



Essential Health Baseline

Tool for household assessment

Baseline Survey for Community
HOUSEHOLD QUESTIONNAIRE

Essential Health

IDENTIFICATION														
STATE/REGION _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
DISTRICT														
TOWNSHIP/SUB-TOWNSHIP														
WARD/VILLAGE TRACT _____														
HOUSEHOLD NUMBER														
NAME OF HOUSEHOLD HEAD _____														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table> MONTH <table border="1" style="width: 20px; height: 20px;"></table> YEAR <table border="1" style="width: 20px; height: 20px;"></table>										
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="width: 20px; height: 20px;"></table>										
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>										
*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 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>										
LANGUAGE OF INTERVIEW	MYANMAR 1	ENGLISH 2	OTHER 6 _____	TRANSLATOR USED? YES NO 1 2										
NATIVE LANGUAGE OF RESPONDENT	1	2	6 _____											

INTRODUCTION AND CONSENT

Mingalabar. My name is _____. I am working with Essential Health Project. 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 members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END
↓

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 15 OR	IF AGE 5 YRS OR	IF AGE 5-24 YRS		
					MARITAL STATUS	EVER ATTENDED SCHOOL	CURRENT / RECENT SCHOOL ATTENDANCE		
1	2	3	4	5	6	7	8	9	10
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.	What is the relationship of (NAME) to the head of household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME)? IF 95 OR MORE, RECORD '95'	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER MARRIED AND NEVER LIVE TOGETHER	Has (NAME) ever attended school?	What is the highest grade (NAME) completed at school? SEE CODES BELOW.	Did (NAME) attend school at any time during the last/ current school year?	During this/ that school year, what grade (is/ was) (NAME) attending? SEE CODES BELOW.
01		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	Y N 1 2 NEXT LINE ↓	GRADE <input type="text"/>	Y N 1 2 NEXT LINE ↓	GRADE <input type="text"/>
02		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
03		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
04		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
05		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
06		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
07		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
09		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

CODES FOR Qs. 8 AND 10: EDUCATION

GRADE
00 = LESS THAN GRADE 1 COMPLETED
01-11 = GRADE 1 - GRADE 11
12 = HIGH SCHOOL AND ABOVE
13 = VOCATIONAL EDUCATION
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	IF AGE 15 OR	IF AGE 5 YRS OR	IF AGE 5-24 YRS		
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11		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	Y N 1 2 NEXT LINE ↓	GRADE <input type="text"/>	Y N 1 2 NEXT LINE ↓	GRADE <input type="text"/>
12		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
13		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
14		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
15		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
16		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
17		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
18		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
19		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>
20		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>	1 2 NEXT LINE ↓	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES → ADD TO TABLE

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES → ADD TO TABLE

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES → ADD TO TABLE

CODES FOR Qs. 8 AND 10: EDUCATION, Please see Page ()

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD, Please see Page ()

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 110																																																			
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																																			
109	How many households in total use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																				
110	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>BASIC MOBILE PHONE</td><td>1</td><td>2</td></tr> <tr><td>SMART PHONE</td><td>1</td><td>2</td></tr> <tr><td>LANDLINE PHONE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>TABLE</td><td>1</td><td>2</td></tr> <tr><td>CHAIR</td><td>1</td><td>2</td></tr> <tr><td>SOFA</td><td>1</td><td>2</td></tr> <tr><td>BED</td><td>1</td><td>2</td></tr> <tr><td>CUPBOARD</td><td>1</td><td>2</td></tr> <tr><td>ELECTRIC FAN</td><td>1</td><td>2</td></tr> <tr><td>AIR CONDITIONER</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>COMPUTER/ LAPTOP</td><td>1</td><td>2</td></tr> </tbody> </table>		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	
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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 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 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. RECORD OBSERVATION.	NATURAL WALLS 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 CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																												
118	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?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>TUK TUK/HTAWLARGYI</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	TUK TUK/HTAWLARGYI	1	2	BOAT WITH MOTOR	1	2	BOAT WITHOUT MOTOR	1	2	
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BOAT WITHOUT MOTOR	1	2																												
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																											
120	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	ACRES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998																												
121	Does this household own any livestock, herds, other farm animals or birds?	YES 1 NO 2	→ 123																											
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? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Pigs? Chickens? Ducks?	<table border="0"> <tbody> <tr> <td>CATTLE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>COWS/BULLS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DUCKS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	CATTLE	<input type="text"/>	<input type="text"/>	COWS/BULLS	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	PIGS	<input type="text"/>	<input type="text"/>	CHICKENS	<input type="text"/>	<input type="text"/>	DUCKS	<input type="text"/>	<input type="text"/>				
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123	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 137																											
124	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>																												

		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, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
127	How did you get this mosquito net?	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8
128	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8
129	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/> ----- NAME LINE NO. <input type="text"/> <input type="text"/>
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 #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 ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
127	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT 2 PURCHASED 3 OTHER 6 NOT SURE 8
128	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← 1 NOT SURE 8
129	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>
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	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/>
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.

