2014 KENYA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE - SHORT VERSION

CONFIDENTIAL

KNBS
KENYA NATIONAL
BUREAU OF STATISTICS
Keeping you informed

REPUBLIC OF KENYA

IDENTIFICATION	

COUNTY _____

DISTRICT _____

LOCATION/TOWN _____

SUBLOCATION _____

NASSEP CLUSTER NUMBER . . . .

KDHS CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS				

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:
    1   COMPLETED   4   REFUSED
    2   NOT AT HOME   5   PARTLY COMPLETED   7   OTHER _____
    3   POSTPONED   6   INCAPACITATED   (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: `1 7`   LANGUAGE OF INTERVIEW: ☐☐   NATIVE LANGUAGE OF RESPONDENT: ☐☐   TRANSLATOR USED (YES = 1, NO = 2) ☐

LANGUAGE OF QUESTIONNAIRE: **English**

**LANGUAGE CODES:				
01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH
02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER
03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI	
04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA	

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Kenya National Bureau of Statistics. We are conducting a survey about health all over Kenya. 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . MINUTES	
102	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY . . . . 1 POST-PRIMARY/VOCATIONAL . . . . . 2 SECONDARY/ 'A' LEVEL . . . . 3 COLLEGE (MIDDLE LEVEL) . . . . 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR . . .	
107	CHECK 105: PRIMARY, ☐ SECONDARY ☐ POST-PRIMARY/ OR HIGHER VOCATIONAL ↓		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

108	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		   SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		           (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

109	CHECK 108:
	
	       CODE '2', '3' ☐ CODE '1' OR '5'
	          OR '4' CIRCLED ☐
	       CIRCLED ↓
			→ 111

110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	What is your religion?	ROMAN CATHOLIC . . . . 1 PROTESTANT/ OTHER CHRISTIAN . 2 MUSLIM . . . . 3 NO RELIGION . . . . 4 OTHER _____ 6 (SPECIFY)	
114	What is your ethnic group / tribe?	EMBU . . . . 01 KALENJIN . . . . 02 KAMBA . . . . 03 KIKUYU . . . . 04 KISII . . . . 05 LUHYA . . . . 06 LUO . . . . 07 MAASAI . . . . 08 MERU . . . . 09 MIJIKENDA/ SWAHILI . . . . 10 SOMALI . . . . 11 TAITA/ TAVETA . . . . 12 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE ☐ NO BIRTHS ☐ BIRTHS		→ 226

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

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

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

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

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES . . . . 1 NO 2	→ ADD BIRTH

223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.	NUMBER OF BIRTHS IN 2009 OR LATER ☐ NONE 0	

226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	

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.	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	Male 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	Lactational Amenorrhea Method (LAM).	YES . . . . 1 NO 2	
10	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	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ↓		→ 401
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 313
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F MALE CONDOM . . . . G FEMALE CONDOM . . . . H LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 323 → 315A → 401

307	In what facility did the sterilization take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVT. DISPENSARY 13
		  OTHER PUBLIC
		   SECTOR _____ 16
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  FAITH-BASED, CHURCH, MISSION
		   HOSPITAL / CLINIC 21
		  FAMILY OPTIONS/FHOK CLINIC . . . 22
		  PRIVATE HOSPITAL/CLINIC 23
		  NURSING/ MATERNITY HOME 24
		  MOBILE CLINIC 25
		  OTHER PRIVATE MEDICAL
		   SECTOR _____ 26
		         (SPECIFY)
		OTHER _____ 96
		       (SPECIFY)
		DON'T KNOW 98
			→ 401

313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

315A	Where did you learn how to use the rhythm/lactational amenorrhea method?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVT. DISPENSARY 13
		  OTHER PUBLIC
		    SECTOR _____ 16
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PHARMACY/CHEMIST 22
		  NURSING/MATERNITY HOME 23
		  FAITH-BASED, CHURCH, MISSION
		    HOSPITAL / CLINIC 24
		  FAMILY OPTIONS/FHOK CLINIC . . . 25
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 26
		         (SPECIFY)
		
