

2023 DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

TAJKISTAN
 AGENCY ON STATISTICS UNDER THE PRESIDENT OF THE REPUBLIC OF TAJIKISTAN
 MINISTRY OF HEALTH AND SOCIAL PROTECTION OF THE POPULATION OF THE REPUBLIC OF TAJIKISTAN

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 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)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>			
0												
1												
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 RUSSIAN 03 TAJIK 04 KYRGYZ 05 UZBEK 06 OTHER									
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR									
<table border="1" style="width: 40px; height: 20px;"></table> NUMBER	_____	<table border="1" style="width: 40px; height: 20px;"></table> NUMBER	_____	<table border="1" style="width: 40px; height: 20px;"></table> NUMBER	_____	<table border="1" style="width: 40px; height: 20px;"></table> NUMBER						

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Agency on Statistics under the President of the Republic of Tajikistan. We are conducting a survey about health and other topics all over Tajikistan. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. 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 or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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



100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 3 YEARS OR OLDER					IF AGE 3-24 YEARS			IF AGE 0-4 YEARS
	EVER ATTENDED SCHOOL					CURRENT/RECENT SCHOOL ATTENDANCE			BIRTH REGISTRATION
	16	16A	17A	17B	17C	17D	18	19	20
	Has (FIRST NAME) ever attended school or any early childhood education program?	What is the total number of completed years of schooling (FIRST NAME) has had, including school and other institutions?	What is the highest level of school (FIRST NAME) has attended?	What is the highest grade completed at that level?	IF 17A: LEVEL '2', 'OR' '3' PROFESSIONAL OR PRIMARY OR PROFESSIONAL MIDDLE: How many classes did (FIRST NAME) completed in general school before (FIRST NAME) enrolled in uchihshe, college or technikum?	IF 17A: LEVEL '1' AND 17B OR CLASS 10 OR CLASS '1', OR IN 17A LEVEL '2' PROF. OR LEVEL '3' MIDDLE: Did (FIRST NAME) receive attestat for completing general school?	Did (FIRST NAME) attend school or any early childhood education program at any time during the 2022-2023 school year?	During [this/that] school year, what level and class/course [is/was] (FIRST NAME) attending?	Does (FIRST NAME) have a birth certificate? IF NO, PROBE: Has (FIRST NAME)'s birth ever been registered with the civil authority?
	Y N 1 2 ↓ GO TO 20		SEE CODES BELOW.	SEE CODES BELOW.		Y N 1 2 ↓ GO TO 20	Y N 1 2 ↓ GO TO 20	SEE CODES BELOW.	1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01						1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		
02						1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		
03						1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		
04						1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		
05						1 2 ↓ GO TO 20	1 2 ↓ GO TO 20		

CODES FOR Qs. 17 AND 19: EDUCATION

- LEVEL**
0 = EARLY CHILDHOOD EDUCATION PROGRAM
1 = GENERAL SCHOOL (1-11)
2 = PROFESSIONAL PRIMARY
3 = PROFESSIONAL MIDDLE
4 = HIGHER
8 = DON'T KNOW
- CLASS/COURSE**
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DON'T KNOW

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
31	CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 1-14 YEARS.	TOTAL NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
32	<p>CHECK THE NUMBER OF CHILDREN AGE 1-14 YEARS IN 31:</p> <p style="text-align:center;">ZERO <input style="width:20px; height:20px;" type="checkbox"/> —————→</p> <p style="text-align:right;">SKIP TO 51 DOMESTIC VIOLENCE MODULE SELECTION</p> <p style="text-align:center;">TWO OR MORE <input style="width:20px; height:20px;" type="checkbox"/> ↓</p> <p style="text-align:center;">ONE <input style="width:20px; height:20px;" type="checkbox"/> —————→</p> <p style="text-align:right;">SKIP TO 39 AND RECORD THE RANK NUMBER AS '1', ENTER THE LINE NUMBER, CHILD'S NAME AND AGE</p>	

32A LIST EACH OF THE CHILDREN AGE 1-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE LIST OF HOUSEHOLD MEMBERS. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-14 YEARS. RECORD THE LINE NUMBER, NAME, SEX, AND AGE FOR EACH CHILD.

33 RANK NUMBER	34 HH LINE NUMBER	35 NAME FROM COL. 2	36 SEX FROM COL. 4		37 AGE FROM COL. 7
RANK	LINE	NAME	M	F	AGE
1	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
3	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
4	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
5	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
6	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
7	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
8	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
9	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

38 LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE CHILDREN **31** ON THE PREVIOUS PAGE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE RANK NUMBER OF THE CHILD SELECTED FOR THE CHILD LABOUR/CHILD DISCIPLINE QUESTIONS FROM THE BOX OF ELIGIBLE CHILDREN IN **SL3**. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE SELECTED CHILD IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '716' AND **31** SHOWS THAT THERE ARE THREE ELIGIBLE CHILDREN AGE 1-14 IN THE HOUSEHOLD. SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO **33** AND FIND THE SECOND CHILD. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE CHILD IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 IN HOUSEHOLD FROM 31							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

39 NAME OF SELECTED CHILD _____

HH LINE NUMBER OF SELECTED CHILD

--	--

CHILD'S SEX M F
1 2

RANK NUMBER OF SELECTED CHILD

--	--

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS
51	CHECK COLUMNS 4, 7 И 9 IN HOUSEHOLD SCHEDULE AND RECORD TOTAL NUMBER OF WOMEN AGE 15-49.	TOTAL WOMEN AGE 15-49! <input type="text"/>	
52	CHECK 51 FOR TOTAL NUMBER OF WOMEN AGE 15-49 TWO OR MORE <input type="checkbox"/>	ZERO <input type="checkbox"/> ONE <input type="checkbox"/>	101 53

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

53	NAME OF SELECTED WOMAN _____	HH LINE NUMBER OF SELECTED WOMAN <input type="text"/>
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES 1 NO 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 109
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 117
110	Do you share this toilet facility with other households?	YES 1 NO 2	<input type="checkbox"/> → 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 109: CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED	OTHER <input type="checkbox"/>	→ 117
114	CHECK 109: CODE 12 <input type="checkbox"/> CODE 13, 21, 22, OR 23 <input type="checkbox"/> CODE 31 <input type="checkbox"/> a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied?	YES 1 NO 2 DON'T KNOW 8	→ 117
115	CHECK 109: CODE 12 <input type="checkbox"/> CODE 13, 21, 22, OR 23 <input type="checkbox"/> CODE 31 <input type="checkbox"/> a) The last time the septic tank was emptied, was it emptied by a service provider? b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?	YES 1 NO 2 DON'T KNOW 8	
116	Where were the contents emptied to?	A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 01 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 PIPED NATURAL GAS STOVE 04 BIOGAS STOVE 05 LIQUID FUEL STOVE 06 MANUFACTURED SOLID FUEL STOVE 07 TRADITIONAL SOLID FUEL STOVE 08 THREE STONE STOVE/OPEN FIRE 09 MICROWAVE STOVE 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 121 → 123 → 120
118	Does the stove have a chimney?	YES 1 NO 2 DON'T KNOW 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	What type of fuel or energy source is used in this cookstove?	GASOLINE/DIESEL 02 KEROSENE 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER _____ 96 (SPECIFY)	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	} → 123
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
123	What does this household use to heat the home when needed? IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING 01 MANUFACTURED SPACE HEATER 02 TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE/OPEN FIRE 06 AIRCONDITIONER WINTER-SUMME 07 NO SPACE HEATING IN HOUSEHOLD/NO NEED 95 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 125 → 126 → 125
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY 01 PIPED NATURAL GAS 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04 BIOGAS 05 GASOLINE/DIESEL 07 KEROSENE 08 COAL/LIGNITE 09 CHARCOAL 10 WOOD 11 STRAW/SHRUBS/GRASS 12 AGRICULTURAL CROP 13 ANIMAL DUNG/WASTE 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 15 GARBAGE/PLASTIC 16 SAWDUST 17 THERMO ELECTRO CENTRAL (TEC) 18 OTHER _____ 96 (SPECIFY)	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Rabbits? h) Animals for fur? i) Beehives?	 a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY <input type="text"/> <input type="text"/> g) RABBITS <input type="text"/> <input type="text"/> h) FUR ANIMALS <input type="text"/> <input type="text"/> i) BEES <input type="text"/> <input type="text"/>	
130	Does any member of this household using any agricultural land?	YES 1 NO 2	→ 132
131	How many ares of agricultural land do members of this household use? IF 9500 OR MORE, RECORD '9950'.	ARES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9500 OR MORE ARES 9995 DON'T KNOW 9998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
132	Does your household have:	YES NO	
	a) Electricity?	a) ELECTRICITY 1 2	
	b) A radio?	b) RADIO 1 2	
	c) A television?	c) TELEVISION 1 2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1 2	
	e) A computer?	e) COMPUTER 1 2	
	f) A refrigerator?	f) REFRIGERATOR 1 2	
	g) A washing machine?	g) WASHING MACHINE 1 2	
	h) A vacuum cleaner?	h) VACUUM 1 2	
	i) A microwave?	i) MICROWAVE 1 2	
	j) A video camera?	j) VIDEOCAMERA 1 2	
	k) A table or a hon-tohta?	k) TABLE/HON TOHTA 1 2	
	l) A chair?	l) CHAIR 1 2	
	m) A sofa?	m) SOFA 1 2	
	n) A bed?	n) BED 1 2	
	o) A wall unit, or a buffet, or a curio cabinet?	o) BUFFET/ CURIO/ WALL UNIT .. 1 2	
	p) An air conditioner?	p) AIR CONDITIONER 1 2	
	q) A DVD player?	q) DVD PLAYER 1 2	
	r) A satellite antenna or a cable TV channels?	r) SATELITE ANTENNA/DISH/CABLI 1 2	
	s) A freezer?	s) FREEZER 1 2	
	t) An electric fan?	t) FAN ELECTRIC 1 2	
	u) A sewing machine?	u) SEWING MACHINE 1 2	
	v) In-door heater?	v) INDOOR HEATE 1 2	
w) A mini-generator like "dvizhok"?	w) GENERATOR 1 2		
x) A fuel or wood stock?	x) WOOD 1 2		
y) A carpet?	y) CARPET 1 2		
z) A connection to the Internet?	z) INTERNET CONNECTION 1 2		
tt) A dishwashing machine?	tt) DISHWASHING MACHINE 1 2		
uu) A clothes dryer machine?	uu) DRYER FOR CLOTHES 1 2		
vv) Electric water heater like a Termix?	vv) WATER HEATER TERMIX 1 2		
133	Does any member of this household own:	YES NO	
	a) A watch?	a) WATCH 1 2	
	b) A mobile phone?	b) MOBILE PHONE 1 2	
	c) A bicycle?	c) BICYCLE 1 2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER .. 1 2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1 2	
	f) A car?	f) CAR 1 2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1 2	
	h) A truck?	h) TRUCK 1 2	
	i) A tractor?	i) TRACTOR 1 2	
	j) A combine-harvester?	j) COMBINE- HARVERSTER 1 2	
k) Any agricultural equipment, such as a plow, a trailer, a mower or similar?	k) ANY AGRYCULT. EQUIPMENT/ PLOW/ TRAILER/ MOWER 1 2		
134	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2	→ 135
134A	How many of them are women and how many are men?	WOMEN TOTAL <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> MEN TOTAL <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	
136A	In the past 12 month, has any member of the household worked abroad for three or more months at a time, including those currently working abroad?	YES 1 NO 2 DON'T KNOW 8	→ 136D
136B	How many of them are women and how many are men?	WOMEN TOTAL <input type="text"/> <input type="text"/> MEN TOTAL <input type="text"/> <input type="text"/> DON'T KNOW 98	
136C	During the last time, when the household member worked abroad for three or more months, in which country did this person work, or still working?	RUSSIA 1 KAZAKHSTAN 2 OTHER FORMER USSR 3 MIDDLE EAST/DUBAI 4 EUROPE 5 OTHER FARAWAY ABROAD 6 DON'T KNOW 8	
136D	Over the past 12 months, have you or any member of your household received money and/or parcels from abroad?	YES 1 NO 2 DON'T KNOW 8	→ 149
136E	From which country did you or your household receive money and, or parcels at the most recent time?	RUSSIA 1 KAZAKHSTAN 2 OTHER FORMER USSR 3 MIDDLE EAST/DUBAI 4 EUROPE 5 OTHER FARAWAY ABROAD 6 DON'T KNOW 8	
136F	In your opinion, over the past 12 months, how have remittances from abroad affected your family's financial situation, would you say substantially improved, slightly improved or has no effect?	SUBSTANTIALLY IMPROVED 1 SLIGHTLY IMPROVED 2 HAS NO EFFECT 3 DON'T KNOW 8	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL/ LINOLEUM 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 STRAW 12 SOD 13 EARTH/ MUD 14 RUDIMENTARY ROOFING WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 SHIFFER /CEMENT FIBER/ASBE! 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 TOL/ RUBEROID 37 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
154	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>									
155	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>SALT TESTED</p> <p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>SALT NOT TESTED</p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD 3</p> <p>HOUSEHOLD DOES NOT USE SALT 4</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>									
156	RECORD THE TIME.	<p>HOURS <table border="1" data-bbox="1206 1133 1343 1182"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1206 1182 1343 1245"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