HOUSEHOLD EXPENDITURE

201	<p>HOW MUCH DID THIS HOUSEHOLD SPEND ON THE FOLLOWING IN THE LAST MONTH? (in kyats only)</p>	<p align="right">MMKs</p> <table border="1"> <tr><td>a. Transport</td><td></td></tr> <tr><td>b. Housing</td><td></td></tr> <tr><td>c. Clothing</td><td></td></tr> <tr><td>d. Food</td><td></td></tr> <tr><td>e. Education</td><td></td></tr> <tr><td>f. Health Care</td><td></td></tr> <tr><td>g. Fuel for heating/ cooking</td><td></td></tr> <tr><td>h. Contributions to Social/ Religious Activities</td><td></td></tr> <tr><td>i. Others (Specify)</td><td></td></tr> <tr><td>-----</td><td></td></tr> <tr><td>-----</td><td></td></tr> </table>	a. Transport		b. Housing		c. Clothing		d. Food		e. Education		f. Health Care		g. Fuel for heating/ cooking		h. Contributions to Social/ Religious Activities		i. Others (Specify)		-----		-----	
a. Transport																								
b. Housing																								
c. Clothing																								
d. Food																								
e. Education																								
f. Health Care																								
g. Fuel for heating/ cooking																								
h. Contributions to Social/ Religious Activities																								
i. Others (Specify)																								

202	<p>WHAT WAS THE TOTAL HOUSEHOLD EXPENDITURE IN THE LAST MONTH?</p> <p>Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobaccos, school fees, entertainment and any other expense.</p>	<p>Under 50,000 kyats.....1 Ks 50,000 - Ks 100,0002 Ks 100,000 - Ks 200,0003 Over 200,000 kyats.....4 Don't know5 Refuse6</p>																						

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Mingalabar. My name is _____. I am working with Essential Health Project. 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. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	RECORD THE TIME.	HOUR MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
102	CHECK HH Q8: GRADE 5 OR LOWER <input type="checkbox"/> GRADE 6 OR HIGHER <input type="checkbox"/>		→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 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3					
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 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3					
105	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3					
106	Do you have a hand phone?	YES1 NO.....2 →	109				
107	What type of handset are you using?	KEYPAD1 ANDROID.....2 IPHONE.....3 OTHER.....8					
108	What operator are you using now?	MPT.....1 OOREDOO.....2 TELENOR.....3 OTHER.....8					
109	Do you usually use internet?	YES1 NO.....2 →	201				
110	Do you have a social network account?	YES1 NO.....2 →	201				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Which social network are you currently using? If more than one social network, circle all the responses.	FACEBOOK/MESSENGER.....1 VIBER.....2 LINE.....3 INSTAGRAM.....4 WHATS APP.....5 OTHER.....6	
112	Have you ever heard of "May May" app?	YES1 NO.....2 →	201
113	Are you using this app now?	YES1 NO.....2 →	201
114	What service have you used by "May May" app?	AN CARE.....1 PN CARE.....2 CHILD IMMUNIZATION.....3 CHILD HEALTH.....4 OTHER.....8 _____ (SPECIFY)	

SECTION 2. BIRTH HISTORY

201	Now, I want to know about the still births and abortion/ miscarriage that you ever have. Do you have any of such events in your life. No <input type="checkbox"/> Yes <input type="checkbox"/>	No. of SB <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr></table> No. of Abortion/ Miscarriage <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr></table>								

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

202	203	204	205	206	207	208	209	210	211										
What name was given to your (first/next) RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: How old was (NAME) when he/she died? IF '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 GIRL 2	SING 1 MULT 2	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>			YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> (NEXT BIRTH)			DAYS ... 1 MONTHS 2 YEARS ... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>			YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>			YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>			YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
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06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table>			YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td style="width: 15px; height: 10px;"></td><td style="width: 15px; height: 10px;"></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including ...	
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH	
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH	
212	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES	1			
						NO	2			
213	Are you pregnant now?					YES				
						NO				
						UNSURE		301		
214	How many months pregnant are you?					MONTHS	<input type="text"/>			