		OTHER SOURCE
		  SHOP 31
		  MOBILE CLINIC 32
		  COMMUNITY-BASED DISTRIBUTOR 33
		  COMMUNITY HEALTH WORKER/
		    CHW 34
		  FRIEND/RELATIVE 35
		
		OTHER _____ 96
		        (SPECIFY)
			→ 401

323	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVT. DISPENSARY 13
		  OTHER PUBLIC
		    SECTOR _____ 16
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PHARMACY/CHEMIST 22
		  NURSING/MATERNITY HOME 23
		  FAITH-BASED, CHURCH, MISSION
		    HOSPITAL / CLINIC 24
		  FAMILY OPTIONS/FHOK CLINIC . . . 25
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 26
		         (SPECIFY)
		
		OTHER SOURCE
		  SHOP 31
		  MOBILE CLINIC 32
		  COMMUNITY-BASED DISTRIBUTOR 33
		  COMMUNITY HEALTH WORKER/
		    CHW 34
		  FRIEND/RELATIVE 35
		
		OTHER _____ 96
		        (SPECIFY)
			→ 401

401	CHECK 224:			
	ONE OR MORE BIRTHS IN 2009 OR LATER ☐		NO BIRTHS IN 2009 OR LATER ☐ ──────────────→ 601	

402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 424)←┘		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . A NURSE/MIDWIFE . B OTHER PERSON COMMUNITY HEALTH WORKER . . . C TRADITIONAL BIRTH ATTENDANT . D OTHER _____ X (SPECIFY)		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 433)←┐ DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . A CHLOROQUINE . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE CIRCLED A' NOT ☐ ☐ CIRCLED (SKIP TO 433)←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . . ☐☐		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OTHER OR 'B' CIRCLED ☐ ☐ (SKIP TO 433) ←		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE . . . 6		

433	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR . . . . . A
		  NURSE/MIDWIFE . B
		OTHER PERSON
		  COMMUNITY HLTH
		   WORKER . . . C
		  TRADITIONAL BIRTH
		   ATTENDANT . . D
		  RELATIVE/FRIEND E
		  OTHER
		   _____ X
		    (SPECIFY)
		NO ONE ASSISTED Y
			HEALTH PERSONNEL
			  DOCTOR . . . . . A
			  NURSE/MIDWIFE . B
			OTHER PERSON
			  COMMUNITY HLTH
			   WORKER . . . C
			  TRADITIONAL BIRTH
			   ATTENDANT . . D
			  RELATIVE/FRIEND E
			  OTHER
			   _____ X
			    (SPECIFY)
			NO ONE ASSISTED Y
				HEALTH PERSONNEL
				  DOCTOR . . . . . A
				  NURSE/MIDWIFE . B
				OTHER PERSON
				  COMMUNITY HLTH
				   WORKER . . . C
				  TRADITIONAL BIRTH
				   ATTENDANT . . D
				  RELATIVE/FRIEND E
				  OTHER
				   _____ X
				    (SPECIFY)
				NO ONE ASSISTED Y

434	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		   (SKIP TO 461) ←
		  OTHER HOME . . . 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL . 21
		  GOVT. HEALTH
		   CENTER 22
		  GOVT.
		   DISPENSARY . 23
		  OTHER PUBLIC
		   SECTOR
		   _____ 26
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  MISSION HOSPITAL/
		   CLINIC 31
		  PVT. HOSPITAL/
		   CLINIC 32
		  NURSING/MATERNITY
		   HOME 33
		  OTHER PRIVATE
		   MED. SECTOR
		   _____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		   (SPECIFY)
		(SKIP TO 461) ←
			HOME
			  YOUR HOME . . . 11
			   (SKIP TO 461) ←
			  OTHER HOME . . . 12
			
			PUBLIC SECTOR
			  GOVT. HOSPITAL . 21
			  GOVT. HEALTH
			   CENTER 22
			  GOVT.
			   DISPENSARY . 23
			  OTHER PUBLIC
			   SECTOR
			   _____ 26
			    (SPECIFY)
			
			PRIVATE MED. SECTOR
			  MISSION HOSPITAL/
			   CLINIC 31
			  PVT. HOSPITAL/
			   CLINIC 32
			  NURSING/MATERNITY
			   HOME 33
			  OTHER PRIVATE
			   MED. SECTOR
			   _____ 36
			    (SPECIFY)
			
