











# Essential Health Baseline

Tool for household assessment

# Baseline Survey for Community HOUSEHOLD QUESTIONNAIRE

Essential Health				
		IDENTIFICAT	TION	
STATE/REGION  DISTRICT  TOWNSHIP/SUB-TOWN  WARD/VILLAGE TRACT  HOUSEHOLD NUMBER  NAME OF HOUSEHOLD				
		INTERVIEWER	VISITS	
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME				DAY MONTH YEAR INT. NO.
RESULT*	<u> </u>		_	RESULT
*RESULT CODES:  1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT  3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED				TOTAL PERSONS IN HOUSEHOLD
	LLING NOT FOUND ER	(SPECIFY)		LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
LANGUAGE OF INTE	RVIEW 1		OTHER 6	TRANSLATOR YES NO USED? 1 2

# INTRODUCTION AND CONSENT

Mingalabar. My name is	I am working with Essential Health				
oject. We are conducting a survey about health in our project townships. 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	20 to 30 minutes. All of the answers you give will				
be confidential and will not be shared with anyone other than mem	bers of our survey team. You don't have to be in				
the survey, but we hope you will agree to answer the questions sin-	ce your views are important. If I ask you any				
question you don't want to answer, just let me know and I will go or	n to the next question or you can stop the interview				
at any time.					
· · · · · · · · · · · · · · · · · · ·					
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 DOE	ES NOT AGREE TO BE INTERVIEWED 2 → END				

#### HOUSEHOLD SCHEDULE

				OSEITOED S	IF AGE 15 OR	IF AGE	5 YRS OR	IF AGE	5-24 YRS
LINE	USUAL RESIDENTS AND	RELATIONSHIP	SEX	AGE	MARITAL	EVER A	TTENDED	CURREN	T / RECENT
NO.	VISITORS	TO HEAD OF			STATUS	SC	HOOL	SCHOOL A	TTENDANCE
		HOUSEHOLD							
1	2	3	4	5	6	7	8	9	10
	Please give me the names	What is the	ls	How old is	What is	Has	What is the	Did (NAME)	During this/
	of the persons who usually	relationship of	(NAME)	(NAME)?	(NAME)'s	(NAME)	highest	attend	that school
	live in your household and	(NAME) to the	male or		current marital	ever	grade	school at	year, what
	guests of the household	head of	female?	IF 95 OR	status?	attended	(NAME)	any time	grade (is/ was)
	who stayed here last night,	household?		MORE,		school?	completed at	during the	(NAME)
	starting with the head of the	SEE CODES		RECORD	1 = MARRIED		school?	last/ current	attending?
	household.	BELOW.		'95'	OR LIVING			school	
	AFTER LISTING THE				TOGETHER			year?	
	NAMES AND RECORDING				2 = DIVORCED/				
	THE RELATIONSHIP AND				SEPARAED				SEE CODES
	SEX FOR EACH PERSON,				3 = WIDOWED		SEE CODES		BELOW.
	ASK QUESTIONS 2A-2C				4 = NEVER		BELOW.		
	TO BE SURE THAT THE				MARRIED AND				
	LISTING IS COMPLETE.				NEVER LIVE				
					TOGETHER				
01			M F	IN YEARS		Y N 1 2	GRADE	Y N 1 2	GRADE
			1 2			1 2 NEXT LINE		1 2 NEXT LINE	
						NEXT LINE		INEXT LINE	
02			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
03			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
04			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
05									
03			1 2			1 2 NEXT LINE		1 2 NEXT LINE	
06									
			1 2			1 2 NEXT LINE		1 2 NEXT LINE	
07									
01			1 2			1 2 NEXT LINE		1 2 NEXT LINE	
08						1 2		1 2	
			1 2			1 2 NEXT LINE		1 2 NEXT LINE	
09			4 ^			1 2			
			1 2			1 2 NEXT LINE		1 2 NEXT LINE	
10			1 2			1 2		1 2	
			1 2			NEXT LINE		NEXT LINE	
	1								

### CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HFAD 02 = WIFF OR HI ISBAND 03 = SON OR DALIGHTER 04 = SON-IN-I AW OR DAUGHTER-IN-I AW 05 = GRANDCHII D 06 = PARFNT 07 = PARFNT-IN-I AW

08 = BROTHER OR SISTER 09 = OTHER REI ATIVE 10 = ADOPTED/FOSTER/ STEPCHII D 11 = NOT RFI ATFD 98 = DON'T KNOW

#### CODES FOR Qs. 8 AND 10: EDUCATION

#### GRADE

ON = I FSS THAN GRADE 1 COMPLETED
O1-11 = GRADE 1 - GRADE 11 12 = BACHELOR'S AND AROVE 13 = VOCATIONAL EDUCATION 98 = DON'T KNOW

#### HOUSEHOLD SCHEDULE

			<u> </u>	OOLHOLD O	IF AGE 15 OR	IE ACE	5 YRS OR	IE ACE	5-24 YRS
LINE	USUAL RESIDENTS AND	RELATIONSHIP	SEX	AGE	MARITAL		TTENDED		IT / RECENT
			SEX	AGE					
NO.	VISITORS	TO HEAD OF			STATUS	SC	HOOL	SCHOOL F	ATTENDANCE
1	2	HOUSEHOLD 3	4	5	6	7	8	9	10
•	Please give me the names	What is the	ls	How old is	What is	Has	What is the	Did (NAME)	
	of the persons who usually	relationship of	(NAME)	(NAME)?	(NAME)'s	(NAME)	highest	attend	that school
	live in your household and	(NAME) to the	male or	(, .	current marital	ever	grade	school at	year, what
	guests of the household	head of	female?	IF 95 OR	status?	attended	(NAME)	any time	grade (is/ was)
	who stayed here last night,	household?	Tomaio:	MORE,	Status:	school?	completed at	_	(NAME)
	starting with the head of the	SEE CODES		RECORD	1 = MARRIED	3011001:	school?	last/ current	
	household.	BELOW.		'95'	OR LIVING		SCHOOL:	school	attending:
	AFTER LISTING THE	BELOW.		93	TOGETHER				
					2 = DIVORCED/			year?	
	NAMES AND RECORDING				SEPARAED				SEE CODES
	THE RELATIONSHIP AND				3 = WIDOWED		055 00050		
	SEX FOR EACH PERSON,				4 = NEVER		SEE CODES		BELOW.
	ASK QUESTIONS 2A-2C				MARRIED AND		BELOW.		
	TO BE SURE THAT THE				NEVER LIVE				
	LISTING IS COMPLETE.				TOGETHER				
11			M F	IN YEARS		Y N	GRADE	Y N	GRADE
11			1 2	III I I I		1 2		1 2	JIADE
						NEXT LINE		NEXT LINE	
12			4 0			1 2		1 2	
			1 2			NEXT LINE		NEXT LINE	
						TEXT EINE		WEXT CITY	
13			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
14			4 0			1 2		1 2	
			1 2			NEXT LINE		NEXT LINE	
						₩		<b>\</b>	
15			1 2			1 2 NEXT LINE		1 2	
						NEXT LINE		NEXT LINE	
16			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
17			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
18			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
19			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
20			1 2			1 2		1 2	
						NEXT LINE		NEXT LINE	
						•		▼	
TICK HFF	RE IF CONTINUATION SHEET	USED				CODES FOR	R Qs. 8 AND 10:		
					]	EDUCATION Page ( )			
	o make sure that I have a complete uch as small children or infants that		-			. age ( )			
persons st	uon as sman chilidren of infants that	we have not listed?		YES	→ ADD TO	CODES FO			
2B) Are th	here any other people who may not	be members of you	r family, such	1	TARI F		SHIP TO HEAD LD, Please see		
as domest	tic servants, lodgers, or friends who	usually live here?		YES	→ ADD TO	( )	,	5-	
2C) Are th	nere any guests or temporary visitor	rs staying here, or ar	nyone else	•	TARI F				
who staye	ed here last night, who have not bee	n listed?		VEO					
				YESL	→ ADD TO				
					TARI F				

# HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY       1         WEEKLY       2         MONTHLY       3         LESS THAN MONTHLY       4         NEVER       5	
102	What is the main source of drinking water for members of your household?	PIPED WATER         11           PIPED INTO DWELLING         11           PIPED TO YARD/PLOT         12           PUBLIC TAP/STANDPIPE         13           TUBE WELL OR BOREHOLE         21           DUG WELL         31           PROTECTED WELL         32           WATER FROM SPRING         41           UNPROTECTED SPRING         42           RAINWATER         51           TANKER TRUCK         61           CART WITH SMALL TANK/DRUM         71           SURFACE WATER (RIVER/DAM/           LAKE/POND/STREAM/CANAL/         IRRIGATION CHANNEL)           IRRIGATION CHANNEL)         81           BOTTLED WATER         91           OTHER         96	105
103	Where is that water source located?	IN OWN DWELLING         1           IN OWN YARD/PLOT         2           ELSEWHERE         3	105
104	How long does it take to go there, get water, and come back?	MINUTES	
105	Do you do anything to the water to make it safer to drink?	YES	107
106	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL         A           ADD BLEACH/CHLORINE         B           STRAIN THROUGH A CLOTH         C           USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.)         D           SOLAR DISINFECTION         E           LET IT STAND AND SETTLE         F           OTHER         X           (SPECIFY)         DON'T KNOW         Z	

		l	1 .
NO. 107	What kind of toilet facility do members of your household usually use?	CODING CATEGORIES	SKIP _
108	Do you share this toilet facility with other households?	(SPECIFY)  YES	110
109	How many households in total use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10  10 OR MORE HOUSEHOLDS DON'T KNOW 98	
110	Does your household have:  Electricity? A radio? A television? A basic mobile phone? A smart phone? A landline telephone? A refrigerator? A table? A chair? A sofa? A bed? A cupboard? An electric fan? Air conditioner? A sewing machine? A computer/ laptop?	YES         NO           ELECTRICITY         1         2           RADIO         1         2           TELEVISION         1         2           BASIC MOBILE PHONE         1         2           SMART PHONE         1         2           LANDLINE PHONE         1         2           REFRIGERATOR         1         2           TABLE         1         2           CHAIR         1         2           SOFA         1         2           BED         1         2           CUPBOARD         1         2           ELECTRIC FAN         1         2           AIR CONDITIONER         1         2           SEWING MACHINE         1         2           COMPUTER/ LAPTOP         1         2	
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY       01         LPG       02         NATURAL GAS       03         BIOGAS       04         KEROSENE       05         COAL, LIGNITE       06         CHARCOAL       07         WOOD       08         STRAW/SHRUBS/GRASS       09         AGRICULTURAL CROP       10         ANIMAL DUNG       11         NO FOOD COOKED       IN HOUSEHOLD       95         OTHER       96         (SPECIFY)	→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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	114
		(SPECIFY)	
113	Do you have a separate room which is used as a kitchen?	YES	
114	MAIN MATERIAL OF THE FLOOR.	NATURAL FLOOR EARTH/SAND11	
	RECORD OBSERVATION.	DUNG       12         RUDIMENTARY FLOOR       21         WOOD PLANKS       21         PALM/BAMBOO       22         FINISHED FLOOR       22         PARQUET OR POLISHED       31         VINYL OR ASPHALT STRIPS       32         CERAMIC TILES       33	
		CEMENT         34           CARPET         35	
		OTHER 96 (SPECIFY)	
445	MANAMATERIAL OF THE BOOF		+
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING       11         NO ROOF       11         THATCH/PALM LEAF       12         SOD       13         RUDIMENTARY ROOFING       21         RUSTIC MAT       21         PALM/BAMBOO       22         WOOD PLANKS       23         CARDBOARD       24         FINISHED ROOFING       31         WOOD       32         CALAMINE/CEMENT FIBER       33         CERAMIC TILES       34         CEMENT       35         ROOFING SHINGLES       36         OTHER       96         (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS.	NATURAL WALLS	
	RECORD OBSERVATION.	NO WALLS       11         CANE/PALM/TRUNKS/LEAVES       12         DIRT       13         RUDIMENTARY WALLS       MESHED BAMBOO       21         STONE WITH MUD       22         UNCOVERED ADOBE       23         PLYWOOD       24         CARDBOARD       25         REUSED WOOD       26         FINISHED WALLS       31         CEMENT       31         STONE WITH LIME/CEMENT       32         BRICKS       33         CEMENT BLOCKS       34         COVERED ADOBE       35         WOOD PLANKS/SHINGLES       36         OTHER       96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	How many rooms in this household are used for sleeping?	ROOMS	
119	Does any member of this household own:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tuk tuk/htawlargyi? A boat with a motor? A boat without a motor?  Does any member of this household own any agricultural land?  How many acres of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '950'.	YES NO   WATCH	121
121	Does this household own any livestock, herds, other farm	DON'T KNOW         998           YES         1	
122	How many of the following animals does this household own?  IF NONE, ENTER '00'.  IF 95 OR MORE, ENTER '95'.  IF UNKNOWN, ENTER '98'.  Cattle?	CATTLE	123
	Milk cows or bulls?  Horses, donkeys, or mules?  Goats?  Sheep?  Pigs?  Chickens?  Ducks?	COWS/BULLS  HORSES/DONKEYS/MULES  GOATS  SHEEP  PIGS  CHICKENS  DUCKS	
123	Does your household have any mosquito nets that can be used	YES	→ 137
124	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS	

		NET #1	NET #2	NET #3
125	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD			
	IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
126	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO.	MONTHS AGO  MORE THAN 36	MONTHS AGO  MORE THAN 36	MONTHS AGO  MORE THAN 36
	RECORD '00'.	MONTHS AGO 95  NOT SURE 98	MONTHS AGO 95  NOT SURE 98	MONTHS AGO 95  NOT SURE 98
127	How did you get this mosquito net?	GOVT/NGO DISTRIBUTION	GOVT/NGO DISTRIBUTION	GOVT/NGO DISTRIBUTION
128	Did anyone sleep under this mosquito net last night?	YES	YES	YES
129	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME LINE NO	NAME LINE NO	NAME LINE NO
		NAME LINE NO	NAME LINE NO	NAME LINE NO
		NAME LINE NO	NAME LINE NO	NAME LINE NO
		NAME LINE NO	NAME LINE NO	NAME LINE NO
130		GO BACK TO 125 FOR NEXT NET: OR. IF NO MORE NETS, GO TO 131.	GO BACK TO 125 FOR NEXT NET: OR. IF NO MORE NETS, GO TO 131.	GO TO 125 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR. IF NO MORE NETS, GO TO 131.