SECTION 3. PREGNANCY AND POSTNATAL CARE

301	BIRTH HISTORY NUMBER FROM 202 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>
302	FROM 202 AND 206	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
303	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 312) ←		
304	Whom did you see? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY 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 _____ H (SPECIFY) NGO MARIE STOPES . I RED CROSS . . . J PSI/M (SUN) . . . K OTHER NGO SECTOR _____ L (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC M OTHER PRIVATE MED. SECTOR _____ N (SPECIFY) EHOs.....O OTHER _____ X (SPECIFY)		
306	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . <input type="text"/>		
		DON'T KNOW 98		
307	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/>		
		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?	YES.....1 NO.....2		

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

322	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 324) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 324) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 324) ← DONT KNOW 8
323	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 99998
324	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE ASSISTED Y
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) ← 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 _____ 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. SECTOR _____ 46 (SPECIFY) EHO CLINIC 47 OTHER _____ 96 (SPECIFY) (SKIP TO 335) ←	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 _____ 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. SECTOR _____ 46 (SPECIFY) EHO CLINIC 47 OTHER _____ 96 (SPECIFY) (SKIP TO 344) ←	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 _____ 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. SECTOR _____ 46 (SPECIFY) EHO CLINIC 47 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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998															
327	Do you have any post natal complications at that time?	YES.....11 ← (SKIP TO 329)															
328	Which complication did you get?	HEMORRHAGE.....1 RETAINED PLACENTA.....2 CONVULSION.....3 OTHER.....8															
329	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2													
330	What was the mode of delivery for (NAME)?	NORMAL.....1 FORCEPS.....2 VACCUM.....3 OTHER.....8															
331	What was the reason for cesarean section?	Convulsions1 Prolonged labor2 Abnormal presentation....3 High blood pressure.....4 APH.....5 Other.....8															
332	Who accompany to the facility at the time of delivery? If more than one attendant, circle all responses.	HUSBAND.....1 MOTHER.....2 MOTHER-IN-LAW.....3 SISTER.....4 SISTER-IN-LAW.....5 OTHER.....8															
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 1 (SKIP TO 336) ← NO 2															
334	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 336) ← NO 2 (SKIP TO 338) ←															
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 1 NO 2 (SKIP TO 338) ←															
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 OTHER _____ 96 (SPECIFY)															

337	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ... 998</p>													
338	<p>In the one week after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p>	<p>YES 1 NO 2 (SKIP TO 343) ← DONT KNOW 8</p>													
339	<p>In the one week to two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p>	<p>YES 1 NO 2 (SKIP TO 343) ← DONT KNOW 8</p>													
340	<p>How many hours, days or weeks after the birth of (NAME) did the first</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH .. 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS AFTER BIRTH .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WKS AFTER BIRTH .. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ... 998</p>													
341	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE LHV 12 AUXILIARY MIDWIFE 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>													
342	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>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)</p> <p>NGO MARIE STOPES . 31 RED CROSS ... 32 PSI/M (SUN) ... 33 OTHER NGO SECTOR _____ 36 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MATERNITY HOME 42 MMCWA MATERNITY HOME 43 OTHER PRIVATE MED. _____ 46 (SPECIFY) EHO CLINIC..... 47</p> <p>OTHER _____ 96 (SPECIFY)</p>													

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 1 NO 2 DON'T KNOW 8													
344	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 346) ←			YES 1 NO 2	YES 1 NO 2									
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 <table border="1" data-bbox="756 443 831 495"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="756 495 831 533"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													
346	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 348) ←													
347	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ... E FRUIT JUICE ... F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)													
348	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 302 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 352)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 302 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 352)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (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 1 NO 2													
350	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8											
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 4A. CHILD IMMUNIZATION, HEALTH AND NUTRITION