			OTHER _____ 96
			   (SPECIFY)
			(SKIP TO 461) ←
				HOME
				  YOUR HOME . . . 11
				   (SKIP TO 461) ←
				  OTHER HOME . . . 12
				
				PUBLIC SECTOR
				  GOVT. HOSPITAL . 21
				  GOVT. HEALTH
				   CENTER 22
				  GOVT.
				   DISPENSARY . 23
				  OTHER PUBLIC
				   SECTOR
				   _____ 26
				    (SPECIFY)
				
				PRIVATE MED. SECTOR
				  MISSION HOSPITAL/
				   CLINIC 31
				  PVT. HOSPITAL/
				   CLINIC 32
				  NURSING/MATERNITY
				   HOME 33
				  OTHER PRIVATE
				   MED. SECTOR
				   _____ 36
				    (SPECIFY)
				
				OTHER _____ 96
				   (SPECIFY)
				(SKIP TO 461) ←

435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
461		GO BACK TO 433 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 433 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 433 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

| 501 | ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). |

| 502 | BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY | **LAST BIRTH** BIRTH HISTORY NUMBER .... ☐☐ | **NEXT-TO-LAST BIRTH** BIRTH HISTORY NUMBER .... ☐☐ | **SECOND-FROM-LAST BIRTH** BIRTH HISTORY NUMBER .... ☐☐ |

| 503 | FROM 212 AND 216 | NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601) | NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601) | NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW Q'NNAIRE, OR IF NO MORE BIRTHS, GO TO 601) |

| 504 | Do you have a card / child health book where (NAME)'s vaccinations are written down? IF YES: May I see it please? | YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD .... 3 | YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD .... 3 | YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD .... 3 |

| 505 | Did you ever have a vaccination card or child health book for (NAME)? | YES .... 1 (SKIP TO 509) ← NO .... 2 | YES .... 1 (SKIP TO 509) ← NO .... 2 | YES .... 1 (SKIP TO 509) ← NO .... 2 |

| 506 | (1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES. |

	LAST BIRTH DAY MONTH YEAR	**NEXT-TO-LAST BIRTH** DAY MONTH YEAR	**SECOND-FROM-LAST BIRTH** DAY MONTH YEAR
BCG (AT BIRTH)		BCG	BCG
POLIO 0 (POLIO GIVEN AT BIRTH)		P0	P0
OPV 1		P1	P1
OPV 2		P2	P2
OPV 3		P3	P3
DPT, HEPATITIS, HIB, 1st DOSE		D1	D1
DPT, HEPATITIS, HIB, 2nd DOSE		D2	D2
DPT, HEPATITIS, HIB, 3rd DOSE		D3	D3
PNEUMOCOCCAL VACCINE 1		PN1	PN1
PNEUMOCOCCAL VACCINE 2		PN2	PN2
PNEUMOCOCCAL VACCINE 3		PN3	PN3
ROTA VIRUS VACCINE 1		R1	R1
ROTA VIRUS VACCINE 2		R2	R2
MEASLES		MEA	MEA
YELLOW FEVER		YF	YF
VITAMIN A (MOST RECENT)		VITA1	VITA1
VITAMIN A (2nd MOST RECENT)		VITA2	VITA2
AL/MEBENDAZOLE (MOST RECENT)		A/M	A/M

| 507 | CHECK 506: | BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511) | BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511) | BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511) |