		NET #1	NET #2	NET #3
131	Please show me where members of you wash their hands.		OBSERVED  NOT OBSERVED,  NOT IN DWELLING/YARD/PLO  NOT OBSERVED,  NO PERMISSION TO SEE  NOT OBSERVED, OTHER REASO	т 27
132	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER A PLACE FOR HANDWASHING.	AT THE	WATER IS AVAILABLE WATER IS NOT AVAILABLE	
133	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DI OTHER CLEANSING AGENT.	ETERGENT, OR	SOAP OR DETERGENT (BAR. LIQUID. POWDER. PAST ASH, MUD, SAND NONE	В

	NET #4	NET #5	NET #6	NET #7	NET #8
125					
	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
126	MONTHS AGO	MONTHS AGO	MONTHS AGO	MONTHS AGO	MONTHS AGO
	MORE THAN 36 MONTHS AGO 95	MORE THAN 36 MONTHS AGO 95	MORE THAN 36 MONTHS AGO 95	MORE THAN 36 MONTHS AGO 95	MORE THAN 36 MONTHS AGO 95
	NOT SURE98	NOT SURE 98	NOT SURE 98	NOT SURE 98	NOT SURE 98
127	GOVT/NGO DISTRIBUTION . 1 ANC VISIT . 2 PURCHASED . 3 OTHER . 6 NOT SURE . 8	GOVT/NGO	GOVT/NGO	GOVT/NGO	GOVT/NGO
128	YES	YES	YES	YES	YES
129					
	NAME	NAME	NAME	NAME	NAME
	LINE NO	LINE NO	LINE NO	LINE NO	LINE NO
	NAME	NAME	NAME	NAME	NAME
	LINE NO	LINE NO	LINE NO	LINE NO	LINE NO
	NAME	NAME	NAME	NAME	NAME
	LINE NO	LINE NO	LINE NO	LINE NO	LINE NO
	NAME	NAME	NAME	NAME	NAME
	LINE NO	LINE NO	LINE NO	LINE NO	LINE NO
130	GO BACK TO 125 FOR NEXT NET: OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 125 FOR NEXT NET: OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 125 FOR NEXT NET: OR. IF NO MORE NETS. GO TO 131.	GO BACK TO 125 FOR NEXT NET: OR. IF NO MORE NETS. GO TO 131.	GO TO 125 IN FIRST COLUMN OF A NEW QUESTIONNAIRE: OR, IF NO MORE NETS, GO TO 131.

	HOUSEH	OLD EXPENDITURE		
201	HOW MUCH DID THIS HOUSEHOLD SPEND ON			
	THE FOLLOWING IN THE LAST MONTH? (in kyats			
	only)		MMKs	
		a. Transport		
		b. Housing		
		c. Clothing		
		c. Clothing		
		d. Food		
		e. Education		
		f. Health Care		
		g. Fuel for heating/ cooking		
		h. Contributions to Social/ Religious		
		Activities		
		i. Others (Specify)		
202	WHAT WAS THE TOTAL HOUSEHOLD			
202	EXPENDITURE IN THE LAST MONTH?			
	EXI ENDITORE IN THE EXOT MONTH:			
	Include everything that the houehold and its members	Under50,000 kyats	1	
	spent money on, including food, clothing, transport,	Ks 50,000 - Ks 100,000		
	rent and rates, alcohol and tobaccos, school fees,	Ks 100,000 - Ks 200,000		
	entertainment and any other expense.	Over 200,000 kyats	4	
		Don't know	5	
		Refuse	6	

# SECTION 1. RESPONDENT'S BACKGROUND

#### INTRODUCTION AND CONSENT

INTRODU	CTION AND CONSENT	
INFOR	MED CONSENT	
conduct Your ho	abar. My name is I at ting a survey about health in our project townships. The information we busehold was selected for the survey. The questions usually take about nitial and will not be shared with anyone other than members of our survey agree to answer the questions since your views are important. If I ask	e collect will help the government to plan health services.  It 30 to 60 minutes. All of the answers you give will be  vey team. You don't have to be in the survey, but we hope
and I wi	ill go on to the next question or you can stop the interview at any time.	
househ	you need more information about the survey, you may contact the per- old. have any questions? May I begin the interview now?	son listed on the card that has already been given to your
SIGNAT	TURE OF INTERVIEWER:	DATE:
		T DOES NOT AGREE TO BE INTERVIEWED 2→ END
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
101	RECORD THE TIME.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR	
102	CHECK HH Q8:  GRADE 5 OR LOWER OR HIGHER		→104
103	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	
104	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	
105	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK	
106	Do you have a hand phone?	YES1 NO2	109
107	What type of handset are you using?	KEYPAD          1       ANDROID       .2         iPHONE        .3         OTHER        .8	
108	What operator are you using now?	MPT1 OOREDOO2 TELENOR3 OTHER8	
109	Do you usually use internet?	YES1 NO2	201
110	Do you have a social network account?	YES1 NO2	201

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Which social network are you currently using?	FACEBOOK/MESSENGER1	
	If more than one social network, circle all the responses.	VIBER2	
		LINE3	
		INSTAGRAM4	
		WHATS APP5	
		OTHER6	
112	Have you ever heard of "May May" app?	YES1	
		NO2 ———	201
113	Are you using this app now?	YES1	
		NO2 ———	201
114	What service have you used by "May May" app?	AN CARE1	
		PN CARE2	
		CHILD IMMUNIZATION3	
		CHILD HEALTH4	
		OTHER8	
		(SPECIFY)	

SECTION 2.	BIRTH HIS	TORY

201	Now, I want to know about the still births and abortion/ miscarriage that		
	you ever have.	No. of SB	
	Do you have any of such events in your life.  No Yes	No. of Abortion/ Miscarriage	

,	,				en e		'd d C .		
			names of all your b HE BIRTHS IN 212.			_		-	
(IF TH	IERE ARE	MORE THA	AN 12 BIRTHS, USE	E AN ADDI	TIONAL QUES	TIONNAIRE	, STARTING W	ITH THE SECOND RO	W).
202	203	204	205	206	207 IF ALIVE:	208 IF ALIVE:	209 IF ALIVE:	210 IF DEAD:	211
What name was given to your (first/next)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last his/her l	Is (NAME) living with you?	RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	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
01	BOY 1	SING 1	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	SING 1	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	YES1  ADD ♣ BIRTH  NO2  NEXT ♣ BIRTH
03	BOY 1	SING 1	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	YES1  ADD ♣  BIRTH  NO2  NEXT ♣  BIRTH
04	BOY 1	SING 1	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	YES1  ADD ♣  BIRTH  NO2  NEXT ♣  BIRTH
05	BOY 1	SING 1	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	YES1  ADD   BIRTH  NO2  NEXT   BIRTH
06	BOY 1	SING 1	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	YES1  ADD ♣  BIRTH  NO2  NEXT ♣  BIRTH

212	213	214	215	216	217	218	219	220	221
What name	Is	Were any	In what month and	ls	IF ALIVE:	IF ALIVE:	IF ALIVE:	IF DEAD: How old was (NAME)	Were there
was given to your next baby? RECORD NAME.  BIRTH HISTORY NUMBER	(NAME) a boy or a girl?	of these births twins?	year was (NAME) born? PROBE: When is his/her birthday?	(NAME) still alive?	(NAME) at his/her last his/her last his/her last his/her last RECORD AGE IN COM- PLETED YEARS.	living with	HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	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.	any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including
07	BOY 1	SING 1	YEAR	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1  MONTHS 2  YEARS 3	YES 1  ADD ◀  BIRTH  NO 2  NEXT ◀
08			MONTH	220	AGE IN		(GO TO 221)	DAYS 1	BIRTH YES 1
00	BOY 1	SING 1 MULT 2	YEAR	YES 1	YEARS	YES 1	LINE NUMBER	MONTHS 2	ADD ◀ BIRTH NO 2 NEXT ◀
				220			(GO TO 221)		BIRTH
09	BOY 1	SING 1	MONTH YEAR	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1 MONTHS 2	YES 1 ADD ◀ BIRTH NO 2
	OII Z	WOL! Z		220		102	(GO TO 221)	YEARS3	NEXT <b>√</b> BIRTH
10	BOY 1	SING 1	MONTH YEAR	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1 MONTHS 2	YES 1 ADD ◀ BIRTH
	GIRL 2	MULT 2		NO 2 220		NO 2	(GO TO 221)	YEARS3	NO 2 NEXT◀ BIRTH
11	BOY 1	SING 1	MONTH YEAR	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1 MONTHS 2	YES 1 ADD ◀ BIRTH
	GIRL 2	MULT 2		NO 2 ↓ 220		NO 2	(GO TO 221)	YEARS3	NO 2 NEXT◀ BIRTH
12	BOY 1	SING 1	MONTH YEAR	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1 MONTHS 2	YES1 ADD ◀ BIRTH
	GIRL 2	MULT 2		NO 2 ↓ 220		NO 2	(GO TO 221)	YEARS3	NO 2 NEXT◀ BIRTH
212	-	-	births since the birth						
213 Ar	e you pregn	ant now?				NO			h
214 Ho	ow many mo	onths pregna	ant are you?			MONTHS			

#### SECTION 3. PREGNANCY AND POSTNATAL CARE

301	BIRTH HISTORY NUMBER FROM 202 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER
302	FROM 202 AND 206	NAME	NAME	NAME
303	Did you see anyone for antenatal care for this pregnancy?	YES		
304	Whom did you see?	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY		
	PROBE TO IDENTIFY EACH TYPE  OF PERSON AND RECORD ALL  MENTIONED.	MIDWIFE C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY/ VILLAGE HEALTH WORKER E  OTHER X (SPECIFY)		
305	Where did you receive antenatal care for this pregnancy? 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))	HOME YOUR HOME A OTHER HOME B  PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER (RHC. D GOVT. HEALTH POST SUB- CENTER E MOBILE CLINIC F UHC/MCH CENTER G OTHER PUBLIC SECTOR  (SPECIFY)  NGO MARIE STOPES . I RED CROSS J PSI/M (SUN) K OTHER NGO SECTOR  (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC M OTHER PRIVATE MED. SECTOR  (SPECIFY)  EHOS		
306	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS 98		
307	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES  DON'T KNOW 98		
308	During with your pregnancy with (NAME), did your husband or partner accompany you to at least one antenatal counselling visit?	YES1 NO2		

309	As part of your antenatal care during			
	this pregnancy, were any of the	YES NO		
	following done at least once:	120 110		
	Was your blood pressure measured?	BP 1 2		
	Did you give a urine sample? Did you give a blood sample?	URINE 1 2 BLOOD 1 2		
	Did you give a blood sample:	WEIGHT 1 2		
		COUNSELLING 1 2		
310	During (any of) your antenatal care visit(s), were you told about things to	YES		
	look out for that might suggest	DON'T KNOW 8		
	problems with the pregnancy?			
311	During this pregnancy, were you	YES 1		
	given an injection in the arm to	NO 2		
	prevent the baby from getting tetanus, that is, convulsions after	(SKIP TO 314) ← DON'T KNOW 8		
		DON'T KNOW 0		
312	During this pregnancy, how many times did you get a tetanus	TIMES		
	injection?	DON'T KNOW 8		
046	CLIECK MC			
313	CHECK 416:	2 OR MORE OTHER TIMES		
		(SKIP TO 317)		
314	At any time before this assessment			
314	At any time before this pregnancy, did you receive any tetanus	YES		
	injections?	(SKIP TO 317)   DON'T KNOW 8		
315	Refere this programmy how many			
313	Before this pregnancy, how many times did you receive a tetanus	TIMES		
	IF 7 OR MORE TIMES, RECORD '7'.	DON'T KNOW 8		
316	How many years ago did you receive the last tetanus injection	YEARS AGO		
-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
317	During this pregnancy, were you	BUY MW NOT		
	given or did you buy any of the	GIVEN/		
	following drugs?  1)Iron tablet or syrup	1)Iron 1 2 3		
	2)Folic acid	2)F/A 1 2 3		
	3)Vitamin B1	3)B1 1 2 3		
	SHOW TABLETS/SYRUP.			
318	During the whole pregnancy, for how			
0	many days did you take the tablets	DAYS		
	or syrup?	DON'T KNOW 998		
	IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE			
	NUMBER OF DAYS.			
319	During this pregnancy, did you take	YES 1		
	any drug for intestinal worms?	NO 2		
		DON'T KNOW 8		
320	Did you have a birth planning	YES 1		
	before delivery of (NAME)?	NO 2		
321	When (NAME) was born, was he/she	VERY LARGE 1	VERY LARGE 1	VERY LARGE 1
	very large, larger than average,	LARGER THAN AVERAGE 2	LARGER THAN AVERAGE 2	LARGER THAN AVERAGE 2
	average, smaller than average, or	AVERAGE 3	AVERAGE 3	AVERAGE 3
	very small?	SMALLER THAN AVERAGE 4	SMALLER THAN AVERAGE 4	SMALLER THAN AVERAGE 4
		VERY SMALL 5 DON'T KNOW 8	VERY SMALL 5 DON'T KNOW 8	VERY SMALL 5 DON'T KNOW 8