401	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH FOR ALL U5 CHILDREN. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
402	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>								
403	FROM 202 AND 206	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 453)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 453)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 453)								
404	Do you have a card where (NAME)'s vaccinations are written IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 406) ← YES, NOT SEEN 2 (SKIP TO 409) ← NO CARD 3	YES, SEEN 1 (SKIP TO 406) ← YES, NOT SEEN 2 (SKIP TO 409) ← NO CARD 3	YES, SEEN 1 (SKIP TO 406) ← YES, NOT SEEN 2 (SKIP TO 409) ← NO CARD 3								
405	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 409) ← NO 2	YES 1 (SKIP TO 409) ← NO 2	YES 1 (SKIP TO 409) ← NO 2								
406	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR								
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEP B0 (AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	JE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 1/ PENTA 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2/ PENTA 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3/ PENTA 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PCV 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCV1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCV1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PCV 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCV2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCV2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PCV 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCV3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCV3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEP B 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEP B 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEP B 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES OR MR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
407	CHECK 406:	BCG TO MEASLES 2 ALL RECORDED <input type="checkbox"/> (GO TO 411)	OTHER <input type="checkbox"/>	BCG TO MEASLES 2 ALL RECORDED <input type="checkbox"/> (GO TO 411)	OTHER <input type="checkbox"/>	BCG TO MEASLES 2 ALL RECORDED <input type="checkbox"/> (GO TO 411)	OTHER <input type="checkbox"/>					

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH 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 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 406) (SKIP TO 411) ← NO 2 (SKIP TO 411) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 406) (SKIP TO 411) ← NO 2 (SKIP TO 411) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 406) (SKIP TO 411) ← NO 2 (SKIP TO 411) ← DON'T KNOW 8
409	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 411) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 411) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 411) ← DON'T KNOW 8
410	Please tell me if (NAME) had any of the following vaccinations:			
410A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
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 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
410C	A Japanese B Encephalitis vaccination injection?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
410D	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 410F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410F) ← DON'T KNOW 8
410E	How many times was the polio vaccine given?	NUMBER <input type="text"/> OF TIMES <input type="text"/>	NUMBER <input type="text"/> OF TIMES <input type="text"/>	NUMBER <input type="text"/> OF TIMES <input type="text"/>
410F	Polio vaccine, that is, injection form?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
410G	A DPT/PENTAVALENT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 410I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410I) ← DON'T KNOW 8
410H	How many times was the DPT/PENTAVALENT vaccination given?	NUMBER <input type="text"/> OF TIMES <input type="text"/>	NUMBER <input type="text"/> OF TIMES <input type="text"/>	NUMBER <input type="text"/> OF TIMES <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410I	A PCV (pneumococcal vaccination)?	YES 1 NO 2 (SKIP TO 410K) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410K) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410K) ← DON'T KNOW 8
410J	How many times was the pneumococcal vaccination given?	NUMBER <input type="text"/> OF TIMES	NUMBER <input type="text"/> OF TIMES	NUMBER <input type="text"/> OF TIMES
410K	A HEP B vaccination, that is, an injection given in the thigh, to prevent him/her from getting	YES 1 NO 2 (SKIP TO 410M) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410M) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410M) ← DON'T KNOW 8
410L	How many times was the HEP B vaccination given?	NUMBER <input type="text"/> OF TIMES	NUMBER <input type="text"/> OF TIMES	NUMBER <input type="text"/> 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 1 NO 2 (SKIP TO 411) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 411) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 411) ← DON'T KNOW 8
410N	How many times did (NAME) receive the measles vaccine?	NUMBER <input type="text"/> OF TIMES	NUMBER <input type="text"/> OF TIMES	NUMBER <input type="text"/> 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 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
412	Were you satisfied with the service that you have got for immunization?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
413	Were you asked to pay for immunization?	YES 1 NO 2 SKIP TO 415 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 415 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 415 ← DON'T KNOW 8
414	How much money did they ask for the service?	<input type="text"/> MMKs	<input type="text"/> MMKs	<input type="text"/> 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 OF EXPENDITURE FROM Q352.	Source 1 <input type="text"/> Source 2 <input type="text"/> Source 3 <input type="text"/>	Source 1 <input type="text"/> Source 2 <input type="text"/> Source 3 <input type="text"/>	Source 1 <input type="text"/> Source 2 <input type="text"/> Source 3 <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH 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 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
416	In the last seven days, was (NAME) given multi vitamin syrups?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
417	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
418	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8
419	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
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? 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
422	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 426) ←	YES 1 NO 2 (SKIP TO 426) ←	YES 1 NO 2 (SKIP TO 426) ←