2023 DEMOGRAPHIC AND HEALTH SURVEY
 WOMAN'S QUESTIONNAIRE

REPUBLIC OF TAJIKISTAN
 AGENCY ON STATISTICS UNDER THE PRESIDENT OF THE REPUBLIC OF TAJIKISTAN
 MINISTRY OF HEALTH AND SOCIAL PROTECTION OF THE POPULATION OF THE REPUBLIC OF TAJIKISTAN

IDENTIFICATION								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
NAME AND LINE NUMBER OF WOMAN _____								
CHECK Q. 53 IN THE HOUSEHOLD QUESTIONNAIRE: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table>				
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 20px; height: 20px;"></table>				
				INT. NO. <table border="1" style="width: 20px; height: 20px;"></table>				
RESULT*	_____	_____	_____	RESULT* <table border="1" style="width: 20px; height: 20px;"></table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>				
TIME	_____	_____						
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table>	
0	1							
				TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>			
LANGUAGE OF QUESTIONNAIRE**	ENGLISH							
	**LANGUAGE CODES: 01 ENGLISH 02 RUSSIAN 03 TAJIK 04 KYRGYZ 05 UZBEK 06 OTHER							
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR					
<table border="1" style="width: 20px; height: 20px;"></table>	NAME	<table border="1" style="width: 20px; height: 20px;"></table>	NAME	<table border="1" style="width: 20px; height: 20px;"></table>				
NUMBER		NUMBER		NUMBER				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Agency on Statistics under the President of the Republic of Tajikistan. We are conducting a survey about health and other topics all over Tajikistan. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. 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 or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MINUTES <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
102	What oblast were you born in?	DUSHANBE 01 GBO 02 SUGHD 03 DRS 04 KHATLON 05 OUTSIDE OF TAJIKISTAN 96	} → 104
103	What country were you born in?	COUNTRY _____ <input style="width: 50px; border: 1px dashed black;" type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> ALWAYS 95 VISITOR 96	} → 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		} → 107
106	In what month and year did you move here?	MONTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW YEAR 9998	
107	Just before you moved here, which oblast did you live in?	DUSHANBE 01 GBO 02 SUGHD 03 DRS 04 KHATLON 05 OUTSIDE OF TAJIKISTAN 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAINING 02 MARRIAGE FORMATION 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	
110	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: general education school, professional primary (uchiliche), professional middle (teknikum, uchiliche, college), higher or postgraduate?	GENERAL EDUCATION SCHOOL 1 PROFESSIONAL PRIMARY 2 PROFESSIONAL MIDDLE 3 HIGHER 4 POSTGRAGUATE 5	
115	What is the highest [CLASS/COURSE/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/COURSE/YEAR <input type="text"/> <input type="text"/>	
115A	What is the total number of years of schooling you had? Please provide total numer of completed years of education, including in general school plus in any other educational insitution. IF COMPLETED LESS THAN ONE YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
115B	CHECK 114 AND 115: PROFESSIONAL PRIMARY CODE '2' OR PROFESSIONAL MIDDLE CODE '3', OR GENERAL EDUCATION SCHOOL AND CLASS 10 OR 11 CODE '1' <input type="text"/> AND CLASS 10 OR 11, OR CODE '2' OR '3' CIRCLED ↓ CODE '1' AND CLASS 1-9, <input type="text"/> OR CODE '4' OR '5' CIRCLED		→ 116
115C	Do you have an attestat for completing general school?	YES 1 NO 2	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115D	<p>CHECK 114: PROFESSIONAL PRIMARY CODE '2' OR PROFESSIONAL MIDDLE CODE '3' CIRCLED?</p> <p>YES, CODE '2' OR CODE '3' CIRCLED <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/></p>	→ 116
115E	<p>How many classes you completed in general school before you were enrolled in uchilishе, college or technikum?</p>	<p>CLASSES..... <input type="text"/> <input type="text"/></p>	
116	<p>CHECK 114:</p> <p>GENERAL SCHOOL <input type="checkbox"/></p>	<p>HIGHER <input type="checkbox"/></p>	→ 119
117	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PART OF THE SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
118	<p>CHECK 117:</p> <p>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></p>	<p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>	→ 120
119	<p>Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
120	<p>Do you listen to the radio at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
121	<p>Do you watch television at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
122	<p>Do you own a mobile phone?</p>	<p>YES 1</p> <p>NO 2</p>	→ 127
123	<p>Is your mobile phone a smart phone?</p>	<p>YES 1</p> <p>NO 2</p>	
127	<p>Have you ever used the Internet from any location on any device?</p>	<p>YES 1</p> <p>NO 2</p>	→ 131
128	<p>In the last 12 months, have you used the Internet?</p> <p>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.</p>	<p>YES 1</p> <p>NO 2</p>	→ 131
129	<p>During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
131	<p>What is your ethnic group?</p>	<p>TAJIKS 01</p> <p>RUSSIANS 02</p> <p>UZBEKS 03</p> <p>KYRGYZ 04</p> <p>OTHER 96 (SPECIFY)</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
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? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) How many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in total (NUMBER OF BIRTHS) births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> <p>↓</p> </div> </div> <p style="text-align: center;">PROBE AND CORRECT 201-208 AS NECESSARY.</p>		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES <input type="text"/> <input type="text"/>	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ... <input type="text"/> <input type="text"/>	
213	CHECK 212: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE PAST PREGNANCIES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO PAST PREGNANCIES</p> <input type="checkbox"/> <p>→</p> </div> </div>		→ 232

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.

RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
	<p>IF ROW=01: Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets?</p> <p>IF ROW>01: Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?</p>	<p>IF 215=SING: Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215>1: FIRST OF MULT. Was the first baby in this pregnancy born alive or born dead?</p> <p>NEXT MULT. Was the next baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p>	<p>What name was given to the baby?</p> <p>RECORD NAME.</p>	<p>Is (NAME IN 218) a boy or a girl?</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY</p> <p>IF BORN ALIVE: On what day, month, and year was (NAME IN 218) born?</p> <p>IF BORN DEAD, MISCARRIAGE, OR ABORTION: On what day, month, and year did this pregnancy end?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>	<p>IF ROW=01: Were there any other pregnancies before this pregnancy?</p> <p>IF ROW>01: Were there any other pregnancies between the previous pregnancy and this pregnancy?</p> <p>IF 215>1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.</p>
01	<p>SING ... 1 TWINS 2 TRIP ... 3 QUAD . 4 QUIN ... 5</p>	<p>BORN ALIVE .. 1 (SKIP TO 218) ←</p> <p>BORN DEAD .. 2</p> <p>MISCARRIAGE 3, (SKIP TO 220) ←</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 ↓ (SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL ... 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANCY) ←</p> <p>NO 2 (NEXT ROW) ←</p>
02	<p>SING ... 1 TWINS 2 TRIP ... 3 QUAD . 4 QUIN ... 5</p>	<p>BORN ALIVE .. 1 (SKIP TO 218) ←</p> <p>BORN DEAD .. 2</p> <p>MISCARRIAGE 3, (SKIP TO 220) ←</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 ↓ (SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL ... 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANCY) ←</p> <p>NO 2 (NEXT ROW) ←</p>
03	<p>SING ... 1 TWINS 2 TRIP ... 3 QUAD . 4 QUIN ... 5</p>	<p>BORN ALIVE .. 1 (SKIP TO 218) ←</p> <p>BORN DEAD .. 2</p> <p>MISCARRIAGE 3, (SKIP TO 220) ←</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 ↓ (SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL ... 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANCY) ←</p> <p>NO 2 (NEXT ROW) ←</p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy</p>		<p>YES 1 → ADD TO TABLE</p> <p>NO 2</p>					
222B	<p>READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.</p>							