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR ⟵┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 511) ⟵┘ NO . . . . 2 (SKIP TO 511) ⟵┤ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ⟵┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 511) ⟵┘ NO . . . . 2 (SKIP TO 511) ⟵┤ DON'T KNOW 8	YES . . . . 1 (PROBE FOR ⟵┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 511) ⟵┘ NO . . . . 2 (SKIP TO 511) ⟵┤ DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ⟵┤ DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ⟵┤ DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510E	A Pentavalent vaccination, that is, an injection given in the left outer thigh, sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510F1) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510F1) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510F1) ⟵┤ DON'T KNOW 8
510F	How many times was the Pentavalent vaccination given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510F1	A Pneumococcal vaccination, that is, an injection given in the right outer thigh, sometimes at the same time as polio drops or the Pentavalent vaccination?	YES . . . . 1 NO . . . . 2 (SKIP TO 510F3) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510F3) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510F3) ⟵┤ DON'T KNOW 8
510F2	How many times was the Pneumococcal vaccination given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510F3	A Rota virus vaccination given orally?	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ⟵┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ⟵┤ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510F4	How many times was the Rota virus vaccination given?	NUMBER OF TIMES . . . . ☐	NUMBER OF TIMES . . . . ☐	NUMBER OF TIMES . . . . ☐
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510H	A yellow fever injection - that is, a shot in the arm or shoulder at the age of 9 months or older - to prevent him/her from getting yellow fever?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 (SKIP TO 514) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 514) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 514) ◄— DON'T KNOW 8
511A	How many times was Vitamin A given in the last six months?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ◄— DON'T KNOW 8
515	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breast milk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8
517	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ◄—

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

519	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT HOSPITAL A
		  GOVT HEALTH
		    CENTER . . . . . B
		  GOVT
		    DISPENSARY . C
		  OTHER PUBLIC
		    SECTOR
		  _____ D
		      (SPECIFY)
		
		PRIVATE MEDICAL
		  SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . E
		  PHARMACY . . . F
		  MISSION HOSP./
		    CLINIC . . . . . . G
		  OTHER PRIVATE
		    SECTOR
		  _____ H
		      (SPECIFY)
		
		OTHER SOURCE
		  MOBILE CLINIC . I
		  COMMUNITY
		    HLTH WORKER J
		  SHOP . . . . K
		  TRADITIONAL
		    PRACTITIONER L
		  RELATIVE/FRIEND M
		
		OTHER _____ X
		      (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL A
			  GOVT HEALTH
			    CENTER . . . . . B
			  GOVT
			    DISPENSARY . C
			  OTHER PUBLIC
			    SECTOR
			  _____ D
			      (SPECIFY)
			
			PRIVATE MEDICAL
			  SECTOR
			  PVT. HOSPITAL/
			    CLINIC . . . . E
			  PHARMACY . . . F
			  MISSION HOSP./
			    CLINIC . . . . . . G
			  OTHER PRIVATE
			    SECTOR
			  _____ H
			      (SPECIFY)
			
			OTHER SOURCE
			  MOBILE CLINIC . I
			  COMMUNITY
			    HLTH WORKER J
			  SHOP . . . . K
			  TRADITIONAL
			    PRACTITIONER L
			  RELATIVE/FRIEND M
			
			OTHER _____ X
			      (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL A
				  GOVT HEALTH
				    CENTER . . . . . B
				  GOVT
				    DISPENSARY . C
				  OTHER PUBLIC
				    SECTOR
				  _____ D
				      (SPECIFY)
				
				PRIVATE MEDICAL
				  SECTOR
				  PVT. HOSPITAL/
				    CLINIC . . . . E
				  PHARMACY . . . F
				  MISSION HOSP./
				    CLINIC . . . . . . G
				  OTHER PRIVATE
				    SECTOR
				  _____ H
				      (SPECIFY)
				
				OTHER SOURCE
				  MOBILE CLINIC . I
				  COMMUNITY
				    HLTH WORKER J
				  SHOP . . . . K
				  TRADITIONAL
				    PRACTITIONER L
				  RELATIVE/FRIEND M
				
				OTHER _____ X
				      (SPECIFY)

520	CHECK 519:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		↓ (SKIP TO 522) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			↓ (SKIP TO 522) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				↓ (SKIP TO 522) ←

521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐

522	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:
	
	a) A fluid made from a special packet called ORS?
	
	b) A home-made sugar-salt solution?
	
	c) Other home-made liquid such as porridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk, or rice water?
		YES NO DK
		a) FLUID FROM
		   ORS PKT 1 2 8
		
		b) SUGAR- 1 2 8
		   SALT SOL.
		
		c) HOMEMADE
		   FLUID . . . 1 2 8
			YES NO DK
			a) FLUID FROM
			   ORS PKT 1 2 8
			
			b) SUGAR- 1 2 8
			   SALT SOL.
			