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
425	Where did you first seek advice or treatment? USE LETTER CODE FROM 423.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
426	Were you satisfied with the service that you have got for treatment of diarrhoea?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
427	Were you asked to pay for the treatment of diarrhoea?	YES 1 NO 2 SKIP TO 429 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 429 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 429 ← DON'T KNOW 8
428	How much money did they ask for the service?	<input type="text"/> MMKs	<input type="text"/> MMKs	<input type="text"/> 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 1 <input type="checkbox"/> Source 2 <input type="checkbox"/> Source 3 <input type="checkbox"/>	Source 1 <input type="checkbox"/> Source 2 <input type="checkbox"/> Source 3 <input type="checkbox"/>	Source 1 <input type="checkbox"/> Source 2 <input type="checkbox"/> Source 3 <input type="checkbox"/>
429	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called ORS (ORASEL, MFP) ? c) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8
430	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH 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 ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
432	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8
433	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
434	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 437) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 437) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 437) ← DON'T KNOW 8
435	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths	YES 1 NO 2 (SKIP TO 438) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 438) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 438) ← DON'T KNOW 8
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 (SPECIFY) DON'T KNOW 8 (SKIP TO 438) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 438) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 438) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	CHECK 432: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (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 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
441	<p>Where did you seek advice or treatment? Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>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 SECTOR _____ (SPECIFY) H</p> <p>NON-GOVERNMENT MARIE STOPES I RED CROSS J PSI/M (SUN) K</p> <p>OTHER PUBLIC SECTOR _____ (SPECIFY) L</p> <p>PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC M PHARMACY N PVT DOCTOR O MOBILE CLINIC P TRADITIONAL MED. CLINIC Q OTHER PRIVATE MED. SECTOR _____ (SPECIFY) R</p> <p>EHO CLINIC S</p> <p>OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V OTHER X _____ (SPECIFY)</p>	<p>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 SECTOR _____ (SPECIFY) H</p> <p>NON-GOVERNMENT MARIE STOPES I RED CROSS J PSI/M (SUN) K</p> <p>OTHER PUBLIC SECTOR _____ (SPECIFY) L</p> <p>PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC M PHARMACY N PVT DOCTOR O MOBILE CLINIC P TRADITIONAL MED. CLINIC Q OTHER PRIVATE MED. SECTOR _____ (SPECIFY) R</p> <p>EHO CLINIC S</p> <p>OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V OTHER X _____ (SPECIFY)</p>	<p>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 SECTOR _____ (SPECIFY) H</p> <p>NON-GOVERNMENT MARIE STOPES I RED CROSS J PSI/M (SUN) K</p> <p>OTHER PUBLIC SECTOR _____ (SPECIFY) L</p> <p>PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC M PHARMACY N PVT DOCTOR O MOBILE CLINIC P TRADITIONAL MED. CLINIC Q OTHER PRIVATE MED. SECTOR _____ (SPECIFY) R</p> <p>EHO CLINIC S</p> <p>OTHER SOURCE SHOP T TRADITIONAL PRACTITIONER U MARKET V OTHER X _____ (SPECIFY)</p>
442	CHECK 441:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 447) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 447) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 447) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
443	Where did you first seek advice or treatment? USE LETTER CODE FROM 441.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
444	Were you satisfied with the service that you have got for treatment of fever/cough?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
445	Were you asked to pay for the treatment of fever/ cough?	YES 1 NO 2 SKIP TO 447 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 447 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 447 ← DON'T KNOW 8
446	How much money did they ask for the service?	<input type="text"/> MMKs	<input type="text"/> MMKs	<input type="text"/> MMKs
446 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 1 <input type="checkbox"/> Source 2 <input type="checkbox"/> Source 3 <input type="checkbox"/>	Source 1 <input type="checkbox"/> Source 2 <input type="checkbox"/> Source 3 <input type="checkbox"/>	Source 1 <input type="checkbox"/> Source 2 <input type="checkbox"/> Source 3 <input type="checkbox"/>
447	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 449) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 449) DON'T KNOW 8
448	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B AMODIAQUINE C QUININE PILLS D INJECTION/IV . E ARTEMISININ COMBINATION THERAPY ... F ARTESUNATE MONOTHERAPY PILLS G INJECTION ... H OTHER ANTI-MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS BUSPRO L PARA-CETAMOL ... M IBUPROFEN ... N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE C QUININE PILLS D INJECTION/IV . E ARTEMISININ COMBINATION THERAPY ... F ARTESUNATE MONOTHERAPY PILLS G INJECTION ... H OTHER ANTI-MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS BUSPRO L PARA-CETAMOL ... M IBUPROFEN ... N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B AMODIAQUINE C QUININE PILLS D INJECTION/IV . E ARTEMISININ COMBINATION THERAPY ... F ARTESUNATE MONOTHERAPY PILLS G INJECTION ... H OTHER ANTI-MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS BUSPRO L PARA-CETAMOL ... M IBUPROFEN ... N 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 ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	
450	CHECK 426, ALL COLUMNS: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> </div> </div>		→ 452
451	Have you ever heard of a special product called ORS (ORASEL, MFP) you can get for the treatment of diarrhea?	YES 1 NO 2	
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 A CHILD BECOMES SICKER B CHILD DEVELOPS A FEVER C CHILD HAS FAST BREATHING D CHILD HAS DIFFICULT BREATHING . E CHILD HAS BLOOD IN STOOL F CHILD IS DRINKING POORLY G CHILD DEVELOPS RASHES H CHILD HAS DIARRHOEA I OTHER _____ x (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
455	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY)</p> <p>NO 2 → 457</p>	
456	<p>How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input data-bbox="1273 353 1326 427" type="text"/></p> <p>DON'T KNOW 8</p>	