322	Was (NAME) weighed at birth?	YES 1	YES 1	YES 1
		NO	NO	NO
323	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH	KG FROM CARD	1	KG FROM CARD
	CARD, IF AVAILABLE.	KG FROM RECALL	KG FROM RECALL	KG FROM RECALL
		DON'T KNOW 99998	DON'T KNOW 99998	DON'T KNOW 99998
324	Who assisted with the delivery of (NAME)?  Anyone else?	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY
	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.	MIDWIFE C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER	MIDWIFE C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND . E OTHER	MIDWIFE C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER
325	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 335)	HOME YOUR HOME 11 (SKIP TO 344) ← 1 OTHER HOME 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER (RHC . 22 GOVT. HEALTH POST SUB- CENTER 23 MOBILE CLINIC 24 UHC/MCH CENTER 25 OTHER PUBLIC SECTOR (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MATERNITY HOME 42 MMCWA MATERNITY HOME 43 OTHER PRIVATE MED. SECTOR 46 (SPECIFY)  46 (SPECIFY)  47  48  49  49  40  41  41  42  43  44  45  46  46  46  46  46  46  46  46	HOME  YOUR HOME 11  (SKIP TO 344) ←    OTHER HOME 12  PUBLIC SECTOR  GOVT. HOSPITAL 21  GOVT. HEALTH  CENTER (RHC . 22  GOVT. HEALTH  POST SUB- CENTER 23  MOBILE CLINIC . 24  UHC/MCH CENTER 25  OTHER PUBLIC  SECTOR  (SPECIFY)  PRIVATE MED. 31  RED CROSS 32  PSI/M (SUN) 33  OTHER NGO  SECTOR  (SPECIFY)  PRIVATE MED. SECTOR  PVT. HOSPITAL/ CLINIC 41  PVT. MATERNITY  HOME 42  MMCWA MATERNITY  HOME 43  OTHER PRIVATE  MED. SECTOR  (SPECIFY)
		OTHER 96 (SPECIFY) (SKIP TO 335)	OTHER 96 (SPECIFY) (SKIP TO 344)	OTHER 96 (SPECIFY) (SKIP TO 344)

326	How long after (NAME) was delivered did you stay there?  IF LESS THAN ONE DAY, RECORD HOURS.  IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1  DAYS 2  WEEKS 3  DON'T KNOW 998		
327	Do you have any post natal complications at that time?	YES1 (SKIP TO 329)		
328	Which complication did you get?	HEMORRHAGE1 RETAINED PLACENTA2 CONVULSION3 OTHER8		
329	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES	YES	YES
330	What was the mode of delivery for (NAME)?	NORMAL1 FORCEPS2 VACCUM3 OTHER8		
331	What was the reason for cesarean section?	Convulsions		
332	Who accompany to the facility at the time of delivery?  If more than one attendant, circle all responses.	HUSBAND		
333	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 while you were still in the facility?	YES		
334	Did anyone check on your health after you left the facility?	YES		
335	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)?	YES		
336	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE LHV 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER96 (SPECIFY)		

How long after delivery did the first check take place?   IF LESS THAN ONE DAY, RECORD HOURS.   IF LESS THAN ONE WEEK, RECORD DAYS.   DONT KNOW 986   DONT KNOW				
born, did any health care provider or a traditional birth attendant check on his/her health?    339		check take place?  IF LESS THAN ONE DAY, RECORD HOURS.  IF LESS THAN ONE WEEK, RECORD DAYS.	DAYS 2 WEEKS 3	
after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?  340 How many hours, days or weeks after the birth of (NAME) did the first life. ST HAN ONE DAY, RECORD HOURS.  IF LESS THAN ONE DAY, RECORD DAYS.  IF LESS THAN ONE WEEK, RECORD DAYS.  341 Who checked on (NAME)'s health at that time?  4 Who checked on (NAME)'s health at that time?  4 Who checked on (NAME)'s health at that time?  4 HEALTH PERSONNEL DON'T KNOW 998  341 Who checked on (NAME)'s health at that time?  4 HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE LHY 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY VILLAGE HEALTH WORKER 22 OTHER 96  542 Where did this first check of (NAME) take place?  4 PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE 23 GOVT. HEALTH POST SUB-CENTER (RHC 22 GOVT. HEALTH POST SUB-CENTER (RHC 22 GOVT. HEALTH POST SUB-CENTER 23 MOBILE CLINIC 24 UHC/MCH CENTER 25 OTHER PUBLIC 26 OTHER PUBLIC 26		born, did any health care provider or a traditional birth attendant check on	NO2 (SKIP TO 343) ←	
after the birth of (NAME) did the first  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.  341 Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.  11 NURSE/MIDWIFE LHY 12 AUXILIARY MIDWIFE 13  OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22  OTHER	339	after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her	NO	
that time?  PROBE FOR MOST QUALIFIED PERSON.  DOCTOR 11 NURSE/MIDWIFE LHV 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER	340	after the birth of (NAME) did the first  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK,	BIRTH 1 DAYS AFTER BIRTH 2 WKS AFTER BIRTH 3	
Where did this first check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  (NAME OF PLACE)  HOME YOUR HOME 11 OTHER HOME 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER (RHC. 22 GOVT. HEALTH POST SUB-CENTER 23 MOBILE CLINIC . 24 UHC/MCH CENTER 25 OTHER PUBLIC 26	341	that time?  PROBE FOR MOST QUALIFIED	DOCTOR	
NGO  MARIE STOPES . 31  RED CROSS 32  PSIM (SUN) 33  OTHER NGO  SECTOR  (SPECIFY)  PRIVATE MED. SECTOR  PVT. HOSPITAL/ CLINIC	342	take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	HOME YOUR HOME 11 OTHER HOME 12  PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER (RHC 22 GOVT. HEALTH POST SUB- CENTER 23 MOBILE CLINIC 24 UHC/MCH CENTER 25 OTHER PUBLIC 26 (SPECIFY)  NGO MARIE STOPES 31 RED CROSS 32 PSI/M (SUN) 33 OTHER NGO SECTOR 36 (SPECIFY)  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MATERNITY HOME 42 MMCWA MATERNITY HOME 43 OTHER PRIVATE MED. 46 (SPECIFY)  EHO CLINIC 47	

343	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES.	YES		
344	Did you ever breastfeed (NAME)?	YES	YES 1 NO 2	YES
345	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 DAYS 2		
346	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES		
347	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS  MENTIONED.	MILK (OTHER THAN  BREAST MILK ) A PLAIN WATER B SUGAR OR GLU- COSE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J  OTHER X (SPECIFY)		
348	CHECK 404: IS CHILD LIVING?	(GO BACK TO 302 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 352)	(GO BACK TO 302 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 352)	(GO BACK TO 302 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 352)
349	Are you still breastfeeding (NAME)?	YES		
350	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES	YES	YES
351		GO BACK TO 302 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 352.	GO BACK TO 302 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 352.	GO BACK TO 302 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 352.

#### Section 3B. HEALTH EXPENDITURE ON MATERNAL HEALTH CARE SERVICES

352	Type of		Expenditure in MMKs						Sour	ce (Please r	mark √ that	apply)			Satisf	action
	services	Travel	Loss of income	Medicines and vaccines	In-kind payment	Others	(A) Earned and Spent	(B) Saving	(C) Borrowing from money lender	(D) Borrowing from SHG	(E) Borrowing from neighbours/ relatives	(F) Liquidation of assets	(G) Support of charity/ VHF/ NGOs	(H) Others	Yes	No
A	ANC															
В	Delivery															
С	PNC															

# SECTION 4A. CHILD IMMUNIZATION, HEALTH AND NUTRITION

401	ASK THE QUESTIONS	ER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMN				SIN V																					
402	DIDTUUIGTODY				LAS	т ві	RTH					N	IEXT	-TO-	LAS	T BIF	RTH			SECOND-FROM-LAST BIRTH							
	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY		RTH IMBE	HIST ER		Y 					BIRTH HISTORY NUMBER				BIRTH HISTORY NUMBER												
403	FROM 202 AND 206	N	IAME	<u> </u>						_	NA	ME .								NAN	ΛΕ <u></u>						_
	AND 200	-	LIVING  (GO TO 403  IN NEXT COLUMN  OR, IF NO MORE  BIRTHS, GO TO 453)			(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 453)			LIVING DEAD  (GO TO 403 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 453)			OF E, RE															
404	Do you have a card where (NAME)'s vaccinations are written IF YES: May I see it please?	Y	YES, SEEN				YES, SEEN				YES, SEEN			] 2 ]													
405	Did you ever have a vaccination card for (NAME)?		YES					(\$	SKIP	TO 4	409)	····			YES			1									
406	(1) COPY DATES FRO (2) WRITE '44' IN 'DA					DD 0	SHOV	WS TH	JAT /	۸ DC	SE W	1001	CIVE	N D	ı IT N	NO D	٨ΤΕ	IS DE	^^B	DED							
	(2) WRITE 44 IN DA	1 00	JLUI			BIR		V3 II	1417	A DC	JSE VV					BIRT		IS KE	COR			D-FR(	JM-I	LAST	BIRT	ГН	
	200	DA	Υ	MON	ΙTΗ	I .	YE	AR	一.	500	П	Y	1OM	NTH		YEA	.R	一.			Υ	MON	ITΗ	<u> </u>	YE	AR	
	BCG HEP B0 (AT BIRTH)								┥	BCG	$\vdash$								SCG								
	JE									H0	$\vdash$								H0								
								-		JE P1	$\vdash$								JE P1								
	POLIO 1 POLIO 2							-	4	P2	$\vdash$								P2							-	
	POLIO 3									P3	$\vdash$								P3								
	IPV									IPV	` <del>   </del>							┦.	PV							-	
											$\vdash$																
	DPT 1/ PENTA 1  DPT 2/ PENTA 2									D1	$\vdash$							_	D1								
	DPT 3/ PENTA 3								-	D2 D3									D2 D3								
	PCV 1								-	PCV1									CV1							-	
	PCV 2									PCV2									CV2							1	
	PCV 3								F	PCV3	3							Р	CV3								
	HEP B 1									H1									H1							1	
	HEP B 2									H2									H2								
	НЕР В 3									НЗ	3								НЗ								
	MEASLES OR MR 1								N	MR 1								N	IR 1								
	MR 2								N	MR 2								N	IR 2						$\prod$		
	VITAMIN A (MOST RECENT)								٧	/IT A								٧	IT A								
407	CHECK 406:			O ME			2	ОТ	THER	₹	BCG ALL				S 2	_	ОТ	HER				MEAS ORDE		3 2	(	НТС	ER
		٦	_	.006	اعات	_					,\LL	 7	JINL	,						 	0(	שטויכ	<i>-</i> ت				
		(G	 О ТС	) 411	)						(GQV	 T <u>og</u> 4	411)						(	GO 1	ΓΟ 4	11)					

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
408	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	YES	YES
409	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES	YES	YES
410	Please tell me if (NAME) had any of			
410A	the following vaccinations:  A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES	YES	YES
410B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is an injection in the thigh to prevent Hepatitis B?	YES	YES	YES
410C	A Japanese B Encephalitis vaccination injection?	YES	YES	YES
410D	Polio vaccine, that is, drops in the mouth?	YES	YES	YES
410E	How many times was the polio vaccine given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
410F	Polio vaccine, that is, injection form?	YES	YES	YES
410G	A DPT/PENTAVALENT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES	YES	YES
410H	How many times was the DPT/PENTAVALENT vaccination given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
4101	A PCV (pneumococcal vaccination)?	YES	YES	YES
410J	How many times was the pneumococcal vaccination given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
410K	A HEP B vaccination, that is, an injection given in the thigh, to prevent him/her from getting	YES	YES	YES
410L	How many times was the HEP Bvaccination given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
410M	A measles injection or an MMR/MR injection- that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES	YES	YES
410N	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
411	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?  SHOW COMMON TYPES OF CAPSULES.	YES	YES	YES
412	Were you satisfied with the service that you have got for immunization?	YES	YES	YES
413	Were you asked to pay for immunization?	YES	YES	YES
414	How much money did they ask for the service?	MMKs	MMKs	MMKs
414 A	What are the main sources of expenditure for that health care service?  RECORD THE MAIN SOURCE FIRST.  PLEASE USE THE CODE FOR	Source 2	Source 2	Source 1 Source 2
	SOURCE OF EXPENDITURE FROM Q352.	Source 3	Source 3	Source 3