SECTION 2. REPRODUCTION

PREGNANCY HISTORY LINE NUMBER	223	224	225		226	227	228			228A	228B
			IF BORN ALIVE AND STILL LIVING:					IF BORN ALIVE AND NOW DEAD:			
	<p>CHECK 216, 217 AND 221:</p> <p>IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.</p> <p>IF 216=4, THEN PREGNANCY OUTCOME =</p>	<p>Is (NAME IN 218) still alive?</p>	<p>IF 219=BOY: How old was (NAME IN 218) at his last birthday? RECORD AGE IN COMPLETE IF 219=GIRL How old was (NAME IN 218) at her last birthday? RECORD AGE IN COMPLETE D YEARS.</p>	<p>Is (NAME IN 218) living with you?</p>		<p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>IF 219=BOY: How old was (NAME IN 218) when he died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have his first birthday? THEN ASK: Exactly how many months old was (NAME IN 218) when he died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF 219=GIRL: How old was (NAME IN 218) when she died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have her first birthday? THEN ASK: Exactly how many months old was (NAME IN 218) when she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS</p>	<p>Does (NAME IN 218) have a death certificate? IF NO, PROBE: Has (NAME IN 218)'s death ever been registered in ZAGS? 1 = CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW</p>	<p>What was the main reason you decided to have this abortion? 1 = HER HEALTH 2 = INBORN DEFECTS 3 = SEX SELECTION 4 = POVERTY 5 = UNWANTED CHILD 6 = UNMARRIED 7 = COVID 8 = DON'T REMEMBER 9 = OTHER</p>		
01	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>NEXT PREGN. 4</p> <p>ABORTION 4</p> <p>SKIP TO 228B ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/> <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>		<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p>	<p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>		
02	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>NEXT PREGN. 4</p> <p>ABORTION 4</p> <p>SKIP TO 228B ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/> <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>		<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p>	<p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>		
03	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>NEXT PREGN. 4</p> <p>ABORTION 4</p> <p>SKIP TO 228B ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/> <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>		<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p>	<p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p align="center">COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p align="center">NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p>	<p align="center">NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p align="center">(PROBE AND RECONCILE) ←</p>	
231	<p>C FOR EACH LIVE BIRTH IN 2018-2023, 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 LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2018-2023, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	
234	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?</p>	LATER 1 NO MORE/NONE 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1209 181 1350 232"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1209 232 1350 284"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1209 284 1350 336"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1209 336 1350 387"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST PREGNANCY 995 NEVER MENSTRUATED 996																	→ 240 → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN LAST YEAR <input type="checkbox"/> NO, ONE YEAR OR MORE <input type="checkbox"/>		→ 240																
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS A DISPOSABLE SANITARY PADS B TAMPONS C CLOTH E TOILET PAPER F COTTON WOOL G UNDERWEAR ONLY H OTHER _____ X (SPECIFY) NOTHING Y																	
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES 1 NO 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3																	
240	How old were you when you had your first menstrual period?	AGE <table border="1" data-bbox="1209 1263 1350 1314"><tr><td></td><td></td></tr></table> DON'T KNOW 98																	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243																
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8																	

SECTION 3. CONTRACEPTION

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)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. 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
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	317
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>URBAN/RAYON/RURAL HEALTH CENTE 13</p> <p>REPRODUCTIVE HEALTH CENTE 14</p> <p>HEALTH HOUSE 15</p> <p>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 16</p> <p>IMMUNOPROPHYLAXIS CENTER 17</p> <p>AIDS CENTER 18</p> <p>MOBILE CLINIC OF AIDS CENTER 19</p> <p>HEALTHY LIFESTYLE CENTER 20</p> <p>FAMILY MEDICINE CENTER 21</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE DOCTOR'S OFFICE 33</p> <p>PRIVATE LABORATORY 34</p> <p>PHARMACY 35</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
313	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p align="right">} → 315</p>
314	<p>Since what month and year have you been using (METHOD) without stopping?</p> <p>PROBE: For how long have you been using (METHOD) now without stopping?</p>	<p>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
315	<p>CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p align="center">GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		

SECTION 3. CONTRACEPTION (CAPI OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p>YEAR IS 2018-2023 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2017 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2018 .</p> <p>THEN</p> <p>(SKIP TO 329) ←</p>	
317	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2018. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		C
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	Between (EVENT ONE) in (MONTH/YEAR ONE) and (EVENT TWO) in (MONTH/YEAR TWO), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p>	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	<p>How many months after (EVENT ONE) in (MONTH/YEAR ONE) did you start to use the (METHOD)?</p> <p>RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.</p>	<p>IMMEDIATELY 00</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	<p>For how many months did you use the (METHOD) continuously?</p> <p>RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/>	ANY METHOD USED <input type="checkbox"/>	→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 331 → 324 → 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>You first started using (METHOD) in (DATE FROM 314). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>URBAN/RAYON/RURAL HEALTH CENTE 13</p> <p>REPRODUCTIVE HEALTH CENTE 14</p> <p>HEALTH HOUSE 15</p> <p>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 16</p> <p>IMMUNOPROPHYLAXIS CENTER 17</p> <p>AIDS CENTER 18</p> <p>MOBILE CLINIC OF AIDS CENTER 19</p> <p>HEALTHY LIFESTYLE CENTER 20</p> <p>FAMILY MEDICINE CENTER 21</p> <p>PATRONAGE MEDICAL WORKER 22</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE DOCTOR 33</p> <p>PRIVATE LABORATORY 34</p> <p>PHARMACY 35</p> <p>PATRONAGE MEDICAL WORKER 36</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 37</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
323	At that time, were you told about side effects or problems you might have with the method?	<p>YES 1</p> <p>NO 2</p>	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	<p>YES 1</p> <p>NO 2</p>	
325	Were you told what to do if you experienced side effects or problems?	<p>YES 1</p> <p>NO 2</p>	
326	At that time, were you told about other methods of family planning that you could use?	<p>YES 1</p> <p>NO 2</p>	
327	<p>CHECK 307:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>EMERGENCY CONTRACEPTION 09</p> <p>OTHER MODERN METHOD 95</p>	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	<p>YES 1</p> <p>NO 2</p>	→ 330

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	
332	In the last 12 months, were you visited by a medical worker?	YES 1 NO 2	→ 334
333	Did the medical worker talk to you about family planning?	YES 1 NO 2	
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	YES 1 NO 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601																														
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5	<table border="0"> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> </table>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	
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403	Now I would like to ask some questions about your pregnancies in the last 3 years. We will talk about each separately, starting with the last one you had.																																
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>																															
404A	During this pregnancy, did you get sick with the COVID-19?	YES 1 NO 2 DON'T KNOW 8																															
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 MISCARRIAGE/ABORTION 5	→ 407																														
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 408																														

407	RECORD NAME FROM 218. NAME _____	
408	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 PREGNANCY TYPE <input type="checkbox"/> 3, 4, OR 5 a) When you got pregnant with (NAME IN 407), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES 1 NO 2 → 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411
410	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 426A) ← MOST RECENT STILLBIRTH <input type="checkbox"/>		→ 426A
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL FAMILY DOCTOR A OBSTETRICIAN-GYNECOLOGIST B OTHER DOCTOR C NURSE/MALE NURSE D MIDWIFE E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
415	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL C</p> <p>MATERNITY HOME D</p> <p>URBAN/RAYON/RURAL HEALTH CENTE..... E</p> <p>REPRODUCTIVE HEALTH CENTE..... F</p> <p>HEALTH HOUSE G</p> <p>FAMILY MEDICINE CENTE H</p> <p>OTHER PUBLIC SECTOR _____ I (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL J</p> <p>PRIVATE CLINIC K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																																	
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1 <table border="1" data-bbox="1209 857 1348 907"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1" data-bbox="1209 907 1348 958"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW998</p>																																	
417	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <table border="1" data-bbox="1209 1043 1348 1095"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>																																	
418	<p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure?</p> <p>b) Take a urine sample?</p> <p>c) Take a blood sample?</p> <p>d) Listen to the baby's heartbeat?</p> <p>e) Talk with you about which foods or how much food you should eat?</p> <p>f) Talk with you about breastfeeding?</p> <p>g) Ask you if you had vaginal bleeding?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BLOOD PRESSURE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BLOOD PRESSURE.....	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	
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426A	<p>Immediately before this pregnancy, did you take the folic acid tablets to prevent some birth defects?</p> <p>SHOW THE PILLS</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
426B	During the first 3 months of this pregnancy, did you take the folic acid tablets to prevent some birth defects? SHOW THE PILLS	YES 1 NO 2 DON'T KNOW 8	
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8	→ 430A
427	Where did you get the iron tablets or syrup? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A MATERNITY HOME B URBAN/RAYON/RURAL HEALTH CENTE..... C REPRODUCTIVE HEALTH CENTE..... D HEALTH HOUSE E INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER F IMMUNOPROPHYLAXIS CENTER G HEALTHY LIFESTYLE CENTER H FAMILY MEDICINE CENTER I PATRONAGE MEDICAL WORKEF..... J OTHER PUBLIC SECTOR _____ K (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL L PRIVATE CLINIC M PRIVATE DOCTOR N PRIVATE LABORATORY O PHARMACY P PATRONAGE MEDICAL WORKEF..... Q OTHER PRIVATE MEDICAL SECTOR _____ R (SPECIFY) OTHER SOURCE SHOP S MARKET T OTHER _____ X (SPECIFY)	
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
430A	Are you eligible to receive food or cash assistance through the Addressnaya Socialnaya Pomosh program?	YES 1 NO 2 HE 3HAЮ 8	
430	During this pregnancy, did you receive food or cash assistance through the Addressnaya Socialnaya Pomosh program?	YES 1 NO 2 DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Who assisted with the delivery of (NAME IN 407)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE</p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY</p>	<p>HEALTH PERSONNEL</p> <p>FAMILY DOCTOR A</p> <p>OBSTETRICIAN-GYNECOLOGIST B</p> <p>OTHER DOCTOR C</p> <p>NURSE/MALE NURSE D</p> <p>MIDWIFE E</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>RELATIVE/FRIEND G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	
435	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Where did you give birth to (NAME IN 407)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> <p>b) Where did you deliver this stillbirth?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>MATERNITY HOME 22</p> <p>URBAN/RAYON/RURAL HEALTH CENTER 23</p> <p>HEALTH HOUSE 24</p> <p>FAMILY MEDICINE CENTER 25</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 437</p> <p>→ 437</p>
436	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Was (NAME IN 407) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487
438	After the birth, was (NAME IN 407) put on your chest/abdomen?	YES 1 NO 2 DON'T KNOW 8	→ 441
439	Was (NAME IN 407)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	→ 441
440	How long after birth was (NAME IN 407) put on the bare skin of your chest? PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY000 HOURS <input type="text"/> <input type="text"/>	
441	When (NAME IN 407) was born, was (NAME IN 407) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
442	Was (NAME IN 407) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	→ 444
443	How much did (NAME IN 407) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH <input type="checkbox"/> PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480
445	CHECK 435: PLACE OF DELIVERY	FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED <input type="checkbox"/> CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/>	→ 464
447	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> PREGNANCY TYPE 3 <input type="checkbox"/> a) How long after (NAME IN 407) was delivered did you stay in (FACILITY IN 435)? b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW998	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451						
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="1209 367 1348 421"><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="1209 421 1348 474"><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="1209 474 1348 528"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW998</p>							
450	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>FAMILY DOCTOR 11</p> <p>OBSTETRICIAN-GYNECOLOGIST 12</p> <p>OTHER DOCTOR 13</p> <p>NURSE/MALE NURSE 14</p> <p>MIDWIFE 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96 (SPECIFY)</p>							
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center"> MOST RECENT LIVE BIRTH <input type="checkbox"/> MOST RECENT STILLBIRTH <input type="checkbox"/> </p>		→ 455						
452	<p>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407).</p> <p>Before (NAME IN 407) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 455						
453	<p>How long after delivery was (NAME IN 407)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="1209 1285 1348 1339"><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="1209 1339 1348 1393"><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="1209 1393 1348 1447"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW998</p>							
454	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>FAMILY DOCTOR 11</p> <p>OBSTETRICIAN-GYNECOLOGIST 12</p> <p>OTHER DOCTOR 13</p> <p>NURSE/MALE NURSE 14</p> <p>MIDWIFE 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW998	<table border="1" data-bbox="1209 286 1348 452"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL FAMILY DOCTOR 11 OBSTETRICIAN-GYNECOLOGIST 12 OTHER DOCTOR 13 NURSE/MALE NURSE 14 MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)							
458	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 MATERNITY HOME 22 URBAN/RAYON/RURAL HEALTH CENTER 23 HEALTH HOUSE 24 FAMILY MEDICINE CENTER 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)							
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 474						
460	After (NAME IN 407) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?	YES 1 NO 2 DON'T KNOW 8	→ 473						