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 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 466																																										
465	Within the last seven days, about how many hours did (NAME) attend?	NUMER OF HOURS <input type="text"/> <input type="text"/>	<input type="checkbox"/>																																										
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 a) Read books to or look at picture books with (NAME) ? b) Told stories to (NAME) ? c) Sang songs to (NAME) or with (NAME), including lullabies? d) Took (NAME) outside of the home, compound, yard or enclosure? e) Played with (NAME) ? f) Named, counted, or drew things to or with (NAME)?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">MOT HER</th> <th style="width: 10%; text-align: center;">FATH ER</th> <th style="width: 10%; text-align: center;">OTH ER</th> <th style="width: 10%; text-align: center;">NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> <td></td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> <td></td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> <td></td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> <td></td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> <td></td> </tr> <tr> <td>NAMED/COUNTED ...</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> <td></td> </tr> </tbody> </table>			MOT HER	FATH ER	OTH ER	NO ONE	READ BOOKS	A	B	X	Y		TOLD STORIES	A	B	X	Y		SANG SONGS	A	B	X	Y		TOOK OUTSIDE	A	B	X	Y		PLAYED WITH	A	B	X	Y		NAMED/COUNTED ...	A	B	X	Y		<input type="checkbox"/>
		MOT HER	FATH ER	OTH ER	NO ONE																																								
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PLAYED WITH	A	B	X	Y																																									
NAMED/COUNTED ...	A	B	X	Y																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	For the birth of (NAME), did you have a birth companion present with you during your labor and/or delivery?	YES 1 NO 2 DONT KNOW 8	<input type="checkbox"/> → 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 1 NO 2 DONT KNOW 8	
508	When you delivered (NAME) - when (NAME) came out - were you in the position you wanted to be in?	YES 1 NO 2 DONT KNOW 8	
509	<p>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.</p> <p>When you were in labor with, giving birth to (NAME), or immediately following the birth of (NAME) did you experience any of the following?</p> <p>READ EACH RESPONSE SEPARATELY.</p> <p>A) Slapped, pinched, or punched by a health worker or other staff?</p> <p>B) Shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff?</p>	<p style="text-align: right;">YES NO DK</p> <p>A) Slapped, Pinched, Punched 1 2 8</p> <p>B) Shouted at, Screamed at, Insulted, Scolded, Mocked 1 2 8</p>	
510	<p>Have you heard about any of these actions happening to other women in labor, at birth, or immediately after birth?</p> <p>A) Slapped, pinched, or punched by a health worker or other staff?</p> <p>B) Shouted at, screamed at, insulted, scolded or mocked by a health worker or other staff?</p>	<p style="text-align: right;">YES NO DK</p> <p>A) Slapped, Pinched, Punched 1 2 8</p> <p>B) Shouted at, Screamed at, Insulted, Scolded, Mocked 1 2 8</p>	

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 1 NO 2 DON'T KNOW 8	
512	Did your husband/partner want to be in the room during the birth of (NAME)	YES 1 NO 2 DON'T KNOW 8	
513	Did you and your husband/partner discuss his role in taking care of (NAME)?	YES 1 NO 2 DON'T KNOW 8	
514	Does your husband/partner help you take care of (NAME) ?	YES 1 NO 2 DON'T KNOW 8	
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 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 J RESPONDENT AND 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 1 NO 2	→ 518
517	Who else makes decisions about whether to seek care for (NAME) when s/he is sick? RECORD ALL THAT APPLY.	RESPONDENT A HUSBAND/PARTNER B RESPONDENT'S MOTHER C RESPONDENT'S FATHER D MOTHER-IN-LAW E FATHER-IN-LAW F FRIENDS/NEIGHBORS G OTHER H _____ (SPECIFY)	