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
415	In the last seven days, was (NAME) given sprinkles with iron or any micronutrient powder like (this/any of these)?  SHOW COMMON TYPES OF SPRINKLES/SACHETS.	YES	YES	YES
416	In the last seven days, was (NAME) given multi vitamin syrups?	YES	YES	YES
417	Was (NAME) given any drug for intestinal worms in the last six months?	YES	YES	YES
418	Has (NAME) had diarrhea in the last 2 weeks?	YES	YES	YES
419	Was there any blood in the stools?	YES	YES	YES
420	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).  Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink	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
421	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4
	IF LESS, PROBE: Was he/she given much less than usual to eat or	STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
422	Did you seek advice or treatment for the diarrhea from any source?	YES	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
423	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE.	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER (RHC) B GOVT HEALTH POST (SUB- CENTER C VILLAGE HEALTH WORKER D MOBILE CLINIC . E UHC/MCH CENTER F TRADITIONAL MED. CLINIC . G OTHER PUBLIC	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER (RHC) B GOVT HEALTH POST (SUB- CENTER C VILLAGE HEALTH WORKER D MOBILE CLINIC . E UHC/MCH CENTER F TRADITIONAL MED. CLINIC . G OTHER PUBLIC	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER (RHC) B GOVT HEALTH POST (SUB- CENTER C VILLAGE HEALTH WORKER D MOBILE CLINIC . E UHC/MCH CENTER F TRADITIONAL MED. CLINIC . G OTHER PUBLIC
	IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	SECTOR H (SPECIFY)	SECTOR H (SPECIFY)	SECTOR H (SPECIFY)
		NON-GOVERNMENT  MARIE STOPES . I  RED CROSS J  PSI/M (SUN) K	NON-GOVERNMENT  MARIE STOPES . I  RED CROSS J  PSI/M (SUN) K	NON-GOVERNMENT  MARIE STOPES I  RED CROSS J  PSI/M (SUN) K
		OTHER PUBLIC SECTOR (SPECIFY)	OTHER PUBLIC SECTOR (SPECIFY)	OTHER PUBLIC SECTOR L (SPECIFY)
	(NAME OF PLACE(S))	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC M PHARMACY N PVT DOCTOR O MOBILE CLINIC P TRADITIONAL MED.CLINIC Q OTHER PRIVATE MED. SECTOR  (SPECIFY)
		OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V OTHER X (SPECIFY)	OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V OTHER X (SPECIFY)	EHO CLINICS  OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V  OTHER X (SPECIFY)
424	CHECK 423:	TWO OR ONLY  MORE ONE  CODES CODE  CIRCLED CIRCLED  (SKIP TO 426)	TWO OR ONLY  MORE ONE  CODES CODE  CIRCLED CIRCLED  (SKIP TO 426)	TWO OR ONLY  MORE ONE  CODES CODE  CIRCLED CIRCLED  (SKIP TO 426)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
425	Where did you first seek advice or treatment?  USE LETTER CODE FROM 423.	FIRST PLACE	FIRST PLACE	FIRST PLACE
426	Were you satisfied with the service that you have got for treatment of diarrhoea?	YES	YES	YES
427	Were you asked to pay for the treatment of diarrhoea?	YES	YES	YES
428	How much money did they ask for the service?	MMKs	MMKs	MMKs
428 A	What are the main sources of expenditure for that health care service? RECORD THE MAIN SOURCE FIRST. PLEASE USE THE CODE FOR SOURCE OF EXPENDITURE FROM Q352.	Source 2  Source 3	Source 2  Source 3	Source 1  Source 2  Source 3
429	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	<ul> <li>a) A fluid made from a special packet called ORS (ORASEL, MFP) ?</li> </ul>	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
	c) A government-recommended homemade fluid?	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8
430	Was anything (else) given to treat the diarrhea?	YES	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIR
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
431	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP  ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC D UNKNOWN PILL OR SYRUP E  INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H  (IV) INTRAVENOUS I  HOME REMEDY/ HERBAL MED-	PILL OR SYRUP  ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC G UNKNOWN PILL OR SYRUP E  INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H  (IV) INTRAVENOUS I  HOME REMEDY/ HERBAL MED-	PILL OR SYRUP  ANTIBIOTIC
432	Has (NAME) been ill with a fever at	OTHER X (SPECIFY)   YES	ICINE	OTHER (SPECIFY)
	any time in the last 2 weeks?	NO	NO	NO(SKIP TO 434)  DON'T KNOW
433	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES	YES	YES
434	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES	YES	YES
435	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths	YES	YES	YES
436	Was the fast or difficult breathing due to a problem (tightness) in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 CONTY KNOW 8 CONTY KNOW 8 CONTY CONT	CHEST ONLY 1  NOSE ONLY 2  BOTH 3  OTHER 6  (SPECIFY)  DON'T KNOW 8  (SKIP TO 438)	CHEST ONLY  NOSE ONLY  BOTH  OTHER  (SPECIFY)  DON'T KNOW  (SKIP TO 438)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
437	CHECK 432: HAD FEVER?	YES  NO OR DK  (GO BACK TO  403 IN NEXT  COLUMN; OR,  IF NO MORE  BIRTHS, GO  TO 449)	YES NO OR DK  (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449)	YES NO OR DK  (GO TO 403  IN NEXT-TO-LAST  COLUMN OF NEW  QUESTIONNAIRE; OR,  IF NO MORE BIRTHS,  GO TO 449)
438	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the 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	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
439	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	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
440	Did you seek advice or treatment for the illness from any source?	YES	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
441	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE.	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER (RHC) B GOVT HEALTH POST (SUB- CENTER C VILLAGE HEALTH WORKER D MOBILE CLINIC E	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER (RHC) B GOVT HEALTH POST (SUB- CENTER C VILLAGE HEALTH WORKER D MOBILE CLINIC . E	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER (RHC) B GOVT HEALTH POST (SUB- CENTER C VILLAGE HEALTH WORKER D MOBILE CLINIC . E
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	UHC/MCH CENTER F TRADITIONAL MED. CLINIC . G OTHER PUBLIC SECTOR (SPECIFY)	UHC/MCH CENTER F TRADITIONAL MED. CLINIC . G OTHER PUBLIC SECTOR (SPECIFY)	UHC/MCH CENTER F TRADITIONAL MED. CLINIC . G OTHER PUBLIC SECTOR (SPECIFY)
	(NAME OF PLACE(S))	NON-GOVERNMENT  MARIE STOPES . I  RED CROSS J  PSI/M (SUN) K  OTHER PUBLIC  SECTOR  (SPECIFY)	NON-GOVERNMENT  MARIE STOPES . I  RED CROSS J  PSI/M (SUN) K  OTHER PUBLIC  SECTOR  (SPECIFY)	NON-GOVERNMENT  MARIE STOPES . I  RED CROSS J  PSI/M (SUN) K  OTHER PUBLIC  SECTOR  (SPECIFY)
		PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC M PHARMACY N PVT DOCTOR O MOBILE CLINIC P TRADITIONAL MED.CLINIC Q OTHER PRIVATE MED. SECTOR  (SPECIFY)	PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC M PHARMACY N PVT DOCTOR O MOBILE CLINIC P TRADITIONAL MED.CLINIC Q OTHER PRIVATE MED. SECTOR R (SPECIFY)	PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC M PHARMACY N PVT DOCTOR O MOBILE CLINIC P TRADITIONAL MED.CLINIC Q OTHER PRIVATE MED. SECTOR  (SPECIFY)
		OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V OTHER X (SPECIFY)	EHO CLINIC S  OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V  OTHER X (SPECIFY)	EHO CLINIC S  OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V  OTHER X (SPECIFY)
442	CHECK 441:	TWO OR ONLY  MORE ONE CODES CODE CIRCLED CIRCLED  (SKIP TO 447)	TWO OR ONLY  MORE ONE  CODES CODE  CIRCLED CIRCLED  (SKIP TO 447)	TWO OR ONLY  MORE ONE  CODES CODE  CIRCLED CIRCLED

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
443	Where did you first seek advice or treatment?  USE LETTER CODE FROM 441.	FIRST PLACE	FIRST PLACE	FIRST PLACE
444	Were you satisfied with the service that you have got for treatment of fever/cough?	YES	YES	YES
445	Were you asked to pay for the treatment of fever/ cough?	YES	YES	YES
446	How much money did they ask for the service?	MMKs	MMKs	MMKs
446 A	What are the main sources of expenditure for that health care service?  RECORD THE MAIN SOURCE FIRST.	Source 1 Source 2	Source 1 Source 2	Source 2
	PLEASE USE THE CODE FOR SOURCE OF EXPENDITURE FROM Q352.	Source 3	Source 3	Source 3
447	At any time during the illness, did (NAME) take any drugs for the illness?	YES	YES	YES
448	What drugs did (NAME) take?  Any other drugs?	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE PILLS D	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . B AMODIAQUINE . C QUININE PILLS D	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE PILLS D
	RECORD ALL MENTIONED.	INJECTION/IV . E ARTEMISININ COMBINATION THERAPY F ARTESUNATE MONOTHERAPY PILLS G INJECTION H OTHER ANTI- MALARIAL (SPECIFY)	INJECTION/IV . E ARTEMISININ COMBINATION THERAPY F ARTESUNATE MONOTHERAPY PILLS G INJECTION H OTHER ANTI- MALARIAL (SPECIFY)	INJECTION/IV E ARTEMISININ COMBINATION THERAPY F ARTESUNATE MONOTHERAPY PILLS G INJECTION H OTHER ANTI- MALARIAL
		ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION K	ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION K	ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION K
		OTHER DRUGS BUSPRO L PARA- CETAMOL M IBUPROFEN N	OTHER DRUGS BUSPRO L PARA- CETAMOL M IBUPROFEN N	OTHER DRUGS BUSPRO L PARA- CETAMOL M IBUPROFEN N
		OTHER X (SPECIFY)  DON'T KNOW Z	OTHER X (SPECIFY) OON'T KNOW Z	OTHER X (SPECIFY) DON'T KNOW Z

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
449	The last time (NAME) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE	
450	CHECK 426, ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET  NO CHILD RECEIVED FLUID FROM ORS PACKET		<b>→</b> 452
451	Have you ever heard of a special product called ORS (ORASEL, MFP) you can get for the treatment of diarrhea?	YES	
452	Sometimes children have severe illness and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?  Any other symptoms?	CHILD NOT ABLE TO DRINK OR BREASTFEED	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIE	S	SKIP
453	Now I would like to ask you about liquids or foods that (NAME) had yesterd interested in whether your child had the item I mention even if it was combined.		am	
	Did (NAME) (drink/eat):	YES	NO DK	
	a) Plain water?	<b>a)</b> 1	2 8	
	b) Juice or juice drinks?	<b>b)</b> 1	2 8	
	c) Clear broth?	<b>c)</b> 1	2 8	
	d) Milk such as tinned, powdered, or fresh animal milk?	<b>d)</b> 1	2 8	
	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK		
	e) Infant formula (Lactogen)?	<b>e)</b> 1	2 8	
	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA		
	f) Any other liquids?	<b>f)</b> 1	2 8	
	g) Yogurt?	<b>g)</b> 1	2 8	
	IF YES: How many times did (NAME) eat yogurt?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT		
	h) Any commercially fortified baby food like Cerelac?	<b>h)</b> 1	2 8	
	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1	2 8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange	e inside? j) 1	2 8	
	k) White potatoes, white yams, manioc, cassava, or any other foods ma	ide from roots? k) 1	2 8	
	I) Any dark green, leafy vegetables?	<b>I)</b> 1	2 8	
	m) Ripe mangoes, papayas etc ?	<b>m</b> ) 1	2 8	
	n) Any other fruits or vegetables?	<b>n)</b> 1	2 8	
	o) Liver, kidney, heart or other organ meats?	<b>o)</b> 1	2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	<b>p)</b> 1	2 8	
	q) Eggs?	<b>q)</b> 1	2 8	
	r) Fresh or dried fish or shellfish?	r) 1	2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2 8	
	t) Cheese or other food made from milk?	<b>t)</b> 1	2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1	2 8	
454	CHECK 453 (CATEGORIES "g" THROUGH "u"):  NOT A SINGLE AT LEAST ONE			
	"YES" "YES"			<b>→</b> 456

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
455	Did (NAME) 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) eat?	YES	<b>→</b> 457
456	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES	