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
461	<p>How long after the birth of (NAME IN 407) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	<table border="1" data-bbox="1209 174 1348 342"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
462	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>FAMILY DOCTOR 11</p> <p>OBSTETRICIAN-GYNECOLOGIST 12</p> <p>OTHER DOCTOR 13</p> <p>NURSE/MALE NURSE 14</p> <p>MIDWIFE 15</p> <p>PATRONAGE FAMILY DOCTOR 16</p> <p>PATRONAGE NURSE/MALE NUR. 17</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>							
463	<p>Where did this check of (NAME IN 407) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>MATERNITY HOME 22</p> <p>URBAN/RAYON/RURAL HEALTH CENTER 23</p> <p>HEALTH HOUSE 24</p> <p>FAMILY MEDICINE CENTER 25</p> <p>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 26</p> <p>OTHER PUBLIC SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 473</p>						

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME IN 407)?</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 468						
465	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="1209 645 1348 701"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="1209 701 1348 757"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="1209 757 1348 813"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>							
466	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>FAMILY DOCTOR 11</p> <p>OBSTETRICIAN-GYNECOLOGIST 12</p> <p>OTHER DOCTOR 13</p> <p>NURSE/MALE NURSE 14</p> <p>MIDWIFE 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96 (SPECIFY)</p>							
467	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>MATERNITY HOME 22</p> <p>URBAN/RAYON/RURAL HEALTH CENTER 23</p> <p>HEALTH HOUSE 24</p> <p>FAMILY MEDICINE CENTER 25</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
468	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p style="text-align: center;"> MOST RECENT LIVE BIRTH <input type="checkbox"/> ↓ MOST RECENT STILLBIRTH <input type="checkbox"/> </p>	<p style="text-align: right;">→ 474</p>													
469	<p>I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407).</p> <p>After (NAME IN 407) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p style="text-align: right;">→ 473</p>													
470	<p>How long after the birth of (NAME IN 407) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW998</p>													
471	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>FAMILY DOCTOR 11 OBSTETRICIAN-GYNECOLOGIST 12 OTHER DOCTOR 13 NURSE/MALE NURSE 14 MIDWIFE 15 PATRONAGE FAMILY DOCTOR 16 PATRONAGE NURSE/MALE NUR. 17</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96 (SPECIFY)</p>													
472	<p>Where did this first check of (NAME IN 407) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21 MATERNITY HOME 22 URBAN/RAYON/RURAL HEALTH CENTER 23 HEALTH HOUSE 24 FAMILY MEDICINE CENTER 25 INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
473	During the first 2 days after (NAME IN 407)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME IN 407)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe (NAME IN 407) breastfeeding to see if you are doing it correctly?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) CORD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) TEMPERATURE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) MEDICAL ATTENTION</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) TALK ABOUT BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) OBSERVE BREASTFEEDING ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) CORD	1	2	8	b) TEMPERATURE	1	2	8	c) MEDICAL ATTENTION	1	2	8	d) TALK ABOUT BREASTFEEDING	1	2	8	e) OBSERVE BREASTFEEDING ..	1	2	8	
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e) OBSERVE BREASTFEEDING ..	1	2	8																								
474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) BLOOD PRESSURE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) FAMILY PLANNING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) BLOOD PRESSURE	1	2	8	b) BLEEDING	1	2	8	c) FAMILY PLANNING	1	2	8									
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475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 479																								
476	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> a) Has your menstrual period returned since the birth of (NAME IN 407)? PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/>	PREGNANT OR UNSURE <input type="checkbox"/>	→ 479																								
478	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> a) Have you had sexual intercourse since the birth of (NAME IN 407)? PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	NO	2																					
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479	CHECK 405: PREGNANCY OUTCOME TYPE	<table border="0"> <tr> <td>MOST RECENT LIVE BIRTH</td> <td align="center">1</td> </tr> <tr> <td>MOST RECENT STILLBIRTH</td> <td align="center">3</td> </tr> <tr> <td>MISCARRIAGE/ABORTION</td> <td align="center">5</td> </tr> </table>	MOST RECENT LIVE BIRTH	1	MOST RECENT STILLBIRTH	3	MISCARRIAGE/ABORTION	5	→ 487																		
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MISCARRIAGE/ABORTION	5																										
480	Did you ever breastfeed (NAME IN 407)?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	NO	2	→ 482																				
YES	1																										
NO	2																										
481	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	→ 486 → 487																								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
482	How long after birth did you first put (NAME IN 407) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY000 HOURS 1 <table border="1" data-bbox="1209 230 1348 286"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="1209 286 1348 342"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
483	In the first 2 days after delivery, was (NAME IN 407) given anything other than breast milk to eat or drink – anything at all like water, infant formula, or tea?	YES 1 NO 2									
484	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 487								
485	Are you still breastfeeding (NAME IN 407)?	YES 1 NO 2									
486	Did (NAME IN 407) drink anything from a bottle with a nipple yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8									
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ← NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>		→ 501								

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. We will talk about each separately, starting with the youngest.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a vaccination passport or other document where (NAME IN 503)'s vaccinations are written down?	YES, HAS ONLY A VACCINATION PASSPORT .. 1 YES, HAS ONLY ANOTHER DOCUMENT. 2 YES, HAS PASSPORT AND OTHER DOCUMENT .. 3 NO, NO PASSPORT AND NO OTHER DOCUMENT .. 4	→ 507 → 507
505	Did you ever have a vaccination passport for (NAME IN 503)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507	May I see the vaccination passport or other document where (NAME IN 503)'s vaccinations are written down?	YES, ONLY VACCINATION PASSPORT SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, PASSPORT AND OTHER DOCUMENT SEEN 3 NO PASSPORT AND NO OTHER DOCUMENT SEEN 4	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION PASSPORT OR OTHER DOCUMENT.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																			
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>																																																																																																																																																					
509	<p>COPY VACCINATION DATES FROM THE VACCINATION PASSPORT FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF PASSPORT SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF PASSPORT IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%;">DAY</th> <th style="width:10%;">MONTH</th> <th style="width:10%;">YEAR</th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B WITHIN THE FIRST 24 HOURS OF BIRTH (HEP B-1)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL OLIO VACCINE (OPV) 0 (WITHIN THE FIRST 24 HOURS OF BIRTH)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 1-HEP.B 1-HIB 1 (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 2-HEP.B 2-HIB 2 (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 3-HEP.B 3-HIB 3 (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES, MUMPS AND RUBELLA VACCINE (MM OR MMR)1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR				BCG							HEPATITIS B WITHIN THE FIRST 24 HOURS OF BIRTH (HEP B-1)							ORAL OLIO VACCINE (OPV) 0 (WITHIN THE FIRST 24 HOURS OF BIRTH)							ORAL POLIO VACCINE (OPV) 1							ORAL POLIO VACCINE (OPV) 2							ORAL POLIO VACCINE (OPV) 3							ORAL POLIO VACCINE (OPV) 4							DPT 1-HEP.B 1-HIB 1 (PENTAVALENT) 1							DPT 2-HEP.B 2-HIB 2 (PENTAVALENT) 2							DPT 3-HEP.B 3-HIB 3 (PENTAVALENT) 3							ROTAVIRUS 1							ROTAVIRUS 2							INACTIVATED POLIO VACCINE (IPV) 1							INACTIVATED POLIO VACCINE (IPV) 2							PNEUMOCOCCAL 1							PNEUMOCOCCAL 2							PNEUMOCOCCAL 3							MEASLES, MUMPS AND RUBELLA VACCINE (MM OR MMR)1							DPT 4							VITAMIN A (MOST RECENT)								
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510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION PASSPORT OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH VACCINATION PASSPORT.</p>	<p>PHOTOGRAPH TAKEN 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 (SPECIFY)</p>																																																																																																																																																				
511	<p>CHECK 509: 'BCG' TO 'DPT-4' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN</p> <p style="text-align: center;">NO <input type="checkbox"/></p> <p style="text-align: center;">YES <input type="checkbox"/> → 529</p>																																																																																																																																																					