			c) HOMEMADE
			   FLUID . . . 1 2 8
				YES NO DK
				a) FLUID FROM
				   ORS PKT 1 2 8
				
				b) SUGAR- 1 2 8
				   SALT SOL.
				
				c) HOMEMADE
				   FLUID . . . 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhoea?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←⎯ DON'T KNOW 8

524	What (else) was given to treat the diarrhoea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . A
		  ANTIMOTILITY . . . B
		  ZINC TABLET . . . C
		  OTHER (NOT ANTI-
		  BIOTIC, ANTI-
		  MOTILITY, OR
		  ZINC TABLET) . D
		  UNKNOWN PILL
		  OR SYRUP . . . E
		
		INJECTION
		  ANTIBIOTIC . . . . . F
		  NON-ANTIBIOTIC . G
		  UNKNOWN
		  INJECTION . . . H
		
		(IV) INTRAVENOUS
		  FLUID I
		
		HOME REMEDY/
		  HERBAL MED-
		  ICINE . . . . J
		
		OTHER _____ X
		    (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . A
			  ANTIMOTILITY . . . B
			  ZINC TABLET . . . C
			  OTHER (NOT ANTI-
			  BIOTIC, ANTI-
			  MOTILITY, OR
			  ZINC TABLET) . D
			  UNKNOWN PILL
			  OR SYRUP . . . E
			
			INJECTION
			  ANTIBIOTIC . . . . . F
			  NON-ANTIBIOTIC . G
			  UNKNOWN
			  INJECTION . . . H
			
			(IV) INTRAVENOUS
			  FLUID I
			
			HOME REMEDY/
			  HERBAL MED-
			  ICINE . . . . J
			
			OTHER _____ X
			    (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . A
				  ANTIMOTILITY . . . B
				  ZINC TABLET . . . C
				  OTHER (NOT ANTI-
				  BIOTIC, ANTI-
				  MOTILITY, OR
				  ZINC TABLET) . D
				  UNKNOWN PILL
				  OR SYRUP . . . E
				
				INJECTION
				  ANTIBIOTIC . . . . . F
				  NON-ANTIBIOTIC . G
				  UNKNOWN
				  INJECTION . . . H
				
				(IV) INTRAVENOUS
				  FLUID I
				
				HOME REMEDY/
				  HERBAL MED-
				  ICINE . . . . J
				
				OTHER _____ X
				    (SPECIFY)

525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 527) ←⎯ DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ←⎯ DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 531) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) ←⎯ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 531) ←⎯ DON'T KNOW 8

529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 ⌐
		NOSE ONLY . . . . . 2 ⌐
		BOTH . . . . 3 ⌐
		OTHER _____ 6 ⌐
		  (SPECIFY)
		DON'T KNOW . . . . . 8 ⌐
		(SKIP TO 531) ←
			CHEST ONLY . . . 1 ⌐
			NOSE ONLY . . . . . 2 ⌐
			BOTH . . . . 3 ⌐
			OTHER _____ 6 ⌐
			  (SPECIFY)
			DON'T KNOW . . . . . 8 ⌐
			(SKIP TO 531) ←
				CHEST ONLY . . . 1 ⌐
				NOSE ONLY . . . . . 2 ⌐
				BOTH . . . . 3 ⌐
				OTHER _____ 6 ⌐
				  (SPECIFY)
				DON'T KNOW . . . . . 8 ⌐
				(SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 601)
531	Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 537)	YES . . . . 1 NO . . . . 2 (SKIP TO 537)	YES . . . . 1 NO . . . . 2 (SKIP TO 537)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

534	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT HOSPITAL A
		  GOVT HEALTH
		    CENTER . . . . . B
		  GOVT
		    DISPENSARY . C
		  OTHER PUBLIC
		    SECTOR
		   _____ D
		    (SPECIFY)
		
		PRIVATE MEDICAL
		SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . E
		  PHARMACY . . . F
		  MISSION HOSP./
		    CLINIC . . . . . . G
		  OTHER PRIVATE
		    SECTOR
		   _____ H
		    (SPECIFY)
		
		OTHER SOURCE
		  MOBILE CLINIC . I
		  COMMUNITY
		    HLTH WORKER J
		  SHOP . . . . K
		  TRADITIONAL
		    PRACTITIONER L
		  RELATIVE/FRIEND M
		