### SECTION 4B. EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
457	CHECK 207 AND 208: ANY CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER?		
	YES NO		<b>→</b> 501
458		R AND RECORD NAME AND LINE NUMBER E NUMBER OF THE DEST CHILD FROM Q. 209	
459	READ TO THE RESPONDENT  Now I would like to ask you some questions about (NAME OF THE CHILD your oldest child living with you who is 0-4 years old.	FROM 458),	
460	How many children's books or picture books do you have for (NAME) ?	NONE 00  NUMBER OF BOOKS FOR CHILDF. 0  TEN BOOKS OR MORE 10	
461	I am interested in learning about the things that (NAME) plays with when he/she is at home.		
	Does he/she plays with:  a) homemade toys (such as dolls, cars, or other toys made at home)?	YES NO DK HOMEMADE TOYS 1 2 8	
	b) toys from a shop or manufactured toys?	TOYS FROM A SHOP 1 2 8	
	c) household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?	HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS . 1 2 8	
	IF THE RESPONDENT SAYS "YES" TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE		
462	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.  On how many days in the past week was (NAME):		
	a) left alone for more than an hour ?	NUMBER OF DAYS LEFT ALONE FOR MORE THAN ANE HOUR	
	b) left in the care of another child, that is, someone less than 10 years old, for more than an hour?	NUMBER OF DAYS LEFT TO ANOTHER CHILD FOR MORE THAN AN HOUR	
	IF 'NONE', WRITE '0'. IF 'DON'T KNOW' WRITE '8'		
463	VERIFY 207 : AGE OF THE CHILD  CHILD 0, 1, OR 2  YEARS OLD  YEARS OLD		→ 501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
464	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	YES	<b>4</b> 66
465	Within the last seven days, about how many hours did (NAME) attend?	NUMER OF HOURS	
466	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME)		
	IF YES, ASK: Who engaged in this activity with (NAME)?  CIRCLE ALL THAT APPLY	NO MOT FATH OTH ONE HER ER ER	
	a) Read books to or look at picture books with (NAME)?	READ BOOKS A B X Y	
	b) Told stories to (NAME) ?	TOLD STORIES A B X Y	
	c) Sang songs to (NAME) or with (NAME), including lullabies?	SANG SONGS A B X Y	
	d) Took (NAME) outside of the home, compound, yard or enclosure?	TOOK OUTSIDE A B X Y	
	e) Played with (NAME) ?	PLAYED WITH A B X Y	
	f) Named, counted, or drew things to or with (NAME)?	NAMED/COUNTED A B X Y	

#### SECTION 5A. GENDER (ANC, INC AND PNC)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	During your pregnancy with (NAME), did your husband/partner accompany you to	YES	
	at least one antenatal counseling visit?	NO 2	
502	Who decided whether you saw anyone for ANC during your pregnancy?	RESPONDENT	
		FRIENDS/NEIGHBORS JOINTLY M OTHER N (SPECIFY)	
503	Who made the decision about where to deliver (NAME)	RESPONDENT A HUSBAND/PARTNER B RESPONDENT AND C HUSBAND/PARTNER JOINTLY RESPONDENT'S MOTHER D RESPONDENT'S MOTHER F MOTHER JOINTLY RESPONDENT'S FATHER F RESPONDENT AND G FATHER JOINTLY MOTHER-IN-LAW H RESPONDENT AND I MOTHER-IN-LAW JOINTLY FATHER-IN-LAW JOINTLY FATHER-IN-LAW JOINTLY FRIENDS/NEIGHBORS L RESPONDENT AND K FATHER-IN-LAW JOINTLY FRIENDS/NEIGHBORS L RESPONDENT AND K RESPONDENT AND K FATHER-IN-LAW JOINTLY FRIENDS/NEIGHBORS L RESPONDENT AND K RESPONDEN	
504	Some women have a person accompany them throughout labor, childbirth and after birth. This person is called a "labor companion" and is with the woman to provide support, encouragement and praise. This person is not usually a midwife, nurse or doctor. They may be a family member or friend of the woman.		
	Did you want to have a companion with you during your labor and/or delivery with (NAME)?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
05	For the birth of (NAME), did you have a birth companion present with you during your labor and/or delivery?	YES	507
506	Who was present with you during your labor and/or delivery with (NAME)? (1)	MOTHER         A           MOTHER-IN-LAW         B           SISTER         C           CHILD'S FATHER         D           OTHER FAMILY MEMBER         E           SISTER-IN-LAW         F           FRIEND/NEIGHBOR         G           TRADITIONAL BIRTH ATTENDANT         H           NO ONE         I           OTHER         X           (SPECIFY)	
507	When you were in labor with (NAME) were you able to labor in the positions you wanted?	YES	
508	When you delivered (NAME) - when (NAME) came out - were you in the position you wanted to be in?	YES	
509	Some women tell us when they give birth that they are mistreated, or treated with disrespect [while in the health facility]. We would like to know how common this problem is, so we would like to ask you your own experiences with childbirth. There are no right or wrong answers to these questions. It is only important to us that we understand your experiences. Nothing you tell us will be linked to your name, your children's names, or the ability of you or your family members to access healthcare in the future.		
	When you were in labor with, giving birth to (NAME), or immediately following the birth of (NAME) did you experience any of the following?		
	READ EACH RESPONSE SEPARATELY.  A) Slapped, pinched, or punched by a health worker or other staff?	YES NO DK A) Slapped, Pinched, Punched 1 2 8	
	B) Shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff?	B) Shouted at, Screamed at, Insulted, Scolded, Mocked 1 2 8	
510	Have you heard about any of these actions happening to other women in labor, at birth, or immediately after birth?		
	A) Slapped, pinched, or punched by a health worker or other staff?	YES NO DK A) Slapped, Pinched, Punched 1 2 8	
	B) Shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff?	B) Shouted at, Screamed at, Insulted, Scolded, Mocked 1 2 8	

### SECTION 5B. CHILD HEALTH

NO.		CODING CATEGORIES	SKIP
511	Did you and your husband/partner discuss how he could help you during your pregnancy with (NAME)?	YES	
512	Did your husband/partner want to be in the room during the birth of (NAME)	YES	
513	Did you and your husband/partner discuss his role in taking care of (NAME)?	YES	
514	Does your husband/partner help you take care of (NAME) ?	YES	
515	When (NAME) is sick, who usually makes decisions about whether s/he should be taken for care, such as whether to go see a doctor?	RESPONDENT         A           HUSBAND/PARTNER         B           RESPONDENT AND         C           HUSBAND/PARTNER JOINTLY         D           RESPONDENT'S MOTHER         D           RESPONDENT AND         E           MOTHER JOINTLY         F           RESPONDENT AND         G           FATHER JOINTLY         H           MOTHER-IN-LAW         H           RESPONDENT AND         I           MOTHER-IN-LAW JOINTLY         J           RESPONDENT AND         K           FATHER-IN-LAW JOINTLY         K           FATHER-IN-LAW JOINTLY         FRIENDS/NEIGHBORS         L           OTHER         M           (SPECIFY)	
516	Does anyone else in your household make decisions about whether to seek care for (NAME) when s/he is sick?	YES	<b>→</b> 518
517	Who else makes decisions about whether to seek care for (NAME) when s/he is sick?	RESPONDENT A HUSBAND/PARTNER B RESPONDENT'S MOTHER C RESPONDENT'S FATHER D MOTHER-IN-LAW E	
	RECORD ALL THAT APPLY.	FATHER-IN-LAW         F           FRIENDS/NEIGHBORS         G           OTHER         H           (SPECIFY)	

	I	I		
518	Who usually takes (NAME) to receive health services?	RESPONDENT	Α	
		HUSBAND/PARTNER	В	
		RESPONDENT AND	С	
		HUSBAND/PARTNER JOINTLY		
		RESPONDENT'S MOTHER	D	
		RESPONDENT AND	Е	
		MOTHER JOINTLY		
		RESPONDENT'S FATHER	F	
		RESPONDENT AND	G	
		FATHER JOINTLY		
		MOTHER-IN-LAW	Н	
		RESPONDENT AND	1	
		MOTHER-IN-LAW JOINTLY		
		FATHER-IN-LAW	J	
		RESPONDENT AND	K	
		FATHER-IN-LAW JOINTLY		
		FRIENDS/NEIGHBORS	L	
		OTHER	М	
		(SPECIFY)		
519	Does anyone else in your household take (NAME) to	YES	1	
	receive health services?	NO	2	→ 521
520	Who else takes (NAME) to receive health services?	RESPONDENT	Α	
		HUSBAND/PARTNER	В	
		RESPONDENT'S MOTHER	С	
		RESPONDENT'S FATHER	D	
		MOTHER-IN-LAW	Е	
	RECORD ALL THAT APPLY.	FATHER-IN-LAW	F	
		FRIENDS/NEIGHBORS	G	
		OTHER	Н	
		(SPECIFY)		
	l.			

### SECTION 5C. GENDER IYCF

NO.		CODING CATEGORIES	SKIP
521	Who usually makes decisions about breastfeeding	RESPONDENT	A
	your child?	HUSBAND/PARTNER E	3
	Joan Stimes	RESPONDENT AND	
		HUSBAND/PARTNER JOINTLY	
		RESPONDENT'S MOTHER	)
		RESPONDENT AND	≣
		MOTHER JOINTLY	
		RESPONDENT'S FATHER	=
		RESPONDENT AND	3
		FATHER JOINTLY	
		MOTHER-IN-LAW	-
		RESPONDENT AND	
		MOTHER-IN-LAW JOINTLY	
		FATHER-IN-LAW	
		RESPONDENT AND	
		FATHER-IN-LAW JOINTLY	`
		FRIENDS/NEIGHBORS	
		(SPECIFY)	"
		(GFECH 1)	
522	Does anyone else in your household make decisions	YES	1
	about breastfeeding your child?	NO	2 → 52
	about breastreeding your crima:		
523	Who else in your household makes decisions about	RESPONDENT	4
	breastfeeding your child?	HUSBAND/PARTNER E	3
	breastreeding your crinic:	RESPONDENT'S MOTHER	
		RESPONDENT'S FATHER	)
		MOTHER-IN-LAW E	≣
	RECORD ALL THAT APPLY.	FATHER-IN-LAW F	=
		FRIENDS/NEIGHBORS	3
		OTHER H	1
		(SPECIFY)	
524	Who usually makes decisions regarding liquids or	RESPONDENT	A
	foods (solid, semi-solid or soft foods) that your child	HUSBAND/PARTNER	3
		RESPONDENT AND (	
	eats or drinks?	HUSBAND/PARTNER JOINTLY	
		RESPONDENT'S MOTHER	)
		RESPONDENT AND	≣
		MOTHER JOINTLY	
		RESPONDENT'S FATHER	=
		RESPONDENT AND	3
		FATHER JOINTLY	
		MOTHER-IN-LAW	4 l
		RESPONDENT AND	
		MOTHER-IN-LAW JOINTLY	
		FATHER-IN-LAW	.
		RESPONDENT AND	
			`
	1	FATHER-IN-LAW JOINTLY	
		FRIENDS/NEIGHBORS L	

525	Does anyone else in your household make decisions regarding liquids or foods (solid, semi-solid or soft foods) that your child eats or drinks?	YES
526	Who else in your household makes decisions regarding liquids or foods (solid, semi-solid or soft foods) that your child eats or drinks?	RESPONDENT       A         HUSBAND/PARTNER       B         RESPONDENT'S MOTHER       C         RESPONDENT'S FATHER       D         MOTHER-IN-LAW       E
	RECORD ALL THAT APPLY.	FATHER-IN-LAW

# SECTION 5D. GENDER (GENERAL)

NO.		CODING CATEGORIES	SKIP
527	Who usually makes decisions about visits to your	RESPONDENT A	
	family or relatives?	HUSBAND/PARTNER B	
		RESPONDENT AND C	
		HUSBAND/PARTNER JOINTLY	
		RESPONDENT'S MOTHER D	
		RESPONDENT AND E	
		MOTHER JOINTLY	
		RESPONDENT'S FATHER F	
		RESPONDENT AND G	
		FATHER JOINTLY	
		MOTHER-IN-LAW H	
		RESPONDENT AND I	
		MOTHER-IN-LAW JOINTLY	
		FATHER-IN-LAW	
		RESPONDENT AND K	
		FATHER-IN-LAW JOINTLY	
		FRIENDS/NEIGHBORS L	
		OTHER M	
		(SPECIFY)	
528	Who usually makes decisions about making major	RESPONDENT A	
	household purchases?	HUSBAND/PARTNER B	
		RESPONDENT AND C	
		HUSBAND/PARTNER JOINTLY	
		RESPONDENT'S MOTHER D	
		RESPONDENT AND E	
		MOTHER JOINTLY	
		RESPONDENT'S FATHER F	
		RESPONDENT AND G	
		FATHER JOINTLY	
		MOTHER-IN-LAW H	
		RESPONDENT AND I	
		MOTHER-IN-LAW JOINTLY	
		FATHER-IN-LAW	
		RESPONDENT AND K	
		FATHER-IN-LAW JOINTLY	
		FRIENDS/NEIGHBORS L	
		OTHER M	
		(SPECIFY)	