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
512	<p>In addition to what is recorded on (this document/these documents), did (NAME IN 503) receive any other vaccinations, including vaccinations received in campaigns or immunization days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) ←</p> <p>NO 2 DON'T KNOW 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE VACCINATION PASSPORT?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>SKIP TO 529 ←</p>		→ FA01
513	Did (NAME IN 503) ever receive any vaccinations to prevent (NAME IN 503) from getting diseases, including vaccinations received in campaigns or immunization days?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ FA01
514	Has (NAME IN 503) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
515	At or soon after birth, did (NAME IN 503) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 517
516	Did (NAME IN 503) receive it within 24 hours of birth?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
517	Has (NAME IN 503) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 520
518	Did (NAME IN 503) receive the first oral polio vaccine in the first 2 weeks after birth or later?	<p>FIRST TWO WEEKS 1 LATER 2</p>	
519	How many times did (NAME IN 503) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
520	Did (NAME IN 503) get an IPV injection in the thigh to protect against polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 521
520A	How many times did (NAME IN 503) receive an injection of the IPV polio vaccine?	NUMBER OF TIMES <input type="text"/>	
521	Has (NAME IN 503) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 522A
522	How many times did (NAME IN 503) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
522A	Has (NAME IN 503) ever received the DPT-4 vaccination dose, that is, an injection given in the thigh at the age of 16 months or older to prevent diphtheria, tetanus, and pertussis?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
523	Has (NAME IN 503) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
524	How many times did (NAME IN 503) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
525	Has (NAME IN 503) ever received a rotavirus vaccination or ROTA, that is, a sweet liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME IN 503) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME IN 503) ever received a MR or MMR vaccination, that is, an injection in the arm to prevent measles and rubella or measles, mumps and rubella?	YES 1 NO 2 DON'T KNOW 8	
529	Where did (NAME IN 503) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 11 MATERNITY HOME 12 URBAN/RAYON/RURAL HEALTH CENTER 13 REPRODUCTIVE HEALTH CENTER 14 HEALTH HOUSE 15 INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 16 IMMUNOPROPHYLAXIS CENTER 17 AIDS CENTER 18 MOBILE CLINIC OF AIDS CENTER 19 HEALTHY LIFESTYLE CENTER 20 FAMILY MEDICINE CENTER 21 PATRONAGE MEDICAL WORKER 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)	
		<p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE DOCTOR 33 PRIVATE LABORATORY 34 PHARMACY 35 PATRONAGE MEDICAL WORKER 36 OTHER PRIVATE MEDICAL SECTOR _____ 37 (SPECIFY)	
		<p>OTHER SOURCE</p> VACCINATION CAMPAIGN 2023 PNEUMOCOCCAL / 2022 MEASLES-MUMPS/ 2021 POLIO IPV/ 2021 POLIO OPV 3 TIMES 41 OTHER _____ 96 (SPECIFY)	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
FA01	<p>As part of this survey, we would like to visit the health facility in which (NAME IN 503) got vaccinated. We would like to have your permission to copy the vaccination dates from (NAME IN 503) child 's development card, the child's vaccination card, or immunization register kept in a health facility. With your permission, our team supervisor will visit the health facility and copy the vaccination dates of (NAME IN 503) from these cards directly to the same questionnaire I am using right now for our interview. The information will be kept confidential and will not be shared with anyone other than members of our survey team. We hope you will allow access to the child's development card, vaccination card, and immunization register because information about (NAME IN 503) vaccinations is very important. The information will complement the information that we obtained from you in this interview. Many dangerous childhood illnesses such as measles or tetanus can be prevented through timely and effective vaccination. The information from the child development card, vaccination card and immunization register will assist the government to develop programs to protect children from vaccine preventable diseases and reduce childhood mortality and morbidity in Tajikistan.</p> <p>Do you have any questions?</p> <p>Will you allow us to copy vaccination records from (NAME IN 503) child development card, vaccination card and immunization register kept at the health facility?</p> <p>CIRCLE THE CODE AND SIGN YOUR NAME.</p>	GRANTED 1 _____ INTERVIEWER'S SIGNATURE ← REFUSED 2 NOT PRESENT/ OTHER 3	→ 530
FA02	<p>Would you give us your permission to take a photo of the vaccination records (NAME IN 503) for further verification in case of inaccuracies?</p> <p>CIRCLE THE CODE AND SIGN YOUR NAME.</p>	GRANTED 1 _____ INTERVIEWER'S SIGNATURE ← REFUSEL 2	
FA03	<p>Please tell me the exact name and surname (NAME IN 503).</p>	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____	
FA04	<p>Please tell me the exact name and surname of the mother (NAME IN 503), to clarify the records (NAME IN 503) in case of coincidence with the names of other children.</p>	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____	
FA05	<p>Please provide the home address of (NAME IN 503) that is on the records of the health facility where (NAME IN 503) receives vaccinations.</p>	_____ (STREET NAME, HOUSE NUMBER AND FLAT NUMBER) _____ (CITY, TOWN, VILLAGE, ZIP CODE)	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
FA06	Please provide the name, address, and telephone number of the health facility where records of vaccinations (NAME IN 503) are kept.	_____ (NAME OF THE MEDICAL FACILITY) _____ (STREET NAME, HOUSE NUMBER OF MEDICAL FACILITY) _____ TELEPHONE NUMBER	
FA07	Please provide the first and last name of the doctor in this health facility assigned to provide health care and vaccinations for (NAME IN 503).	DOCTOR'S FIRST NAME _____ DOCTOR'S LAST NAME _____	
FA08	Please provide the health facility uchastok number to which (NAME IN 503) is assigned for vaccinations and health care.	UCHASTOK NUMBER <input type="text"/> <input type="text"/>	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 503 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643																	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest.																		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																		
604	In the last 12 months, was (NAME IN 603) given any of the following: a) Iron tablets or syrup? SHOW COMMON TYPES OF TABLETS/SYRUPS.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) TABLETS/SYRUP</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8									
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
605	In the last 6 months, was (NAME IN 603) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607	In the last 3 months, has any healthcare provider or community health worker measured: a) (NAME IN 603)'s weight? b) (NAME IN 603)'s length or height? c) Around (NAME IN 603)'s upper arm? SHOW IMAGE OF MUAC TAPE.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) WEIGHT</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>c) UPPER ARM</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
	YES	NO	DK																
a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
608	Has (NAME IN 603) had diarrhea in the last 2 weeks?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 618										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
609	<p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> ↓</p> <p>NO/ NOT ASKED <input type="checkbox"/> ↓</p> <p>a) Now I would like to know how much (NAME IN 603) was given to drink during the diarrhea, including breast milk. Was (NAME IN 603) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME IN 603) given much less than usual to drink or somewhat</p> <p>b) Now I would like to know how much (NAME IN 603) was given to drink during the diarrhea. Was (NAME IN 603) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME IN 603) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	
610	<p>When (NAME IN 603) had diarrhea, was (NAME IN 603) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME IN 603) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p>	→ 615

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																	
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>URBAN/RAYON/RURAL HEALTH CENTER C</p> <p>REPRODUCTIVE HEALTH CENTER D</p> <p>HEALTH HOUSE E</p> <p>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER F</p> <p>IMMUNOPROPHYLAXIS CENTER G</p> <p>AIDS CENTER H</p> <p>MOBILE CLINIC OF AIDS CENTER I</p> <p>HEALTHY LIFESTYLE CENTER J</p> <p>FAMILY MEDICINE CENTER K</p> <p>PATRONAGE MEDICAL WORKEF..... L</p> <p>OTHER PUBLIC SECTOR SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL N</p> <p>PRIVATE CLINIC O</p> <p>PRIVATE DOCTOR P</p> <p>PRIVATE LABORATORY Q</p> <p>PHARMACY R</p> <p>PATRONAGE MEDICAL WORKEF..... S</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ T</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>MARKET W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
613	<p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	<p>→ 615</p>																
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="text"/></p>																	
615	<p>Was (NAME IN 603) given any of the following at any time since (NAME IN 603) started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>c) Zinc tablets or syrup?</p> <p>d) Homemade fluid?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) REHYDRON ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) REHYDRON ..	1	2	8	c) ZINC	1	2	8	d) HOMEMADE FLUID	1	2	8	
	YES	NO	DK																
a) REHYDRON ..	1	2	8																
c) ZINC	1	2	8																
d) HOMEMADE FLUID	1	2	8																
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) Was anything given to treat the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 618</p>																

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
626	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>URBAN/RAYON/RURAL HEALTH CENTER C</p> <p>REPRODUCTIVE HEALTH CENTER D</p> <p>HEALTH HOUSE E</p> <p>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER F</p> <p>IMMUNOPROPHYLAXIS CENTER G</p> <p>AIDS CENTER H</p> <p>MOBILE CLINIC OF AIDS CENTER I</p> <p>HEALTHY LIFESTYLE CENTER J</p> <p>FAMILY MEDICINE CENTER K</p> <p>PATRONAGE MEDICAL WORKEF..... L</p> <p>OTHER PUBLIC SECTOR SECTOR _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL N</p> <p>PRIVATE CLINIC O</p> <p>PRIVATE DOCTOR P</p> <p>PRIVATE LABORATORY Q</p> <p>PHARMACY R</p> <p>PATRONAGE MEDICAL WORKEF..... S</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ T (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>MARKET W</p> <p>OTHER _____ X (SPECIFY)</p>	
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/> → 629	
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="text"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME IN 603)? IF SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME IN 603) take any medicine for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 634

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
631	<p>What medicine did (NAME IN 603) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION</p>	<p>ANTIBIOTIC MEDICINE</p> <p>AMOXICILLIN J</p> <p>COTRIMOXAZOLE K</p> <p>OTHER PILL/SYRUP L</p> <p>OTHER INJECTION/IV M</p> <p>OTHER MEDICINE</p> <p>ASPIRIN N</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN O</p> <p>IBUPROFEN P</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN <input type="checkbox"/> 0-59 MONTHS BEFORE THE SURVEY →</p>	635