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL A
			  GOVT HEALTH
			    CENTER . . . . . B
			  GOVT
			    DISPENSARY . C
			  OTHER PUBLIC
			    SECTOR
			   _____ D
			    (SPECIFY)
			
			PRIVATE MEDICAL
			SECTOR
			  PVT. HOSPITAL/
			    CLINIC . . . . E
			  PHARMACY . . . F
			  MISSION HOSP./
			    CLINIC . . . . . . G
			  OTHER PRIVATE
			    SECTOR
			   _____ H
			    (SPECIFY)
			
			OTHER SOURCE
			  MOBILE CLINIC . I
			  COMMUNITY
			    HLTH WORKER J
			  SHOP . . . . K
			  TRADITIONAL
			    PRACTITIONER L
			  RELATIVE/FRIEND M
			
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL A
				  GOVT HEALTH
				    CENTER . . . . . B
				  GOVT
				    DISPENSARY . C
				  OTHER PUBLIC
				    SECTOR
				   _____ D
				    (SPECIFY)
				
				PRIVATE MEDICAL
				SECTOR
				  PVT. HOSPITAL/
				    CLINIC . . . . E
				  PHARMACY . . . F
				  MISSION HOSP./
				    CLINIC . . . . . . G
				  OTHER PRIVATE
				    SECTOR
				   _____ D
				    (SPECIFY)
				
				OTHER SOURCE
				  MOBILE CLINIC . I
				  COMMUNITY
				    HLTH WORKER J
				  SHOP . . . . K
				  TRADITIONAL
				    PRACTITIONER L
				  RELATIVE/FRIEND M
				
				OTHER _____ X
				    (SPECIFY)

535	CHECK 534:	TWO OR ONLY
		☐ MORE ONE ☐
		   CODES CODE
		   CIRCLED CIRCLED
		↓ (SKIP TO 537) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			   CODES CODE
			   CIRCLED CIRCLED
			↓ (SKIP TO 537) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				   CODES CODE
				   CIRCLED CIRCLED
				↓ (SKIP TO 537) ←

536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐

537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1
		NO 2
		  (GO BACK TO 503
		  IN NEXT COLUMN;
		  OR, IF NO MORE
		BIRTHS, GO TO 601)
		DON'T KNOW 8
			YES 1
			NO 2
			  (GO BACK TO 503
			  IN NEXT COLUMN;
			  OR, IF NO MORE
			BIRTHS, GO TO 601)
			DON'T KNOW 8
				YES 1
				NO 2
				  (GO TO 503 IN
				  NEXT-TO-LAST
				COLUMN OF NEW
				QUESTIONNAIRE;
				  OR, IF NO MORE
				BIRTHS, GO TO 601)
				DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

538	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL DRUGS
		  SP/FANSIDAR . . . A
		  CHLOROQUINE . B
		  AMODIAQUINE . C
		  QUININE . . . . D
		  AL/COARTEM . . . E
		  OTHER ANTI-
		    MALARIAL
		   _____ . . . F
		   (SPECIFY)
		
		ANTIBIOTIC DRUGS
		  PILL/SYRUP . . . G
		  INJECTION . . . H
		
		OTHER DRUGS
		  ASPIRIN I
		  ACETAMINOPHEN/
		    PARACETAMOL J
		  IBUPROFEN . . . K
		
		OTHER _____ X
		   (SPECIFY)
		DON'T KNOW . . . . . Z
			ANTIMALARIAL DRUGS
			  SP/FANSIDAR . . . A
			  CHLOROQUINE . B
			  AMODIAQUINE . C
			  QUININE . . . . D
			  AL/COARTEM . . . E
			  OTHER ANTI-
			    MALARIAL
			   _____ . . . F
			   (SPECIFY)
			