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 1 NO 2	→ 527
526	Who else in your household makes decisions regarding liquids or foods (solid, semi-solid or soft foods) that your child eats or drinks? RECORD ALL THAT APPLY.	RESPONDENT A HUSBAND/PARTNER B RESPONDENT'S MOTHER C RESPONDENT'S FATHER D MOTHER-IN-LAW E FATHER-IN-LAW F FRIENDS/NEIGHBORS G OTHER _____ H (SPECIFY)	

SECTION 5D. GENDER (GENERAL)

NO.		CODING CATEGORIES	SKIP
527	Who usually makes decisions about visits to your family or relatives?	RESPONDENT A 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 J RESPONDENT AND K FATHER-IN-LAW JOINTLY FRIENDS/NEIGHBORS L OTHER M _____ (SPECIFY)	
528	Who usually makes decisions about making major household purchases?	RESPONDENT A 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 J 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 important role is to take care of her home and cook for her family?	AGREE 1 DISAGREE 2 DON'T KNOW 8	
530	Does your husband/partner help you with household chores?	YES 1 NO 2 DON'T KNOW 8	
531	Aside from your own housework, have you done any work in the last 12 months?	YES 1 NO 2	→ 536
532	Are you paid in cash or in kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 536
533	Who usually decides how the money you earn will be used?	RESPONDENT A 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 J RESPONDENT AND K FATHER-IN-LAW JOINTLY FRIENDS/NEIGHBORS L OTHER M _____ (SPECIFY)	
534	Who usually keeps the money that you earn?	RESPONDENT A HUSBAND/PARTNER B RESPONDENT'S MOTHER C RESPONDENT'S FATHER D MOTHER-IN-LAW E FATHER-IN-LAW F OTHER G _____ (SPECIFY)	→ 536

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

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

NO.		CODING CATEGORIES	SKIP
550	<p>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:</p>		
	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)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
541	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRESENT/ LISTEN	PRESENT BUT NOT LISTEN	NOT PRESENT	
	A) Children <10	1	2	3	
	B) Husband	1	2	3	
	C) Other males	1	2	3	
	D) Other females	1	2	3	
542	Violence	AGREE	PARTIALLY AGREE	DO NOT AGREE	
	A) There are times when a woman deserves 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 couple	1	2	3	
543	Sexual relationships	AGREE	PARTIALLY AGREE	DO NOT 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	2	3	
	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	
	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 AGREE	DO NOT AGREE	
	A) Women who carry condoms on them are easy	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 woman has a child is she a real woman	1	2	3	
	E) A real man produces a male child	1	2	3	
545	Domestic chores and daily life	AGREE	PARTIALLY AGREE	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	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	

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

SECTION 7. MATERNAL MORTALITY

NO.	CODING CATEGORIES						SKIP
701	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?						NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>
702	CHECK 701: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						714
703	How many births did your mother have before you were born?						NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>
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 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 (2)	YES ... 1 NO ... 2 GO TO 708 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 708 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 708 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 708 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 708 DK ... 8 GO TO (7)
707	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)
708	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
709	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
710	Was (NAME) pregnant when she died?	YES 1 GO TO 713 NO 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 NO ... 2
711	Did (NAME) die during childbirth?	YES 1 GO TO 713 NO 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 NO ... 2	YES ... 1 GO TO 713 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?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO Q714.							

