COLUMN 7 IN PART A1. AND ASK : On which days was (NAME) born?	
H104	CHECK H103 : CHILD BORN IN 2011-2016	
H105	WEIGHT IN KILOGRAMS.	
H106	HEIGHT IN CENTIMETERS	
H107	MEASURED LYING DOWN OR STANDING UP?	
H108	MEASURER: ENTER FOUR FIELDWORKER NUMBER	
H109	CHECK H103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	

H101	CHECK COLUMN 13 OF PART A1. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN BORN IN 2011 - 2016 YEARS IN QUESTION H102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
H102	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... NAME _____
H103	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... NAME _____
H104	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF PART A	LINE NUMBER..... NAME _____
H105	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT	LINE NUMBER..... NAME _____
As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipments used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.		
The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.		
Do you have any questions?		
You can say yes or no, it is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
H112	CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED.....1 REFUSED.....2 NOT PRESENT.....3 (SKIP TO H114)
H113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL..... REFUSED.....995 OTHER.....996
H114	GO BACK TO H103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO H20.	

## PART H1 - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
H102	CHECK PART A1 : RECORD LINE NUMBER FROM COLUMN 13 AND NAME FROM COLUMN 2.	LINE NUMBER..... NAME _____	LINE NUMBER..... NAME _____	LINE NUMBER..... NAME _____
H110	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF PART A1	LINE NUMBER..... NAME _____ (RECORD '00' IF NOT LISTED)	LINE NUMBER..... NAME _____ (RECORD '00' IF NOT LISTED)	LINE NUMBER..... NAME _____ (RECORD '00' IF NOT LISTED)
H111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipments used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
H112	CIRCLE THE CODE AND \\\ SIGN YOUR NAME	GRANTED..... _____ (SIGN) REFUSED..... _____ NOT PRESENT/OTHER.. _____ (SKIP TO H114)	GRANTED..... _____ (SIGN) REFUSED..... _____ NOT PRESENT/OTHER.. _____ (SKIP TO H114)	GRANTED..... _____ (SIGN) REFUSED..... _____ NOT PRESENT/OTHER.. _____ (SKIP TO H114)
H113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REFUSED ..... OTHER ..... 995 996	G/DL..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REFUSED ..... OTHER ..... 995 996	G/DL..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REFUSED ..... OTHER ..... 995 996
H114	GO BACK TO H103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE.			
	IF NO MORE CHILDREN, GO TO H201.			



**PART H II - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR**

**WOMEN AGE 10-49**

H201 CHECK COLUMN 12 OF PART A1. RECORD THE LINE NUMBER, NAME FOR ALL ELIGIBLE WOMEN IN H202.  
IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S)

		WOMAN 1	WOMAN 2	WOMAN 3	
		NAME FROM COLUMN 2.	NAME _____	NAME _____	WOMAN 3
<b>ADULT RESPONDENT CONSENT FOR ANEMIA TEST</b>					
H210	ASK CONSENT FOR ANEMIA TEST	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.			
		For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood.			
		The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.			
		Do you have any questions? You can say yes or no if it is up to you to decide. Will you take the anemia test?			
H211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED..... RESPONDED..... REFUSED..... 2	GRANTED..... RESPONDED..... REFUSED..... 2	GRANTED..... RESPONDED..... REFUSED..... 2	GRANTED..... RESPONDED..... REFUSED..... 2
		(SIGN) (SIGN) (SIGN) (SIGN)			
		(IF REFUSED, SKIP TO H212)			
		NOT PRESENT/ OTHER..... (SKIP TO H212) 3			
		NOT PRESENT/ OTHER..... 1 2 3 4 5 6 7 8			
H211A	CHECK 229 IN WOMAN'S QUESTIONNAIRE OR ASK Are you pregnant?	YES..... NO..... DONT KNOW..... 8	YES..... NO..... DONT KNOW..... 8	YES..... NO..... DONT KNOW..... 8	YES..... NO..... DONT KNOW..... 8
H212	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL..... NOT PRESENT..... REFUSED..... OTHER.....	G/DL..... NOT PRESENT..... REFUSED..... OTHER.....	G/DL..... NOT PRESENT..... REFUSED..... OTHER.....	G/DL..... NOT PRESENT..... REFUSED..... OTHER.....
H214	GO BACK TO H202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE. IF NO MORE WOMEN, END				

INTERVIEWER'S OBSERVATIONS

ONLY ONE CODE SHOULD APPEAR IN ANY BOX OF COLUMNS 1 AND 2.

COLUMN 1 REQUIRES A CODE IN EVERY BOX.

INFORMATION TO BE CODED FOR EACH COLUMN

CODES FOR COLUMN 1: BIRTHS, PREGNANCIES, TERMINATIONS AND CONTRACEPTIVE USE

B BIRTHS

P PREGNANCIES

T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION

2 MALE STERILIZATION

3 IUD

4 INFECTABLES

5 IMPLANTS

6 PILL (DAILY USED)

7 CONDOM

8 FEMALE CONDOM

9 EMERGENCY CONTRACEPTION

10 LACTATIONAL AMENORRHEA METHOD

(LAM)

11 RHYTHM METHOD

12 WITHDRAWAL

96 OTHER \_\_\_\_\_ (SPECIFY)

CODES FOR COLUMN 2: REASON FOR DISCONTINUING CONTRACEPTION

0 INFREQUENT SEX/HUSBAND AWAY

1 BECAME PREGNANT WHILE USING

2 WANTED TO BECOME PREGNANT

3 HUSBAND/PARTNER DISAPPROVED

4 WANTED MORE EFFECTIVE METHOD

5 HEALTH CONCERN'S / SIDE EFFECTS

6 LACK OF ACCESS/TOO FAR

7 COSTS TOO MUCH

8 INCONVENIENT TO USE

9 DEADLY DISEASES

10 DIFFICULT TO GET PREGNANT/ MENOPAUSAL

11 MARITAL DISSOLUTION/ SEPARATION

96 OTHER \_\_\_\_\_ (SPECIFY)

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

NAME OF EDITOR: \_\_\_\_\_

DATE: \_\_\_\_\_

		BABY'S NAME	1	2	
2016	12 DEC 11 NOV 09 OCT 08 AUG 07 JUL 06 JUN 05 MAY	01 02 03 04 05 06 07 08			12 DEC 11 NOV 09 OCT 08 AUG 07 JUL 06 JUN 05 MAY
2015	09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	04 05 06 07 08 09 10 11 12			12 DEC 11 NOV 09 OCT 08 AUG 07 JUL 06 JUN 05 MAY
2014	09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	01 02 03 04 05 06 07 08 09			12 DEC 11 NOV 09 OCT 08 AUG 07 JUL 06 JUN 05 MAY
2013	09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	01 02 03 04 05 06 07 08 09			12 DEC 11 NOV 09 OCT 08 AUG 07 JUL 06 JUN 05 MAY
2012	09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	01 02 03 04 05 06 07 08 09			12 DEC 11 NOV 09 OCT 08 AUG 07 JUL 06 JUN 05 MAY
2011	09 SEP 08 AUG 07 JUL 06 JUN 05 MAY 04 APR 03 MAR 02 FEB 01 JAN	01 02 03 04 05 06 07 08 09			12 DEC 11 NOV 09 OCT 08 AUG 07 JUL 06 JUN 05 MAY