			ANTIBIOTIC DRUGS
			  PILL/SYRUP . . . G
			  INJECTION . . . H
			
			OTHER DRUGS
			  ASPIRIN I
			  ACETAMINOPHEN/
			    PARACETAMOL J
			  IBUPROFEN . . . K
			
			OTHER _____ X
			   (SPECIFY)
			DON'T KNOW . . . . . Z
				ANTIMALARIAL DRUGS
				  SP/FANSIDAR . . . A
				  CHLOROQUINE . B
				  AMODIAQUINE . C
				  QUININE . . . . D
				  AL/COARTEM . . . E
				  OTHER ANTI-
				    MALARIAL
				   _____ . . . F
				   (SPECIFY)
				
				ANTIBIOTIC DRUGS
				  PILL/SYRUP . . . G
				  INJECTION . . . H
				
				OTHER DRUGS
				  ASPIRIN I
				  ACETAMINOPHEN/
				    PARACETAMOL J
				  IBUPROFEN . . . K
				
				OTHER _____ X
				   (SPECIFY)
				DON'T KNOW . . . . . Z

539	CHECK 538: ANY CODE A-F CIRCLED?	YES NO ☐ ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES NO ☐ ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES NO ☐ ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED ☐ ☐ (SKIP TO 542) ◄	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED ☐ ☐ (SKIP TO 542) ◄	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED ☐ ☐ (SKIP TO 542) ◄

541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . . 4
				DON'T KNOW . . . 8

542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED ☐ ☐ (SKIP TO 544) ◄	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED ☐ ☐ (SKIP TO 544) ◄	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED ☐ ☐ (SKIP TO 544) ◄

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE DAYS AFTER
		   FEVER 3
		FOUR OR MORE DAYS
		   AFTER FEVER . . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE DAYS AFTER
			   FEVER 3
			FOUR OR MORE DAYS
			   AFTER FEVER . . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				   FEVER 2
				THREE DAYS AFTER
				   FEVER 3
				FOUR OR MORE DAYS
				   AFTER FEVER . . . 4
				DON'T KNOW . . . 8

544	CHECK 538:
	
	AMODIAQUINE ('C') GIVEN
		CODE 'C' CODE 'C'
		CIRCLED NOT
		          CIRCLED
		   ↓ (SKIP TO 546) ←
			CODE 'C' CODE 'C'
			CIRCLED NOT
			          CIRCLED
			   ↓ (SKIP TO 546) ←
				CODE 'C' CODE 'C'
				CIRCLED NOT
				          CIRCLED
				   ↓ (SKIP TO 546) ←

545	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE DAYS AFTER
		   FEVER 3
		FOUR OR MORE DAYS
		   AFTER FEVER . . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE DAYS AFTER
			   FEVER 3
			FOUR OR MORE DAYS
			   AFTER FEVER . . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				   FEVER 2
				THREE DAYS AFTER
				   FEVER 3
				FOUR OR MORE DAYS
				   AFTER FEVER . . . 4
				DON'T KNOW . . . 8

546	CHECK 538:
	
	QUININE ('D') GIVEN
		CODE 'D' CODE 'D'
		CIRCLED NOT
		          CIRCLED
		   ↓ (SKIP TO 548) ←
			CODE 'D' CODE 'D'
			CIRCLED NOT
			          CIRCLED
			   ↓ (SKIP TO 548) ←
				CODE 'D' CODE 'D'
				CIRCLED NOT
				          CIRCLED
				   ↓ (SKIP TO 548) ←

547	How long after the fever started did (NAME) first take quinine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE DAYS AFTER
		   FEVER 3
		FOUR OR MORE DAYS
		   AFTER FEVER . . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE DAYS AFTER
			   FEVER 3
			FOUR OR MORE DAYS
			   AFTER FEVER . . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				   FEVER 2
				THREE DAYS AFTER
				   FEVER 3
				FOUR OR MORE DAYS
				   AFTER FEVER . . . 4
				DON'T KNOW . . . 8

548	CHECK 538:
	
	ARTEMISININ+LUMEFANTRINE
	  (AL/COARTEM) ('E') GIVEN
		CODE 'E' CODE 'E'
		CIRCLED NOT
		          CIRCLED
		   ↓ (SKIP TO 550) ←
			CODE 'E' CODE 'E'
			CIRCLED NOT
			          CIRCLED
			   ↓ (SKIP TO 550) ←
				CODE 'E' CODE 'E'
				CIRCLED NOT
				          CIRCLED
				   ↓ (SKIP TO 550) ←