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>	643																																																				
636	<p>Now I would like to ask you about liquids that (NAME IN 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME IN 635) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME IN 635) drink:</p> <p>a) Plain water?</p> <hr style="border-top: 1px dashed black;"/> <p>b) Infant formula such as NAN, Nutrilac, Malysh, Malutka? IF YES: b1) How many times did (NAME IN 635) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <hr style="border-top: 1px dashed black;"/> <p>c) Milk of animal origin, including, fresh, or powdered? IF YES: c1) How many times did (NAME IN 635) drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?</p> <hr style="border-top: 1px dashed black;"/> <p>f) Cocoa?</p> <hr style="border-top: 1px dashed black;"/> <p>g) Fruit juice, fruit drinks, kompot, or mors?</p> <hr style="border-top: 1px dashed black;"/> <p>h) Sweet carbonated drinks such as Coca-Cola, RC Cola, Fanta, lemonade, or energy drinks?</p> <hr style="border-top: 1px dashed black;"/> <p>i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?</p> <hr style="border-top: 1px dashed black;"/> <p>j) Clear broth or clear soup?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c2) SWEET/ FLAVORED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i1) SWEETENED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	b1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/>			8	c)	1	2	8	c1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/>			8	c2) SWEET/ FLAVORED ..	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	i1) SWEETENED ..	1	2	8	j)	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	<p>k) Any other liquids? IF YES:</p> <p>k1) What was the drink?</p> <p>MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE</p> <p>k2) Was the drink sweetened?</p>	<p>YES</p> <p>k) 1</p> <p>OTHER DRINK(S) _____ (SPECIFY)</p> <p>SWEETENEC... 1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p>	<p>DK</p> <p>8</p> <p>8</p> <p>8</p>	
<p>637 (10)</p>	<p>Now I would like to ask you about foods that (NAME IN 635) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME IN 635) have:</p> <p>a) Yogurt, kefir, dugob, jurgot, or chaka? IF YES:</p> <p>a1) How many times did (NAME IN 635) have yogurt, kefir, dugob, jurgot, or chaka?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>a2) Did (NAME IN 635) have any drinkable yogurt, kefir, dugob, or chaka to drink? IF YES:</p> <p>a3) Was it a sweet or flavored type of drink?</p> <hr/> <p>b) Bread, flatbread, lapsha, macaroni products, rice, buckwheat, or porridge?</p> <hr/> <p>c) Carrots, pumpkin, or red bulgarian pepper?</p> <hr/> <p>d) Potato or turnip?</p>	<p>YES</p> <p>a) 1</p> <p>NUMBER OF TIMES ATE <input type="text"/></p> <p>HAD YOGURT AS A DRINK... 1</p> <p>SWEETENEC... 1</p> <hr/> <p>b) 1</p> <hr/> <p>c) 1</p> <hr/> <p>d) 1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>DK</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	e) Any dark green leafy vegetables, such as spinach, broccoli, sorrel, seyoalaf, sambysai alafi, or other dark green leafy vegetables?	e) 1	2	8	
	f) Any other vegetables, such as tomatoes, cabbage, cucumber, beet, zucchini, or other vegetables?	f) 1	2	8	
	g) Persimmon, apricots or dried apricots?	g) 1	2	8	
	h) Any other fruits, such as apple, cherries, grapes, berries, orange, or other fruits?	h) 1	2	8	
	i) Fish, smoked fish, or canned fish?	i) 1	2	8	
	j) Liver, heart, or kidney?	j) 1	2	8	
	k) Cold cuts, sosiski, sardelki, hot dogs, or meat conserves?	k) 1	2	8	
	l) Any other meat, such as beef, lamb, goat, chicken, turkey?	l) 1	2	8	
	m) Eggs?	m) 1	2	8	
	n) Beans, peas, lentils, chickpeas, or mung beans?	n) 1	2	8	
	o) Sunflower or pumpkin seeds, walnuts, peanuts, almonds, or pistachios?	o) 1	2	8	
	p) Cheese, kooroot, or tvorog?	p) 1	2	8	
	r) Cakes, cookies, wafers, pastries, sweet rolls, or chak chak?	r) 1	2	8	
	s) Candy, chocolates, ice cream, or halva?	s) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
	t) Chips, suhariki, Instant noodles such as Rolton or Doshirak, French fries, piroshki, chebureki, or belyashi?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>t)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	t)	1	2	8											
	YES	NO	DK																		
t)	1	2	8																		
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE	<table border="0"> <tr> <td>v)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td colspan="4">OTHER FOOD(S) _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </table>	v)	1	2	8	OTHER FOOD(S) _____				(SPECIFY)										
v)	1	2	8																		
OTHER FOOD(S) _____																					
(SPECIFY)																					
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 640																		
639	Did (NAME IN 635) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME IN 635) eat?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td align="center" colspan="2">(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)</td> </tr> <tr> <td align="center" colspan="2">(THEN CONTINUE TO 640)</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)		(THEN CONTINUE TO 640)		NO	2	→ 641										
YES	1																				
(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)																					
(THEN CONTINUE TO 640)																					
NO	2																				
640	How many times did (NAME IN 635) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	<table border="0"> <tr> <td>NUMBER OF TIMES</td> <td align="center"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	NUMBER OF TIMES	<input type="text"/>	DON'T KNOW	8															
NUMBER OF TIMES	<input type="text"/>																				
DON'T KNOW	8																				
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME IN 635)?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8													
YES	1																				
NO	2																				
DON'T KNOW	8																				
642	The last time (NAME IN 635) passed stools, what was done to dispose of the stools?	<table border="0"> <tr> <td>CHILD USED TOILET OR LATRINE</td> <td align="center">01</td> </tr> <tr> <td>PUT/RINSED INTO TOILET OR LATRINE</td> <td align="center">02</td> </tr> <tr> <td>PUT/RINSED INTO DRAIN OR DITCH</td> <td align="center">03</td> </tr> <tr> <td>THROWN INTO GARBAGE</td> <td align="center">04</td> </tr> <tr> <td>BURIED</td> <td align="center">05</td> </tr> <tr> <td>LEFT IN THE OPEN</td> <td align="center">06</td> </tr> <tr> <td>BURNED</td> <td align="center">07</td> </tr> <tr> <td>OTHER</td> <td align="center">96</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	CHILD USED TOILET OR LATRINE	01	PUT/RINSED INTO TOILET OR LATRINE	02	PUT/RINSED INTO DRAIN OR DITCH	03	THROWN INTO GARBAGE	04	BURIED	05	LEFT IN THE OPEN	06	BURNED	07	OTHER	96	(SPECIFY)		
CHILD USED TOILET OR LATRINE	01																				
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BURNED	07																				
OTHER	96																				
(SPECIFY)																					

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat or drink:</p>		YES	NO	DK	
	a) Bread, flatbread, lapsha, macaroni products, rice, buckwheat, or porridge?	a)	1	2	8	
	b) Carrots, pumpkin, or red Bulgarian pepper?	b)	1	2	8	
	c) Potato or turnip?	c)	1	2	8	
	d) Any dark green leafy vegetables, such as spinach, broccoli, sorrel, seyoalaf, sambysai alafi or other dark green leafy vegetables?	d)	1	2	8	
	e) Any other vegetables, such as tomatoes, cabbage, cucumber, beet, zucchini or other vegetables?	e)	1	2	8	
	f) Persimmon, apricots or dried apricots?	f)	1	2	8	
	g) Any other fruits, such as apple, cherries, grapes, berries, orange, or other fruits?	g)	1	2	8	
	h) Fish, smoked fish, or canned fish?	h)	1	2	8	
	i) Liver, heart, or kidney?	i)	1	2	8	
	j) Cold cuts, sosiski, sardelki, or, or meat conserves?	j)	1	2	8	
	k) Any other meat, such as beef, lamb, goat, chicken, turkey?	k)	1	2	8	
	l) Eggs?	l)	1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	m) Beans, peas, lentils, chickpeas, or mung beans?	m) 1	2	8	
	n) Sunflower or pumpkin seeds, walnuts, peanuts, almonds, or pistachios?	n) 1	2	8	
	o) Milk or powdered milk, cheese, tvorog, chaka, yogurt, jurgot, or kefir?	o) 1	2	8	
	q) Cakes, cookies, wafers, pastries, sweet rolls, or chak chak?	q) 1	2	8	
	r) Candy, chocolates, ice cream, or halva?	r) 1	2	8	
	s) Chips, suhariki, Instant noodles such as Rolton or Doshirak, French fries, piroshki, chebureki, or belyashi??	s) 1	2	8	
	t) Fruit juice, fruit drinks, kompot, or mors?	t) 1	2	8	
	u) Sweet carbonated drinks such as Coca-Cola, RC Cola, Fanta, lemonade, or energy drinks?	u) 1	2	8	
	v) Tea with sugar, coffee with sugar, cocoa, or milk cocktails?	v) 1	2	8	
	x) Any other liquids? IF YES: x1) What was the drink?	x) 1	2	8	
	x2) Was the drink sweetened?	SWEETENED . . . 1	2	8	
	y) Any other food? IF YES: y1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE	y) 1	2	8	

OTHER DRINK(S) _____
(SPECIFY)

OTHER FOOD(S) _____
(SPECIFY)

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 706A
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES 1 NO 2 DON'T KNOW 8	→ 707
706B	What document or documents do you have? Any other document? RECORD ALL MENTIONED.	MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION C OTHER DOCUMENT FROM A CIVIL AUTHORITY D OTHER _____ X (SPECIFY)	→ 709
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DON'T KNOW 8	
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
711	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
713	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first husband or partner. In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 717</p>
716	<p>How old were you when you first started living with him?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
717	<p>CHECK 714:</p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p>	<p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p>	<p>→ 721</p>
718	<p>CHECK 701:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p>	<p>NO, <input type="checkbox"/> NOT IN A UNION</p>	<p>→ 721</p>
719	<p>Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 721</p>
720	<p>How old were you when you first started living with your current (husband/partner)?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
721	<p>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
722	<p>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 anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	<p>→ 738</p>
723	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 737</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 727	→ 727
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 729 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 729
727	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 730