704	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
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)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)	
708	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
709	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
710	Was (NAME) pregnant when she died?	YES 1 GO TO 713 ← NO 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← NO ... 2	
711	Did (NAME) die during childbirth?	YES 1 GO TO 713 ← NO 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← NO ... 2	YES ... 1 GO TO 713 ← 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?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO Q714								
714	RECORD THE TIME.				HOUR	<input type="text"/> <input type="text"/>	MINUTES	<input type="text"/> <input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Mingalabar. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health all over Myanmar. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.
Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	
102	CHECK HH Q8: GRADE 5 OR LOWER <input type="checkbox"/> GRADE 6 OR HIGHER <input type="checkbox"/>		→ 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 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
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 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
105	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
106	Do you have a hand phone?	YES1 NO.....2 →	109
107	What type of handset are you using?	KEYPAD1 ANDROID.....2 IPHONE.....3 OTHER.....8	
108	What operator are you using now?	MPT.....1 OOREDOO.....2 TELENOR.....3 OTHER.....8	
109	Do you usually use internet?	YES1 NO.....2 →	201
110	Do you have a social network account?	YES1 NO.....2 →	201
111	Which social network are you currently using? If more than one social network, circle all the responses.	FACEBOOK/MESSENGER.....1 VIBER.....2 LINE.....3 INSTAGRAM.....4 WHATS APP.....5 OTHER.....6	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	How old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
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 1 NO 2 DON'T KNOW 8	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> } → 206 </div>
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 2	
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 wife/partner's family or relatives?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
302	Who usually makes decisions about what food to buy for family meals?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
303	Who usually makes decisions about making major household purchases?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
304	Do you agree or disagree that a woman's most important role is to take care of her home and cook for her family?	AGREE 1 DISAGREE 2 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 earns will be used?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
307	Who usually keeps the money that your wife/partner earns?	RESPONDENT A WIFE/PARTNER B RESPONDENT'S MOTHER C RESPONDENT'S FATHER D MOTHER-IN-LAW E FATHER-IN-LAW F OTHER G (SPECIFY)	→ 309
308	When your wife/partner gets money, does she usually give all of it to (ANSWER FROM 116)?	YES 1 NO 2	
309	Who usually makes decisions about health care for your wife/partner?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	

NO.		CODING CATEGORIES	SKIP
310	Who makes the decision about how many children you should have?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
311	Did you and yourwife/partner discuss how you could help her during her pregnancy with (NAME)?	YES 1 NO 2 DONT KNOW 8	
312	Did you and your wife/partner discuss your role in taking care of (NAME)?	YES 1 NO 2 DONT KNOW 8	
313	Do you help you take care of (NAME) ?	YES 1 NO 2 DONT KNOW 8	
314	Who usually makes decisions whether money can be spent on health care for your children?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	

NO.		CODING CATEGORIES	SKIP
315	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 WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
316	Who usually makes decisions about whether (NAME) gets immunizations?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
317	Who usually takes (NAME) to receive health services?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	

NO.		CODING CATEGORIES	SKIP
318	Who usually makes decisions about breastfeeding your child?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
319	Who usually makes decisions regarding liquids or foods (solid, semi-solid or soft foods) that your child eats or drinks?	RESPONDENT A WIFE/PARTNER B 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 H RESPONDENT AND I MOTHER JOINTLY RESPONDENT'S FATHER J RESPONDENT AND K FATHER JOINTLY FRIENDS/NEIGHBORS L OTHER M (SPECIFY)	
320	Does your wife/partner usually eat at the same time as other members of the family?	YES 1 NO 2	→ 322
321	Compared to other members of your household, when does your wife/partners usually eat? IF WOMAN EATS AFTER OTHERS, PROBE: After which family members do you eat? RECORD ALL THAT APPLY. IF WOMAN EATS BEFORE OTHERS, DO NOT RECORD ANY OTHER RESPONSE CATEGORIES	BEFORE OTHER MEMBERS EAT A AFTER THE MALE MEMBERS EAT B AFTER THE CHILDREN EAT C AFTER ALL OTHER MEMBERS EAT D OTHER E (SPECIFY)	

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

SECTION 5. GENDER (GEM SCALE)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
324	<p>PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)</p>	PRESENT/ LISTEN	PRESENT BUT NOT LISTEN	NOT PRESENT	
	A) Children <10	1	2	3	
	B) Husband	1	2	3	
	C) Other males	1	2	3	
	D) Other females	1	2	3	
325	<p>Violence</p>	AGREE	PARTIALLY AGREE	DO NOT AGREE	
	A) There are times when a woman deserves 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 couple	1	2	3	
326	<p>Sexual relationships</p>	AGREE	PARTIALLY AGREE	DO NOT 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	2	3	
	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	
	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	
327	<p>Reproductive Health and Disease Prevention</p>	AGREE	PARTIALLY AGREE	DO NOT AGREE	
	A) Women who carry condoms on them are easy	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 woman has a child is she a real woman	1	2	3	
	E) A real man produces a male child	1	2	3	
328	<p>Domestic chores and daily life</p>	AGREE	PARTIALLY AGREE	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	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	