NO.		CODING CATEGORIES		SKIP
529	Do you agree or disagree that a woman's most	AGREE	1	
	important role is to take care of her home and cook for	DISAGREE	2	
	her family?	DON'T KNOW	8	
530	Does your husband/partner help you with household	YES	1	
	chores?	NO	2	
		DON'T KNOW	8	
531	Aside from your own housework, have you done any	YES	1	
	work in the last 12 months?	NO	2	→ <sub>536</sub>
532	Are you paid in cash or in kind for this work or are you	CASH ONLY	1	
	not paid at all?	CASH AND KIND	2	
		IN KIND ONLY	3	500
		NOT PAID	4	→ 536
533	Who usually decides how the money you earn will be	RESPONDENT	Α	
	used?	HUSBAND/PARTNER	В	
		RESPONDENT AND	С	
		HUSBAND/PARTNER JOINTLY		
		RESPONDENT'S MOTHER	D	
		RESPONDENT AND	Е	
		MOTHER JOINTLY		
		RESPONDENT'S FATHER	F	
		RESPONDENT AND	G	
		FATHER JOINTLY		
		MOTHER-IN-LAW	Н	
		RESPONDENT AND	I	
		MOTHER-IN-LAW JOINTLY		
		FATHER-IN-LAW	J	
		RESPONDENT AND	K	
		FATHER-IN-LAW JOINTLY		
		FRIENDS/NEIGHBORS	L	
			М	
		(SPECIFY)		
534	Who usually keeps the money that you earn?	RESPONDENT	Α	→ 536
		HUSBAND/PARTNER	В	
		RESPONDENT'S MOTHER	С	
			D	
		MOTHER-IN-LAW	Е	
		FATHER-IN-LAW	F	
			G	
		(SPECIFY)		

NO.		CODING CATEGORIES	SKIP
535	When you get money, do you usually give all of it to	YES1	
	your (ANSWER FROM 116)?	NO 2	!
536	Who usually makes decisions about health care for	RESPONDENT A	
	yourself?	HUSBAND/PARTNER B	3
		RESPONDENT AND C	;
		HUSBAND/PARTNER JOINTLY	
		RESPONDENT'S MOTHER D	)
		RESPONDENT AND E	:
		MOTHER JOINTLY	
		RESPONDENT'S FATHER F	:
		RESPONDENT AND G	<b>;</b>
		FATHER JOINTLY	
		MOTHER-IN-LAW H	ı
		RESPONDENT AND I	
		MOTHER-IN-LAW JOINTLY	
		FATHER-IN-LAW	
		RESPONDENT AND K	
		FATHER-IN-LAW JOINTLY	
		FRIENDS/NEIGHBORS L	
		OTHER M	1
		(SPECIFY)	
537	Does anyone else in your household make decisions	YES 1	
	about health care for yourself, such as going to see a doctor?	NO 2	→ 539
538	Who else makes decisions about health care for	RESPONDENT A	
	yourself, such as going to see a doctor?	HUSBAND/PARTNER B	3
		RESPONDENT'S MOTHER C	;
		RESPONDENT'S FATHER D	,
		MOTHER-IN-LAW E	:
	RECORD ALL THAT APPLY.	FATHER-IN-LAW F	
		FRIENDS/NEIGHBORS G	;
		OTHER H	.
		(SPECIFY)	

NO.		CODING CATEGORIES	SKIP
539	Who usually makes decisions whether money can be	RESPONDENT	\
	spent on health care for your children?	HUSBAND/PARTNER E	3
		RESPONDENT ANDC	;
		HUSBAND/PARTNER JOINTLY	
		RESPONDENT'S MOTHER	)
		RESPONDENT AND E	<b>.</b>
		MOTHER JOINTLY	
		RESPONDENT'S FATHER F	=
		RESPONDENT AND	6
		FATHER JOINTLY	
		MOTHER-IN-LAW H	1
		RESPONDENT AND	
		MOTHER-IN-LAW JOINTLY	
		FATHER-IN-LAW	ı
		RESPONDENT AND	(
		FATHER-IN-LAW JOINTLY	
		FRIENDS/NEIGHBORSL	=
		OTHER N	1
		(SPECIFY)	
540	Do you usually eat at the same time as other members	YES 1	→ 542
	of the family?	NO	2
541	Compared to other members of your household, when		
	do you usually eat?	BEFORE OTHER MEMBERS EAT	<b>A</b>
		AFTER THE MALE MEMBERS EAT	3
		AFTER THE CHILDREN EAT	;
	IF WOMAN EATS AFTER OTHERS, PROBE: After	AFTER ALL OTHER MEMBERS EAT	)
	which family members do you eat?	OTHER	
	RECORD ALL THAT APPLY.	(SPECIFY)	
	IF WOMAN EATS BEFORE OTHERS, DO NOT		
	RECORD ANY OTHER RESPONSE CATEGORIES.		
542	During your last pregnancy, did you usually eat less,	LESS FOOD WHEN PREGNANT 1	
	the same, or more food than when you were not	SAME AMOUNT OF FOOD	
	pregnant?	AS WHEN NOT PREGNANT2	2
		MORE FOOD WHEN PREGNANT	3
			1

NO.	1	CODING CATEGORIES	SKIP
			Ortin
543	Have you ever been to the market? (1)	YES 1	
		NO 2	→ 545
544	Have you been to the market alone? (1)	YES 1	
		NO 2	
545	Have you ever been to the hospital/clinic/doctor? (1)	YES 1	
		NO 2	→ 547
546	Have you been to the hospital/clinic/doctor alone? (1)	YES 1	
		NO 2	
547	Have you ever gone outside the village? (1)	YES 1	
		NO 2	→ 549
548	Have you gone outside the village alone? (1)	YES 1	
		NO 2	
549	In your opinion, is a husband justified in hitting or		
	beating his wife/partner in the following situations:		
	A. If she goes out without telling him?	YES 1	
	A. Il she goes out without telling film?	NO	
		DON'T KNOW 8	
	B. If she neglects the children?	YES 1	
		NO 2	
		DON'T KNOW 8	
	C. If she argues with him?	YES 1	
		NO 2	
		DON'T KNOW 8	
	D. If she burns the food?	YES 1	
	D. II die build the food:	NO	
		DON'T KNOW 8	
		NEO.	
	E. If she refuses to have sex with him?	YES 1	
		DON'T KNOW 8	
		8	<u> </u>

NO.		CODING CATEGORIES	SKIP
550	In your opinion, do other women in your community		
	feel that a husband is justified in hitting or beating his		
	wife/partner in the following situations:		
	A. If she goes out without telling him?	YES 1	
		NO 2	
		DON'T KNOW 8	
	B. If she neglects the children?	YES 1	
		NO 2	
		DON'T KNOW 8	
	C. If she argues with him?	YES 1	
		NO 2	
		DON'T KNOW 8	
	D. If she burns the food?	YES 1	
		NO 2	
		DON'T KNOW 8	
	E. If she refuses to have sex with him?	YES 1	
		NO 2	
		DON'T KNOW 8	

### SECTION 5E. GENDER (GEM SCALE)

PRESENT	NO.	QUESTIONS AND FILTERS	COL	DING CATEGO	RIES	SKIP
A) Children <10	541	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT	PRESENT/	PRESENT	NOT	
A) Children < 10		LISTENING, OR NOT PRESENT)	LISTEN	BUT NOT	PRESENT	
B) Hubband				LISTEN		
C) Other nailes		A) Children <10	1	2	3	ļ
D) Other females		B) Husband	1	2	3	
AGREE   PARTIALLY   DO NOT   AGREE		C) Other males	1	2	3	
AGREE   AGREE		D) Other females	1	2	3	
A) There are times when a woman derserves to be beaten  8) A woman should tolerate violence to keep her family together  1) 2 3  C) It is airlight for a man to beat his wife if she is unfaithful.  1) A man can hit his wife if she won't have sex with him  1) 2 3  E) if someone insults a man, he should defend his reputation with force if he has to  1) A man using violence against his wife is a private matter that shouldin't be discussed outside the couple  543  Sexual relationships  AGREE PARTIALLY DO NOT AGREE AGREE  A) It is the man who decides what type of sex to have  1) 2 3  B) Men are always ready to have sex  1) 2 3  C) Men need sex more than woman do  1) A man needs other women even if things with his wife are line  E) You don't talk about sex, you just do it  F) It disguists me when I see a man acting like a woman  1) A woman should not initiate sex  1) 2 3  3) A woman should not initiate sex  1) 2 3  544  Reproductive Health and Disease Prevention  AGREE PARTIALLY DO NOT AGREE  A) Women who carry condoms on them are essay  2) Men should be outraged if their wives ask them to use a condom  2) It is a woman's responsibility to avoid getting pregnant  3) Only when a woan has a child is she a real woman  2) Only when a woan has a child is she a real woman  2) Only when a woan has a child is she a real woman  3) A changing dispers, giving a bath, and feeding kids is the mother's responsibility  4) A changing dispers, giving a bath, and feeding kids is the mother's responsibility  2) A woman's role is taking care of her home and family  2) A woman's role is taking care of her home and family  3) A man should have the final word about decisions in his home  1) 2 3  3) A man should have the final word about decisions in his home  1) 2 3  3) A man should have the final word about decisions in his home  1) 2 3	542	Violence	AGREE	PARTIALLY	DO NOT	
B) A woman should tolerate violence to keep her family together  C) it is alright for a man to beat his wife if she is unfaithful.  D) A man can hit his wife if she won't have sex with him  E) if someone insults a man, he should defend his reputation with force if he has to  E) if someone insults a man, he should defend his reputation with force if he has to  F) A man using violence against his wife is a private matter that shouldn't be discussed outside the couple  Sexual relationships  AGREE PARTIALLY DO NOT AGREE AGREE  A) it is the man who decides what type of sex to have  B) Men are always ready to have sex  C) Men need sex more than woman do  D) A man needs other women even if things with his wife are fine  E) You don't talk about sex, you just do it  F) It disgusts me when I see a man acting like a woman  G) A woman should not initiate sex  1) 2 3  T) A woman who has sex before she marries does not deserve respect  AGREE PARTIALLY DO NOT AGREE AGREE  A) Women who carry condoms on them are essay  1) 2 3  Solution of talk about sex. Agree the marries does not deserve respect  A) Women who carry condoms on them are essay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woman has child is she a real woman  E) A real man produces a male child  D) Conly when a woman has a child is she a real woman  E) A real man produces a male child  D) Conly when a woman has a child is she a real woman  E) A real man produces a male child  D) Changing dispers, giving a bath, and feeding kids is the mother's responsibility  AGREE PARTIALLY DO NOT AGREE  A) Changing dispers, giving a bath, and feeding kids is the mother's responsibility  A) A woman's role is talking care of her home and family  C) The husband should have the final word about decisions in his home  1) 2 3  D) A man should have the final word about decisions in his home  1) 2 3				AGREE	AGREE	ļ
C) it is alright for a man to best his wife if she is unfaithful.		A) There are times when a woman derserves to be beaten	1	2	3	ļ
D  A man can hit his wife if she won't have sex with him		B) A woman should tolerate violence to keep her family together	1	2	3	
E) If someone insults a man, he should defend his reputation with force if he has to   1		C) It is alright for a man to beat his wife if she is unfaithful.	1	2	3	
F) A man using violence against his wife is a private matter that shouldn't be discussed outside the couple  543 Sexual relationships  AGREE PARTIALLY DO NOT AGREE AGREE  A) It is the man who decides what type of sex to have  1 2 3  B) Men are always ready to have sex  C) Men need sex more than woman do  1 2 3  C) Men need sex more than woman do  D) A man needs other women even if things with his wife are fine  E) You don't talk about sex, you just do it  F) It disgusts me when I see a man acting like a woman  G) A woman should not initiate sex  H) A woman who has sex before she marries does not deserve respect  544 Reproductive Health and Disease Prevention  AGREE PARTIALLY DO NOT AGREE  A) Women who carry condoms on them are esay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  545 Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing dispers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  S) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		D) A man can hit his wife if she won't have sex with him	1	2	3	
Sexual relationships		E) If someone insults a man, he should defend his reputation with force if he has to	1	2	3	
Sexual relationships		F) A man using violence against his wife is a private matter that shouldn't be discussed outside the	1	2	3	
AGREE   AGREE		<u> </u>				
A) It is the man who decides what type of sex to have  B) Men are always ready to have sex  C) Men need sex more than woman do  D) A man needs other women even if things with his wife are fine  E) You don't talk about sex, you just do it  E) You don't talk about sex, you just do it  F) It disgusts me when I see a man acting like a woman  G) A woman should not initiate sex  H) A woman who has sex before she marries does not deserve respect  AGREE PARTIALLY DO NOT AGREE  A) Women who carry condoms on them are esay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  545  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE  A) Changing dispers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3	543	Sexual relationships	AGREE			
B) Men are always ready to have sex		A) It is the man who decides what time of say to have	4			ļ
C) Men need sex more than woman do  D) A man needs other women even if things with his wife are fine  E) You don't talk about sex, you just do it  E) You don't talk about sex, you just do it  F) It disgusts me when I see a man acting like a woman  G) A woman should not initiate sex  H) A woman who has sex before she marries does not deserve respect  AGREE PARTIALLY DO NOT AGREE AGREE  A) Women who carry condoms on them are esay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  545  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  546  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3						ļ
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E) You don't talk about sex, you just do it  F) It disgusts me when I see a man acting like a woman  1 2 3  G) A woman should not initiate sex  1 2 3  H) A woman who has sex before she marries does not deserve respect  1 2 3  544  Reproductive Health and Disease Prevention  AGREE PARTIALLY DO NOT AGREE AGREE  A) Women who carry condoms on them are esay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  545  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		C) Men need sex more than woman do	1	2	3	
F) It disgusts me when I see a man acting like a woman  G) A woman should not initiate sex  H) A woman who has sex before she marries does not deserve respect  1 2 3  544  Reproductive Health and Disease Prevention  AGREE PARTIALLY DO NOT AGREE AGREE  A) Women who carry condoms on them are esay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  1 2 3  545  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		D) A man needs other women even if things with his wife are fine	1	2	3	
G) A woman should not initiate sex H) A woman who has sex before she marries does not deserve respect 1 2 3  Feproductive Health and Disease Prevention AGREE PARTIALLY DO NOT AGREE AGREE A) Women who carry condoms on them are esay B) Men should be outraged if their wives ask them to use a condom C) It is a woman's responsibility to avoid getting pregnant D) Only when a woan has a child is she a real woman E) A real man produces a male child 1 2 3  E) A real man produces a male child AGREE PARTIALLY DO NOT AGREE A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility AGREE AGREE A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility C) The husband should decide to buy the major household items D) A man should have the final word about decisions in his home		E) You don't talk about sex, you just do it	1	2	3	
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Reproductive Health and Disease Prevention  AGREE PARTIALLY DO NOT AGREE AGREE  A) Women who carry condoms on them are esay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  1 2 3  545  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  B) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  D) A man should have the final word about decisions in his home		G) A woman should not initiate sex	1	2	3	
AGREE AGREE  A) Women who carry condoms on them are esay  B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  1 2 3  E) A real man produces a male child  1 2 3  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home		H) A woman who has sex before she marries does not deserve respect	1	2	3	
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B) Men should be outraged if their wives ask them to use a condom  C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  1 2 3  E) A real man produces a male child  The state of the						
C) It is a woman's responsibility to avoid getting pregnant  D) Only when a woan has a child is she a real woman  E) A real man produces a male child  1 2 3  E) A real man produces a male child  1 2 3  545  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  C) The husband should decide to buy the major household items  D) A man should have the final word about decisions in his home  1 2 3		A) Women who carry condoms on them are esay	1	2	3	
D) Only when a woan has a child is she a real woman  E) A real man produces a male child  1 2 3  545  Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  1 2 3  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		B) Men should be outraged if their wives ask them to use a condom	1	2	3	
E) A real man produces a male child  1 2 3  545 Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  1 2 3  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		C) It is a woman's responsibility to avoid getting pregnant	1	2	3	
Domestic chores and daily life  AGREE PARTIALLY DO NOT AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  1 2 3  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		D) Only when a woan has a child is she a real woman	1	2	3	
AGREE AGREE  A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  1 2 3  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		E) A real man produces a male child	1	2	3	
A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility  1 2 3  B) A woman's role is taking care of her home and family  1 2 3  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3	545	Domestic chores and daily life	AGREE	PARTIALLY	DO NOT	
B) A woman's role is taking care of her home and family  1 2 3  C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3				AGREE	AGREE	
C) The husband should decide to buy the major household items  1 2 3  D) A man should have the final word about decisions in his home  1 2 3		A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility	1	2	3	
D) A man should have the final word about decisions in his home 1 2 3		B) A woman's role is taking care of her home and family	1	2	3	
		C) The husband should decide to buy the major household items	1	2	3	
E) A woman should obey her husband in all things 1 2 3		D) A man should have the final word about decisions in his home	1	2	3	
· · · · · · · · · · · · · · · · · · ·		E) A woman should obey her husband in all things	1	2	3	