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>URBAN/RAYON/RURAL HEALTH CENTER 13</p> <p>REPRODUCTIVE HEALTH CENTER 14</p> <p>HEALTH HOUSE 15</p> <p>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 16</p> <p>IMMUNOPROPHYLAXIS CENTER 17</p> <p>AIDS CENTER 18</p> <p>MOBILE CLINIC OF AIDS CENTER 19</p> <p>HEALTHY LIFESTYLE CENTER 20</p> <p>FAMILY MEDICINE CENTER 21</p> <p>PATRONAGE MEDICAL WORKEF..... 22</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE DOCTOR'S OFFICE 33</p> <p>PRIVATE LABORATORY 34</p> <p>PHARMACY 35</p> <p>PATRONAGE MEDICAL WORKEF..... 36</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 37</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737
732	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
810	<p>CHECK 208 AND 804:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE ANOTHER CHILD ↓</p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS NO MORE ↓</p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> <tr> <td style="border-top: 1px dashed black; vertical-align: top; border-right: 1px dashed black; padding-top: 10px; padding-right: 10px;"> <p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE A CHILD ↓</p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="border-top: 1px dashed black; vertical-align: top; padding-top: 10px; padding-left: 10px;"> <p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS NO CHILDREN ↓</p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> </table>	<p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE ANOTHER CHILD ↓</p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND <input type="checkbox"/> WANTS NO MORE ↓</p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS TO HAVE A CHILD ↓</p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND <input type="checkbox"/> WANTS NO CHILDREN ↓</p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p> LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>			
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811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p style="text-align: center;">NOT <input type="checkbox"/> ASKED ↓</p>	<p style="text-align: center;">YES, <input type="checkbox"/> CURRENTLY USING →</p>	813						
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>							
813	<p>CHECK 224:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>HAS LIVING CHILDREN <input type="checkbox"/> ↓</p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>NO LIVING CHILDREN <input type="checkbox"/> ↓</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> </td> </tr> </table>	<p>HAS LIVING CHILDREN <input type="checkbox"/> ↓</p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NO LIVING CHILDREN <input type="checkbox"/> ↓</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>					
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814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/></td> </tr> </table> <p>NUMBER</p> <p>OTHER _____ 96 (SPECIFY)</p>	BOYS	GIRLS	EITHER	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
BOYS	GIRLS	EITHER							
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SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/ INSTAGRAM</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS ..</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) FACEBOOK/TWITTER/ INSTAGRAM	1	2	f) POSTER/LEAFLET/BROCHURE	1	2	g) OUTDOOR SIGN/BILLBOARD	1	2	h) COMMUNITY MEETINGS/EVENTS ..	1	2	
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g) OUTDOOR SIGN/BILLBOARD	1	2																												
h) COMMUNITY MEETINGS/EVENTS ..	1	2																												
817	CHECK 701: <table border="0"> <tr> <td align="center">YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</td> <td align="center">YES, <input type="checkbox"/> LIVING WITH A MAN ↓</td> <td align="center">NO, <input type="checkbox"/> NOT IN A UNION →</td> </tr> </table>	YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	YES, <input type="checkbox"/> LIVING WITH A MAN ↓	NO, <input type="checkbox"/> NOT IN A UNION →		→ 901																								
YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	YES, <input type="checkbox"/> LIVING WITH A MAN ↓	NO, <input type="checkbox"/> NOT IN A UNION →																												
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	<table border="0"> <tr> <td>RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOINTLY</td> <td align="right">3</td> </tr> <tr> <td>SOMEONE ELSE</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	RESPONDENT	1	HUSBAND/PARTNER	2	RESPONDENT AND HUSBAND/PARTNER JOINTLY	3	SOMEONE ELSE	4	OTHER _____	6	(SPECIFY)		<table border="0"> <tr> <td>→ 820</td> </tr> <tr> <td>→ 820</td> </tr> </table>	→ 820	→ 820													
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SOMEONE ELSE	4																													
OTHER _____	6																													
(SPECIFY)																														
→ 820																														
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819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	<table border="0"> <tr> <td>MORE IMPORTANT</td> <td align="right">1</td> </tr> <tr> <td>EQUALLY IMPORTANT</td> <td align="right">2</td> </tr> <tr> <td>LESS IMPORTANT</td> <td align="right">3</td> </tr> </table>	MORE IMPORTANT	1	EQUALLY IMPORTANT	2	LESS IMPORTANT	3																						
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820	Has your (husband/partner) or any other family member ever tried to force or pressure you to become pregnant when you did not want to become pregnant?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																								
YES	1																													
NO	2																													
821	CHECK 307: <table border="0"> <tr> <td align="center">NOT ASKED <input type="checkbox"/> ↓</td> <td align="center">NEITHER ARE <input type="checkbox"/> STERILIZED ↓</td> <td align="center">HE OR SHE ARE <input type="checkbox"/> STERILIZED →</td> </tr> </table>	NOT ASKED <input type="checkbox"/> ↓	NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →		→ 901																								
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822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																				
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SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: general education school, professional primary(uchiliche), professional middle(technikum, college), higher or postgraduate?	GENERAL EDUCATION SCHOOL 1 PROFESSIONAL PRIMARY 2 PROFESSIONAL MIDDLE 3 HIGHER 4 POSTGRAGUATE 5 DON'T KNOW 8	→ 906
905	What was the highest CLASS/COURSE/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/COURSE/YEAR <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ <input type="text"/> <input type="text"/> _____	
909	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ <input type="text"/> <input type="text"/> _____	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> ↓ NOT IN UNION <input type="checkbox"/> → 925		
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> → 921		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY .. 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A																								
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A																								
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																									
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 930C																								
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2																									
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1040
1002	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 1008
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 1012
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223: NO LIVE BIRTHS <input type="checkbox"/> ↓ LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/>		→ 1024 → 1024
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/>		→ 1018
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (CHILD NAME)?	YES 1 NO 2	→ 1018

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>URBAN/RAYON/RURAL HEALTH CENTER 13</p> <p>REPRODUCTIVE HEALTH CENTER 14</p> <p>HEALTH HOUSE 15</p> <p>INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 16</p> <p>IMMUNOPROPHYLAXIS CENTER 17</p> <p>AIDS CENTER 18</p> <p>MOBILE CLINIC OF AIDS CENTER 19</p> <p>HEALTHY LIFESTYLE CENTER 20</p> <p>FAMILY MEDICINE CENTER 21</p> <p>PATRONAGE MEDICAL WORKEF..... 22</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE DOCTOR 33</p> <p>PRIVATE LABORATORY 34</p> <p>PHARMACY 35</p> <p>PATRONAGE MEDICAL WORKEF..... 36</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">_____ 37</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1017	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	
1018	<p>CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'):</p> <p align="center">ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p align="center">'21-46' CIRCLED ↓</p>		→ 1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	<p>YES 1</p> <p>NO 2</p>	→ 1021
1020	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1022
1021	<p>CHECK 1015:</p> <p align="center">YES <input type="checkbox"/> NO OR <input type="checkbox"/></p> <p align="center">↓ NOT ASKED</p>		→ 1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 1025

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 1028
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
1026	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 11 MATERNITY HOME 12 URBAN/RAYON/RURAL HEALTH CENTER 13 REPRODUCTIVE HEALTH CENTER 14 HEALTH HOUSE 15 INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS CENTER 16 IMMUNOPROPHYLAXIS CENTER 17 AIDS CENTER 18 MOBILE CLINIC OF AIDS CENTER 19 HEALTHY LIFESTYLE CENTER 20 FAMILY MEDICINE CENTER 21 PATRONAGE MEDICAL WORKER 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE DOCTOR 33 PRIVATE LABORATORY 34 PHARMACY 35 PATRONAGE MEDICAL WORKER 36 OTHER PRIVATE MEDICAL SECTOR _____ 37 (SPECIFY) <p>OTHER SOURCE</p> HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 OTHER _____ 96 (SPECIFY)	
1027	Did you get the results of the test?	YES 1 NO 2	→ 1031

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	What was the result of the test?	POSITIVE 1 NEGATIVE 2 INDETERMINATE 3 DECLINED TO ANSWER 4 DID NOT RECEIVE TEST RESULT 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 SAME DATE AS LAST HIV TEST 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1040	CHECK 1001: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1044

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1046	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
1048	<p>CHECK 701:</p> <p align="center">CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p align="center">NOT IN UNION <input type="checkbox"/></p>		→ 1101
1049	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1050	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER _____ 96 (SPECIFY)				
CD01	Have you ever had your blood pressure measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8				
CD02	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ CD06			
CD03	In the past 3 years, have you been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2				
CD06	Have you ever had your blood sugar measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8				
CD07	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 1103			
CD08	In the past 3 years, have you been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8				
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>																
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1110															
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE D NAS BY MOUTH E NAS BY NOSE F CHEWING TOBACCO G OTHER _____ X (SPECIFY)																
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits?	YES 1 NO 2	→ 1113															
1111	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL 00 NUMBER OF DAYS <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 1113															
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirit. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK 00 NUMBER OF DRINKS <input type="text"/> <input type="text"/>																
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table border="0"> <tr> <td></td> <td align="center">BIG PROBLEM</td> <td align="center">NOT A BIG PROBLEM</td> </tr> <tr> <td>a) PERMISSION TO GO</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> <tr> <td>c) DISTANCE</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> <tr> <td>d) GO ALONE</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO 1	2	b) GETTING MONEY 1	2	c) DISTANCE 1	2	d) GO ALONE 1	2	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
DV00	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></p> <p>WOMAN NOT SELECTED <input type="checkbox"/></p>		DV38																														
DV01	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		DV37																														
DV02	<p>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 [COUNTRY]. 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.</p>																																
DV03	<p>CHECK 701 AND 702:</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/></p>		DV06 DV06																														
DV04	<p>You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?</p>	<p>YES 1</p> <p>NO 2</p>	DV06																														
DV05	<p>Have you ever been in an intimate relationship with a man even though you did not ever live with him?</p>	<p>YES 1</p> <p>NO 2</p>	DV19																														
DV06	<p>Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).</p> <p>A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2	→ 1	2	3	b) He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2	→ 1	2	3	c) He (does/did) not permit you to meet your female friends?	YES 1 NO 2	→ 1	2	3	d) He (tries/tried) to limit your contact with your family?	YES 1 NO 2	→ 1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2	→ 1	2	3	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p> <table border="1" data-bbox="692 360 884 701"> <thead> <tr> <th colspan="2"></th> <th data-bbox="724 405 788 427">EVER</th> <th colspan="3"></th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>say or do something to humiliate you in front of others?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>b)</td> <td>threaten to hurt or harm you or someone you care about?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>c)</td> <td>insult you or make you feel bad about yourself?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> </tbody> </table>			EVER				a)	say or do something to humiliate you in front of others?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	b)	threaten to hurt or harm you or someone you care about?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	c)	insult you or make you feel bad about yourself?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																																		
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DV08	<p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p> <table border="1" data-bbox="692 813 884 1742"> <thead> <tr> <th colspan="2"></th> <th data-bbox="724 857 788 880">EVER</th> <th colspan="3"></th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>push you, shake you, or throw something at you?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>b)</td> <td>slap you?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>c)</td> <td>twist your arm or pull your hair?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>d)</td> <td>punch you with his fist or with something that could hurt you?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>e)</td> <td>kick you, drag you, or beat you up?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>f)</td> <td>try to choke you or burn you on purpose?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>g)</td> <td>attack you with a knife, gun, or other weapon?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>h)</td> <td>physically force you to have sexual intercourse with him when you did not want to?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>i)</td> <td>physically force you to perform any other sexual acts you did not want to?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> <tr> <td>j)</td> <td>force you with threats or in any other way to perform sexual acts you did not want to?</td> <td>YES 1 NO 2</td> <td>→</td> <td>OFTEN 1</td> <td>SOME-TIMES 2</td> <td>NOT IN LAST 12 MONTHS 3</td> </tr> </tbody> </table>			EVER				a)	push you, shake you, or throw something at you?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	b)	slap you?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	c)	twist your arm or pull your hair?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	d)	punch you with his fist or with something that could hurt you?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	e)	kick you, drag you, or beat you up?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	f)	try to choke you or burn you on purpose?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	g)	attack you with a knife, gun, or other weapon?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	h)	physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	i)	physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	j)	force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
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d)	punch you with his fist or with something that could hurt you?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3																																																																									
e)	kick you, drag you, or beat you up?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3																																																																									
f)	try to choke you or burn you on purpose?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3																																																																									
g)	attack you with a knife, gun, or other weapon?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3																																																																									
h)	physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3																																																																									
i)	physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3																																																																									
j)	force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→	OFTEN 1	SOME-TIMES 2	NOT IN LAST 12 MONTHS 3																																																																									
DV09	<p>CHECK DV08A (a-j):</p> <p align="center">AT LEAST ONE <input type="checkbox"/> "YES" ↓</p>	<p align="center">NOT A SINGLE <input type="checkbox"/> "YES" →</p>	<p align="right">→ DV11</p>																																																																												