549	How long after the fever started did (NAME) first take AL/Coartem?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE DAYS AFTER
		   FEVER 3
		FOUR OR MORE DAYS
		   AFTER FEVER . . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE DAYS AFTER
			   FEVER 3
			FOUR OR MORE DAYS
			   AFTER FEVER . . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				   FEVER 2
				THREE DAYS AFTER
				   FEVER 3
				FOUR OR MORE DAYS
				   AFTER FEVER . . . 4
				DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

550	CHECK 538:
	
	OTHER ANTIMALARIAL ('F')
	GIVEN
		CODE 'F' CODE 'F'
		CIRCLED NOT
		               CIRCLED
		
		(GO BACK TO
		503 IN NEXT
		COLUMN; OR,
		IF NO MORE
		BIRTHS, GO
		TO 601)
			CODE 'F' CODE 'F'
			CIRCLED NOT
			               CIRCLED
			
			(GO BACK TO
			503 IN NEXT
			COLUMN; OR,
			IF NO MORE
			BIRTHS, GO
			TO 601)
				CODE 'F' CODE 'F'
				CIRCLED NOT
				               CIRCLED
				
				(GO TO 503 IN
				NEXT-TO-LAST
				COLUMN OF NEW
				QUESTIONNAIRE;
				OR, IF NO MORE
				BIRTHS, GO TO 601)

551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . . 4
				DON'T KNOW . . . 8

552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	→ 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→ 609
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE ☐ ↓ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐ ↓ a) In what month and year did you start living with your (husband/partner)? b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE . . . . ☐☐	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.
	
	How old were you when you had sexual intercourse for the very first time?
		NEVER HAD SEXUAL
		  INTERCOURSE 00
		
		AGE IN YEARS . . . . ☐☐
		
		FIRST TIME WHEN STARTED
		  LIVING WITH (FIRST)
		  HUSBAND/PARTNER 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 1433
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS					SKIP
908	Can the virus that causes AIDS be transmitted from a mother to her baby:		YES	NO	DK	
	a) During pregnancy?	a) DURING PREG.	1	2	8	
	b) During delivery?	b) DURING DELIVERY . . .	1	2	8	
	c) By breastfeeding?	c) BREASTFEEDING . . .	1	2	8	

NO.			SKIP
911	CHECK 208 AND 215: NO BIRTHS ☐		→ 926
	LAST BIRTH SINCE ☐ LAST BIRTH BEFORE ☐ JANUARY 2012 ↓ JANUARY 2012		→ 926
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE ☐ ↓ NO ANTENATAL CARE ☐		→ 920
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS					SKIP
914	During any of the antenatal visits for your last birth were you given any information about:		YES	NO	DK	
	a) Babies getting the AIDS virus from their mother?	a) AIDS FROM MOTHER .	1	2	8	
	b) Things that you can do to prevent getting the AIDS virus?	b) THINGS TO DO	1	2	8	
	c) Getting tested for the AIDS virus?	c) TESTED FOR AIDS . . .	1	2	8	
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2				
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2				→ 920

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

917	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER\CLINIC . 12
		  GOVERNMENT DISPENSARY 13
		  OTHER PUBLIC
		    SECTOR _____ 18
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  MISSIONARY/CHURCH HOSP./
		    CLINIC 22
		  FAMILY OPTIONS/FHOK CLINIC . . 23
		  VCT CENTRE 24
		  NURSING/MATERNITY HOMES . . 25
		  BLOOD TRANSFUSION SERVICES . 26
		
		  OTHER PRIVATE
		    MEDICAL SECTOR
		         _____ 27
		          (SPECIFY)
		OTHER SOURCE
		  HOME 31
		  CORRECTIONAL FACILITY 32
		
		OTHER _____ 96
		        (SPECIFY)	

918	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 924

920	CHECK 434 FOR LAST BIRTH:
	  ANY CODE ☐ OTHER ☐ _____
	  21-36 CIRCLED ↓
			→ 926

921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES . . . . 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES . . . . 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	→ 1433
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 1433
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	
1433	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

_____

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

_____

NAME OF EDITOR: _____ DATE: _____