# SECTION 6. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Do you currently smoke cigarettes?	YES	603
602	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES	
603	Do you currently smoke or use any (other) type of tobacco?	YES	605
604	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE/CIGAR/CHEROOT A CHEWING TOBACCO B SNUFF C	
		OTHER X (SPECIFY)	
605	Do you currently chew betel nuts?	YES	607
606	In the last 24 hours, how many pieces did you chew?	NUMBER OF PIECES	
607	Have you ever heard of an illness called tuberculosis or TB?	YES	612
608	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  [CIRCLE ALL MENTIONED]	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSILS B BY TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X SPECIFY DON'T KNOW Z	
609	Can tuberculosis be cured?	YES	611
610	What is the duration of treatment of TB now a days?  [IF MORE THAN 7 MONTHS, RECORD 7]	MONTHS	
611	Have you ever been told by a doctor/nurse or other health workers that you have/ had tuberculosis?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Many different factors can prevent women from getting medical		
	advice or treatment for themselves. When you are sick and want to	BIG NOT A BIG	
	get medical advice or treatment, is each of the following a big	PROB- PROB-	
	problem or not?	LEM LEM	
	Getting permission to go to the doctor?	PERMISSION TO GO 1 2	
	Getting money needed for advice or treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
613	Are you covered by any health insurance?	YES	701
614	What type of health insurance are you covered by?	MUTUAL HEALTH ORGANIZATION/	
	DECORD ALL MENTIONED	COMMUNITY-BASED HEALTH	
	RECORD ALL MENTIONED.	INSURANCE A	
		HEALTH INSURANCE THROUGH	
		EMPLOYER B	
		SOCIAL SECURITY C	
		OTHER PRIVATELY PURCHASED	
		COMMERCIAL HEALTH INSURANCE D	
		OTHERX	
		(SPECIFY)	

### SECTION 7. MATERNAL MORTALITY

NO.						CODING CA	TEGORIES		SKIP
701	and sisters, that is including those wh	o ask you some ques s, all of the children b no are living with you ied. How many childr	orn to your natural i	mother, here and		IBER OF BIRTHS 1 URAL MOTHER	ro		
702	CHECK 701: TWO OR N	MORE BIRTHS	] (RI	ONLY O		1 1			<b>→</b> 714
703	How many births of	did your mother have	before you were be	orn?		IBER OF CEDING BIRTHS			
704	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3	)	(4)	(5)		(6)
705	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE FEMAL	1 E 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2		ALE 1 EMALE 2
706	Is (NAME) still alive?	YES 1 NO 2 GO TO 708 <sup>4</sup> DK 8 GO TO (2) <sup>4</sup>	YES 1 NO 2 GO TO 708 DK 8 GO TO (3)	DK	. 2 708 <b>~]</b>	YES 1 NO 2 GO TO 708 DK 8 GO TO (5)	YES 1 NO 2 GO TO 708 DK 8 GO TO (6)	NC G DF	SS 1 D 2 O TO 708 C 8 GO TO (7)
707	How old is (NAME)?	GO TO (2)	GO TO (3)	GO T	O (4)	GO TO (5)	GO TO (6)		GO TO (7)
708	How many years ago did (NAME) die?								
709	How old was (NAME) when he/she died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	IF MALI DIED B 12 YEA OF AGI GO TO	EFORE RS	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	DII 12 OF	MALE OR ED BEFORE YEARS FAGE D TO (7)
710	Was (NAME) pregnant when she died?	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 NO 2	YES GO TO NO	713	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713* NO 2	G	O TO 713
711	Did (NAME) die during childbirth?	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 NO 2	YES GO TO NO	713	YES 1 GO TO 713 NO 2	YES 1 GO TO 713 NO 2	G	O TO 713 O
712	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES NO		YES 1 NO 2	YES 1 NO 2		ES 1 D 2
713	How many live born children did (NAME) give birth to during her lifetime?								

704	What was the name given to your oldest (next	(7)	(8)	(9)	(10)	(11)	(12)
	oldest) brother or sister?						
705	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
706	Is (NAME) still alive?	YES 1 NO 2 GO TO 708 DK 8 GO TO (8)	YES 1 NO 2 GO TO 708 DK 8 GO TO (9)	YES 1 NO 2 GO TO 708 DK 8 GO TO (10)	YES 1 NO 2 GO TO 708 DK 8 GO TO (11)	YES 1 NO 2 GO TO 708 DK 8 GO TO (12)	YES 1 NO 2 GO TO 708 DK 8 GO TO (13)
707	How old is (NAME)?	GO TO (8)	GO TO (9)	GO TO (10)	GO TO (11)	GO TO (12)	GO TO (13)
708	How many years ago did (NAME) die?						
709	How old was (NAME) when he/she died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
710	Was (NAME) pregnant when she died?	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 NO 2	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 <sup>4</sup> NO 2
711	Did (NAME) die during childbirth?	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 71 <del>3</del> NO 2	YES 1 GO TO 713 NO 2	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 <sup>4</sup> NO 2	YES 1 GO TO 713 <sup>4</sup> NO 2
712	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
713	How many live born children did (NAME) give birth to during her lifetime?						
		OTHERS OR SISTER	RS, GO TO Q714				
714	RECORD THE TI	ME.		Н	OUR		
				М	INUTES		

#### SECTION 1. RESPONDENT'S BACKGROUND

	<u> </u>	**************************************	
INTRODU	JCTION AND CONSENT		
INFORI	MED CONSENT		
survey selected shared question In case househ	abar. My name is I a about health all over Myanmar. The information we collect will help the ad for the survey. The questions usually take about 20 minutes. All of the with anyone other than members of our survey team. You don't have to one since your views are important. If I ask you any question you don't we you need more information about the survey, you may contact the personald.	e government to plan health services. Your houseline answers you give will be confidential and will not obe in the survey, but we hope you will agree to arwant to answer, just let me know and I will go on to	hold was of be nswer the the next
SIGNA	TURE OF INTERVIEWER:	DATE:	
RESPC	ONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT	T DOES NOT AGREE TO BE INTERVIEWED	2→ END
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR	
102	CHECK HH Q8:  GRADE 5  GRADE 6  OR LOWER OR HIGHER		

Do you read a newspaper or magazine, at least once a week, less

Do you listen to the radio, at least once a week, less than once a

Do you watch television, at least once a week, less than once a

than once a week or not at all?

week or not at all?

week or not at all?

Do you have a hand phone?

What type of handset are you using?

What operator are you using now?

Do you usually use internet?

Do you have a social network account?

Which social network are you currently using?

If more than one social network, circle all the responses.

104

105

106

107

108

109

110

111

**→**104

109

201

201

AT LEAST ONCE A WEEK .....

LESS THAN ONCE A WEEK ......

 NOT AT ALL
 3

 AT LEAST ONCE A WEEK
 1

LESS THAN ONCE A WEEK ..... 2

NOT AT ALL ..... 3

AT LEAST ONCE A WEEK ..... 1

LESS THAN ONCE A WEEK ..... 2

NOT AT ALL ..... 3

YES ......1 NO......2

KEYPAD .....1

YES .....1

NO.....2

YES .....1

NO.....2

FACEBOOK/MESSENGER......1

# SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	How old is your (youngest) child?	AGE IN YEARS	
202	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD		
	(NAME OF (YOUNGEST) CHILD)		
203	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES	206
204	Were you ever present during any of those antenatal check-ups?	PRESENT         1           NOT PRESENT         2	
205	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER	
206	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL         1           ABOUT THE SAME         2           LESS THAN USUAL         3           NOTHING TO DRINK         4           DON'T KNOW         8	

### SECTION 3. GENDER

NO.		CODING CATEGORIES	SKIP
301	Who usually makes decisions about visits to your	RESPONDENT	A
	wife/partner's family or relatives?	WIFE/PARTNER	В
	, ,	RESPONDENT AND	С
		WIFE/PARTNER JOINTLY	_
		WIFE'S MOTHER WIFE AND WIFE'S	D
		MOTHER JOINTLY	
			F
		WIFE AND WIFE'S	G
		FATHER JOINTLY	
		RESPONDENT'S MOTHER	
		RESPONDENT AND	1
		MOTHER JOINTLY	
		RESPONDENT AND	· ·
		FATHER JOINTLY	
		FRIENDS/NEIGHBORS	L
		OTHER	М
		(SPECIFY)	
302	Who usually makes decisions about what food to buy	RESPONDENT	
	for family meals?	WIFE/PARTNER	
		RESPONDENT AND	С
		WIFE/PARTNER JOINTLY	
		WIFE'S MOTHER	D
		WIFE AND WIFE'S	E
		MOTHER JOINTLY	
		WIFE'S FATHER	F
		WIFE AND WIFE'S	G
		FATHER JOINTLY	
		RESPONDENT'S MOTHER	Н
		RESPONDENT AND	I
		MOTHER JOINTLY	
		RESPONDENT'S FATHER	J
		RESPONDENT AND	K
		FATHER JOINTLY	
		FRIENDS/NEIGHBORS	L
		OTHER	М
		(SPECIFY)	
303	Who usually makes decisions about making major	RESPONDENT	
	household purchases?	WIFE/PARTNER	
		WIFE/PARTNER JOINTLY	
			D
		WIFE AND WIFE'S	E
		MOTHER JOINTLY	
		WIFE'S FATHER	F
		WIFE AND WIFE'S	G
		FATHER JOINTLY	
		RESPONDENT'S MOTHER	
		MOTHER JOINTLY	1
			J
		RESPONDENT AND	-
		FATHER JOINTLY	
		FRIENDS/NEIGHBORS	
		OTHER(SPECIFY)	M
204	B	, , ,	4
304	Do you agree or disagree that a woman's most		1 2
	important role is to take care of her home and cook for		
	her family?	DON'T KNOW	8