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2																																	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ DV13																																
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																																	
DV13	Did your (last) (husband/male partner) drink alcohol?	YES 1 NO 2	→ DV15																																
DV14	How often did he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																																	
DV15	Were you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																																	
DV16	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.	B. How long ago did this last happen?																																	
		<table border="1"> <thead> <tr> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6 → DV17</td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6 → DV17				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																																
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YES 1 →	1	2	3																																
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YES 1 →	1	2	3																																
NO 2 ↓																																			
YES 1 →	1	2	3																																
NO 2 ↓																																			
DV17	CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES →	→ DV19																																

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
DV19	CHECK 212 AND 232: CURRENTLY PREGNANT 232=1 OR <input type="checkbox"/> HAD ONE OR MORE PAST PREGNANCIES 212>0	NOT PREGNANT 232=2 AND <input type="checkbox"/> NO PAST PREGNANCIES 212=0	→ DV22
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M SCHOOLMATE/CLASSMATE N EMPLOYER/SOMEONE AT WORK .. O POLICE/SOLDIER P OTHER _____ X (SPECIFY)	
DV22	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/> a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.	NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/> b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV25

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
DV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV25	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ <input type="checkbox"/> EVER HAD A MALE PARTNER ↓	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER →	→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV31
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?	NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER A</p> <p>BROTHER/STEP-BROTHER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT BOYFRIEND D</p> <p>FORMER BOYFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK .. K</p> <p>POLICE/SOLDIER L</p> <p>PRIEST/RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td style="width: 50%; padding-left: 10px;"> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>				
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center">AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ DV35</p>		
DV32	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ DV34</p>		
DV33	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>→ DV35</p>		

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV34	Have you ever told any one about this?	YES 1 NO 2																	
DV35	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
DV36	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. <hr/> <hr/> <hr/>																		
DV38	RECORD THE TIME.	HOURS..... MINUTE.....	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>																

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION

- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
 - 1 BECAME PREGNANT WHILE USING
 - 2 WANTED TO BECOME PREGNANT
 - 3 HUSBAND/PARTNER DISAPPROVED
 - 4 WANTED MORE EFFECTIVE METHOD
 - 5 CHANGES IN MENSTRUAL BLEEDING

 - 6 OTHER SIDE EFFECTS/HEALTH CONCERNS

 - 7 LACK OF ACCESS/TOO FAR
 - 8 COSTS TOO MUCH
 - N INCONVENIENT TO USE
 - F UP TO GOD/FATALISTIC
 - A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 - D MARITAL DISSOLUTION/SEPARATION
 - X OTHER
- _____ (SPECIFY)
- Z DON'T KNOW

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

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

2023 DEMOGRAPHIC AND HEALTH SURVEY
 BIOMARKER QUESTIONNAIRE

REPUBLIC OF TAJIKISTAN
 AGENCY ON STATISTICS UNDER THE PRESIDENT OF THE REPUBLIC OF TAJIKISTAN
 MINISTRY OF HEALTH AND SOCIAL PROTECTION OF THE POPULATION OF THE REPUBLIC OF TAJIKISTAN

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
BIOMARKER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
BIOMARKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>					
0												
1												
LANGUAGE OF QUESTIONNAIRE**	ENGLISH											
	**LANGUAGE CODES:											
	01 ENGLISH	03 TAJIK	05 UZBEK	TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table>								
	02 RUSSIAN	04 KYRGYZ	06 OTHER									
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR									
<table border="1" style="width: 40px; height: 20px;"></table>	_____	<table border="1" style="width: 40px; height: 20px;"></table>	_____	<table border="1" style="width: 40px; height: 20px;"></table>								
NUMBER	NAME	NUMBER	NAME	NUMBER								

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/Biomarkers". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN USE ADDITIONAL QUESTIONNAIRE(S)		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 125
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

CHILD 1		SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="text"/>
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: 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. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment 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?	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
121	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 → 125
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 → 125
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125	
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

	CHILD 2	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> OR IS THE CHILD OLDER? AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="text"/>
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: 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. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment 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?	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
121	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	→ 125
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125	
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

	CHILD 3	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> OR IS THE CHILD OLDER? AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="text"/>
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: 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. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment 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.	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
121	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	} → 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	} → 214
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	} → 217

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

	WOMAN 1		SKIP	
ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
ADULT RESPONDENT CONSENT	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <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 results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>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.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	# 215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
	216	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER	→ 225
217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 20px; height: 20px; margin: 0 auto;"></div>		
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
PARENT/RESPONSIBLE ADULT CONSENT	218	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <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 results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>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 each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) 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? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		
	# 219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3	→ 225
	220	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER	
221	CHECK 219:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 225	

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

		WOMAN 1	SKIP	
MINOR RESPONDENT ASSENT FOR ANEMIA TEST				
M I N O R R E S P O N D E N T # 2 2 3 2 2 4 # 2 2 5 2 2 6 2 2 7 2 2 8	222	<p>ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT:</p> <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 results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>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 and (NAME OF PARENT/RESPONSIBLE ADULT) 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? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	# 223	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3	
	224	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER	
	# 225	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NOT PRESENT 994 REFUSED 995 OTHER 996	→ 228
	226	CHECK 225: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2	→ 228
	227	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
228	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, END INTERVIEW.			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 217

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

	WOMAN 2		SKIP
ADULT RESPONDENT CONSENT FOR ANEMIA TEST			
ADULT RESPONDENT CONSENT	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <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 results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>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.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>	
	# 215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	216	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
	217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST			
PARENT/RESPONSIBLE ADULT CONSENT	218	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <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 results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>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 each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) 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? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>	
	# 219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	220	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
	221	CHECK 219:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

		WOMAN 2	SKIP
MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
MINOR RESPONDENT ASSENT	222	<p>ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT:</p> <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 results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>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 and (NAME OF PARENT/RESPONSIBLE ADULT) 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? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>	
	# 223	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	224	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
	# 225	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NOT PRESENT994 REFUSED 995 OTHER996
226	CHECK 225: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2	
227	<p>The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.</p>		
228	IF ANOTHER WOMAN, GO TO 202 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW.		

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER AND NAME FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD TO REMEASURE	SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS. COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 116
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
116	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.	

2023 DEMOGRAPHIC AND HEALTH SURVEY
FIELDWORKER QUESTIONNAIREREPUBLIC OF TAJIKISTAN
AGENCY ON STATISTICS UNDER THE PRESIDENT OF THE RTLANGUAGE OF
QUESTIONNAIRE ENGLISH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

INSTRUCTIONS

Information on all TjDHS field workers is collected as part of the TjDHS survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.

102	In what oblast do you live?	DUSHANBE 01 GBAO 02 SUGHD 03 DRS 04 KHATLON 05	
103	Do you live in a city, town, or rural area?	CITY 1 TOWN 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 LIVING WITH A MAN/WOMAN 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES 1 NO 2	
109	What is the highest level of school you attended: general education school, professional primary (uchiliche), professional middle (teknikum, uchiliche, college), higher or postgraduate?	GENERAL EDUCATION SCHOOL 1 PROFESSIONAL PRIMARY 2 PROFESSIONAL MIDDLE 3 HIGHER 4 POSTGRAGUATE 5	
110	What is the highest [CLASS/COURSE/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/COURSE/YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110A	Have you ever received clinical, medical, or laboratory training or worked in healthcare?	YES 1 NO 2	→ 111
110B	What is your current occupational category or qualification? For example, are you a doctor, nurse, midwife or laborant?	MEDICAL DOCTOR 01 NURSE/MALE NURSE 02 MIDWIFE 03 LABORANT 04 NO TECHNICAL QUALIFICATION 95 OTHER _____ 96 (SPECIFY)	
112	What is your ethnicity?	TAJIKS 01 RUSSIANS 02 UZBEKS 03 KYRGYZ 04 OTHER _____ 96 (SPECIFY)	
113	What languages can you speak?	TAJIKS A RUSSIANS B UZBEKS C KYRGYZ D OTHER _____ X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	TAJIKS 01 RUSSIANS 02 UZBEKS 03 KYRGYZ 04 OTHER _____ 96 (SPECIFY)	
115	Have you ever worked on: a) a DHS prior to this survey? c) any other survey prior to this survey?	YES NO a) DHS 1 2 c) OTHER SURVEY 1 2	
116	Were you already working for [AGENCY ON STATISTICS or MINISTRY OF HEALTH] at the time you were employed to work on this DHS?	YES, AGENCY ON STATISTICS 1 YES, MINISTRY OF HEALTH 2 NO 3	→ 118
117	Are you a permanent or temporary employee of [AGENCY ON STATISTICS or MINISTRY OF HEALTH]?	PERMANENT 1 TEMPORARY 2	
118	If you have comments, please write them here.		