NO.		CODING CATEGORIES		SKIP
305	Do you help you with household chores?	YES	1	
		NO	2	
		DON'T KNOW	8	
306	Who usually decides how the money your wife/partner	RESPONDENT	Α	
	earns will be used?	WIFE/PARTNER	В	
	earns will be used:	RESPONDENT AND	С	
		WIFE/PARTNER JOINTLY		
		WIFE'S MOTHER	D	
		WIFE AND WIFE'S	Ε	
		MOTHER JOINTLY		
		WIFE'S FATHER	F	
		WIFE AND WIFE'S		
		FATHER JOINTLY		
		RESPONDENT'S MOTHER		
		MOTHER JOINTLY		
		RESPONDENT'S FATHER	J	
		RESPONDENT AND	-	
		FATHER JOINTLY		
		FRIENDS/NEIGHBORS		
		OTHER	М	
		(SPECIFY)		
307	Who usually keeps the money that your wife/partner	RESPONDENT	Α	→ 309
	earns?	WIFE/PARTNER	В	
		RESPONDENT'S MOTHER	С	
		RESPONDENT'S FATHER	D	
		MOTHER-IN-LAW	Е	
		FATHER-IN-LAW	F	
		OTHER	G	
		(SPECIFY)		
808	When your wife/partner gets money, does she usually	YES	1	
	give all of it to (ANSWER FROM 116)?	NO	2	
309	Who usually makes decisions about health care for	RESPONDENT	Α	
	your wife/partner?	WIFE/PARTNER		
	you me/partier:	RESPONDENT AND		
		WIFE/PARTNER JOINTLY		
		WIFE'S MOTHER	D	
		WIFE AND WIFE'S	Е	
		MOTHER JOINTLY		
		WIFE'S FATHER	F	
		WIFE AND WIFE'S	G	
		FATHER JOINTLY		
		RESPONDENT'S MOTHER	Н	
		RESPONDENT AND	ı	
		MOTHER JOINTLY		
		RESPONDENT'S FATHER	J	
		RESPONDENT AND	K	
		FATHER JOINTLY		
		FRIENDS/NEIGHBORS	L	
		OTHER	М	

NO.		CODING CATEGORIES	SKIP
310	Who makes the decision about how many children you	RESPONDENT	Α
510		WIFE/PARTNER	
	should have?	RESPONDENT AND	
		WIFE/PARTNER JOINTLY	ŭ
		WIFE'S MOTHER	D
		WIFE AND WIFE'S	-
		MOTHER JOINTLY	-
		WIFE'S FATHER	F
		WIFE AND WIFE'S	•
		FATHER JOINTLY	9
		RESPONDENT'S MOTHER	н
		RESPONDENT AND	
		MOTHER JOINTLY	'
		RESPONDENT'S FATHER	.1
		RESPONDENT AND	•
		FATHER JOINTLY	K
			M
		(SPECIFY)	IVI
			_
311	Did you and yourwife/partner discuss how you could	YES	
	help her during her pregnancy with (NAME)?	NO	2
		DON'T KNOW	8
312	Did you and your wife/partner discuss your role in	YES	1
	taking care of (NAME)?	NO	2
		DON'T KNOW	8
313	Do you help you take care of (NAME) ?	YES	1
0.0		NO	
314	Who usually makes decisions whether money can be	RESPONDENT	
	spent on health care for your children?	WIFE/PARTNER	
		RESPONDENT AND	C
		WIFE/PARTNER JOINTLY	_
		WIFE'S MOTHER	D
		WIFE AND WIFE'S	E
		MOTHER JOINTLY	_
		WIFE'S FATHER	F
		WIFE AND WIFE'S	G
		FATHER JOINTLY	
		RESPONDENT'S MOTHER	
		RESPONDENT AND	1
		MOTHER JOINTLY	. [
		RESPONDENT'S FATHER	J
		RESPONDENT AND	К
		FATHER JOINTLY	
		FRIENDS/NEIGHBORS	L
		OTHER	M
	i	(SPECIFY)	i

Э.		CODING CATEGORIES	
	When (NAME) is sick, who usually makes decisions	RESPONDENT	۸
15	, , ,	WIFE/PARTNER	
	about whether s/he should be taken for care, such as	RESPONDENT AND	
	whether to go see a doctor?	WIFE/PARTNER JOINTLY	
		WIFE'S MOTHER	
		WIFE AND WIFE'S	
		MOTHER JOINTLY	
		WIFE'S FATHER	
		WIFE AND WIFE'S	
		FATHER JOINTLY	
		RESPONDENT'S MOTHER	
		RESPONDENT AND	
		MOTHER JOINTLY	
		RESPONDENT'S FATHER	J
		RESPONDENT AND	
		FATHER JOINTLY	
		FRIENDS/NEIGHBORS	L
		OTHER	M
		(SPECIFY)	
	Who usually makes decisions about whether (NAME)	RESPONDENT	A
	gets immunizations?	WIFE/PARTNER	В
	goto inimumzationo.	RESPONDENT AND	С
		WIFE/PARTNER JOINTLY	
		WIFE'S MOTHER	D
		WIFE AND WIFE'S	E
		MOTHER JOINTLY	
		WIFE'S FATHER	F
		WIFE AND WIFE'S	
		FATHER JOINTLY	
		RESPONDENT'S MOTHER	
		RESPONDENT AND	
		MOTHER JOINTLY	
		RESPONDENT'S FATHER	 J
		RESPONDENT AND	-
		FATHER JOINTLY	
		FRIENDS/NEIGHBORS	
		OTHER	M
7	MATERIA STATE OF THE STATE OF T	(SPECIFY)	
	Who usually takes (NAME) to receive health services?	RESPONDENT	
		WIFE/PARTNER	
		RESPONDENT AND	
		WIFE/PARTNER JOINTLY	
		WIFE'S MOTHER	
		WIFE AND WIFE'S	
		MOTHER JOINTLY	
		WIFE'S FATHER	F
		WIFE AND WIFE'S	
		FATHER JOINTLY	
		RESPONDENT'S MOTHER	Н
		RESPONDENT AND	1
		MOTHER JOINTLY	
		RESPONDENT'S FATHER	J
		RESPONDENT AND	K
		FATHER JOINTLY	
		FRIENDS/NEIGHBORS	
		OTHER	
		(SPECIFY)	

NO.		CODING CATEGORIES		SKIP
318	Who usually makes decisions about breastfeeding your	RESPONDENT	Α	
	child?	WIFE/PARTNER		
	Gilla:	RESPONDENT AND	С	
		WIFE/PARTNER JOINTLY		
		WIFE'S MOTHER	D	
		WIFE AND WIFE'S	Е	
		MOTHER JOINTLY		
		WIFE'S FATHER	F	
		WIFE AND WIFE'S	G	
		FATHER JOINTLY		
		RESPONDENT'S MOTHER	Н	
		RESPONDENT AND	1	
		MOTHER JOINTLY		
		RESPONDENT'S FATHER	J	
		RESPONDENT AND	K	
		FATHER JOINTLY		
		FRIENDS/NEIGHBORS	L	
		OTHER	М	
		(SPECIFY)		
319	Who usually makes decisions regarding liquids or foods	RESPONDENT		
	(solid, semi-solid or soft foods) that your child eats or	WIFE/PARTNER	В	
	drinks?	RESPONDENT AND	С	
	dilliko.	WIFE/PARTNER JOINTLY		
			D	
		WIFE AND WIFE'S	E	
		MOTHER JOINTLY		
		WIFE'S FATHER	F	
		WIFE AND WIFE'S	G	
		FATHER JOINTLY		
		RESPONDENT'S MOTHER	Н	
		RESPONDENT AND	1	
		MOTHER JOINTLY		
		RESPONDENT'S FATHER	J	
		RESPONDENT AND	K	
		FATHER JOINTLY		
		FRIENDS/NEIGHBORS	L	
			M	
		(SPECIFY)		
320	Does your wife/partner usually eat at the same time as	YES	1	→ 322
	other members of the family?	NO	2	
321	Compared to other members of your household, when			_
	does your wife/partners usually eat?	BEFORE OTHER MEMBERS EAT	Α	
		AFTER THE MALE MEMBERS EAT	В	
	IF WOMAN EATS AFTER OTHERS, PROBE: After	AFTER THE CHILDREN EAT	С	
	which family members do you eat?	AFTER ALL OTHER MEMBERS EAT	D	
	· • • • • • • • • • • • • • • • • • • •	OTHER	Е	
	RECORD ALL THAT APPLY.	(SPECIFY)		
	IF WOMAN EATS BEFORE OTHERS, DO NOT			
	II WOMPIN ENTO BET ONE OTHERO, BOTTOT			

NO.		CODING CATEGORIES	SKIP
322	In your opinion, is a husband justified in hitting or		
	beating his wife/partner in the following situations:		
	A. If she goes out without telling him?	YES 1	
		NO 2	
		DON'T KNOW 8	
	B. If she neglects the children?	YES 1	
		NO 2	
		DON'T KNOW 8	
	C. If she argues with him?	YES 1	
		NO	
		DON I KNOW 6	
	D. If she burns the food?	YES 1	
		NO 2	
		DON'T KNOW 8	
	E. If she refuses to have sex with him?	YES 1	
		NO 2	
		DON'T KNOW 8	
323	In your opinion, do other women in your community feel		
	that a husband is justified in hitting or beating his		
	A. If she goes out without telling him?	YES 1	
	A. If she goes out without telling fillin:	NO 2	
		DON'T KNOW 8	
	B. If she neglects the children?	YES 1	
		NO 2	
		DON'T KNOW 8	
	C. If she argues with him?	YES	
		DON'T KNOW 8	
		DOIN I KINOW 6	
	D. If she burns the food?	YES 1	
		NO 2	
		DON'T KNOW 8	
	E. If she refuses to have sex with him?	YES 1	
		NO	
		DON'T KNOW 8	1

#### SECTION 5. GENDER (GEM SCALE)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
324	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT	PRESENT/	PRESENT	NOT	
	LISTENING, OR NOT PRESENT)	LISTEN	BUT NOT	PRESENT	
			LISTEN		
	A) Children <10	1	2	3	
	B) Husband	1	2	3	
	C) Other males	1	2	3	
	D) Other females	1	2	3	
325	Violence	AGREE	PARTIALLY	DO NOT	
			AGREE	AGREE	
	A) There are times when a woman derserves to be beaten	1	2	3	
	B) A woman should tolerate violence to keep her family together	1	2	3	
	C) It is alright for a man to beat his wife if she is unfaithful.	1	2	3	
	D) A man can hit his wife if she won't have sex with him	1	2	3	
	E) If someone insults a man, he should defend his reputation with force if he has to	1	2	3	
	F) A man using violence against his wife is a private matter that shouldn't be discussed outside the	1	2	3	
	couple				
326	Sexual relationships	AGREE	PARTIALLY	DO NOT	
			AGREE	AGREE	
	A) It is the man who decides what type of sex to have	1	2	3	
	B) Men are always ready to have sex	1	2	3	ļ
	C) Men need sex more than woman do	1	2	3	ļ
	D) A man needs other women even if things with his wife are fine	1	2	3	
	E) You don't talk about sex, you just do it	1	2	3	ļ
	F) It disgusts me when I see a man acting like a woman	1	2	3	ļ
	G) A woman should not initiate sex	1	2	3	ļ
	H) A woman who has sex before she marries does not deserve respect	1	2	3	
327	Reproductive Health and Disease Prevention	AGREE	PARTIALLY	DO NOT	
			AGREE	AGREE	
	A) Women who carry condoms on them are esay	1	2	3	
	B) Men should be outraged if their wives ask them to use a condom	1	2	3	
	C) It is a woman's responsibility to avoid getting pregnant	1	2	3	
	D) Only when a woan has a child is she a real woman	1	2	3	
	E) A real man produces a male child	1	2	3	ļ
328	Domestic chores and daily life	AGREE	PARTIALLY	DO NOT	
			AGREE	AGREE	ļ
	A) Changing diapers, giving a bath, and feeding kids is the mother's responsibility	1	2	3	ļ
	B) A woman's role is taking care of her home and family	1	2	3	
	C) The husband should decide to buy the major household items	1	2	3	
	D) A man should have the final word about decisions in his home	1	2	3	
	E) A woman should obey her husband in all things	1	2	3	
	,,	·		*	

### SECTION 4. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	ŞKIP
401	Do you currently smoke cigarettes?	YES	<b>→</b> 403
402	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES	
403	Do you currently smoke or use any (other) type of tobacco?	YES	→ 405
404	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE/CIGAR/CHEROOT         A           CHEWING TOBACCO         B           SNUFF         C           OTHER         X           (SPECIFY)	
405	Have you ever heard of an illness called tuberculosis or TB?	YES	<b>→</b> 410
406	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  [CIRCLE ALL MENTIONED]	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSILS B BY TOUCHING A PERSON WITH TB . C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X SPECIFY	
407	Can tuberculosis be cured?	DON'T KNOW         Z           YES         1           NO         2           DON'T KNOW         8	1 409
408	What is the duration of treatment of TB now a days?  [IF MORE THAN 7 MONTHS, RECORD 7]	MONTHS	
409	Have you ever been told by a doctor or nurse or LHV that you have/ had tuberculosis?	YES	<u></u>
410	Are you covered by any health insurance?	YES	<b>→</b> 412
411	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE	3
412	RECORD THE TIME.	HOUR	