

DHS

Model "B" Questionnaire

IDENTIFICATION

URBAN=1, RURAL=2)
(SMALL CITY/TOWN/COUNTRYSIDE?
CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

1 INTERVIEWER VISITS 2 3

FINAL VISIT

DAY MONTH YEAR

NAME RESULT

TOTAL NUMBER OF VISITS

7 OTHER

QUESTIONNAIRE, LANGUAGE RESPONDENT, AND

TOR

With Commentary For Low Contraceptive
Prevalence Countries



MEASURE *DHS*+

Model "B" Questionnaire

With Commentary for Low Contraceptive
Prevalence Countries

MEASURE *DHS*+ Basic Documentation
Number 2

ORC Macro
Calverton, Maryland

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MEASURE *DHS+* assists countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programs. Funded by the U.S. Agency for International Development (USAID), MEASURE *DHS+* is implemented by Macro International Inc., an Opinion Research Corporation company (ORC Macro), in Calverton, Maryland, with the Population Council and the East-West Center.

The main objectives of the MEASURE *DHS+* project are: 1) to provide decision-makers in survey countries with information useful for informed policy choices, 2) to expand the international population and health database, 3) to advance survey methodology, and 4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

Information about the MEASURE *DHS+* project can be obtained by contacting: ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 USA Telephone 301-572-0200; Fax 301-572-0999; E-mail: reports@macroint.com; Internet: <http://www.measuredhs.com>.

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TABLE OF CONTENTS

INTRODUCTION	vii
ACKNOWLEDGMENTS	ix
HOUSEHOLD QUESTIONNAIRE	
Household listing and eligibility for Women's Questionnaire (1-9)	2
Parental survivorship and residence (10-13)	2
Education (14-20)	2
Water and toilet facilities (21-24)	8
Dwelling characteristics and household possessions (25-28)	8
Use of bednets by children under age 5 (29-32)	10
Place for hand washing (33-34)	10
Testing of salt for iodine (35)	10
Nutritional status of women and young children (36-43)	12
Anemia testing of women and young children (44-51)	14
 MODEL "B" QUESTIONNAIRE FOR HIGH CONTRACEPTIVE PREVALENCE COUNTRIES	
1. RESPONDENT'S BACKGROUND	
Introduction and consent	22
Time of interview (101)	22
Childhood residence and mobility (102-104)	22
Date of birth and age of woman (105-106)	22
Education and literacy (107-112)	22
Exposure to mass media (114-116)	24
Religion and ethnicity (117-118)	24
 2. REPRODUCTION	
Lifetime fertility (201-210)	26
Detailed birth history (211-224)	28
Recording of births in the calendar; last five years (225)	32
Current and recent pregnancy history (226-234)	32
Last non-live birth prior to the calendar period (235-236)	32
Menstruation and knowledge of the ovulatory cycle (237-239)	34
 3. CONTRACEPTION	
Knowledge and use of contraceptive methods (301-303)	36
Probe on ever use of contraception (304 and 306)	38
First use of contraception (307)	38
Current use of contraception (310)	38
Contraceptive method currently used (311)	38
Social marketing questions (312)	38
Facility where sterilization was performed (313)	40
Informed consent for sterilization (314)	40
Additional sterilization issues (315)	40
Date of initiation of current episode of contraceptive use (316-316A)	40
Facility where initially obtained current method (other than sterilization) (320)	42

Information about method side effects (322-324)	42
Information about alternative methods (325-326)	44
Last source of method (328)	44
Knowledge of a source of contraception (329-330)	44
Contact with health providers (331-333)	46
4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING	
Fertility planning (405-406)	48
Antenatal care (407-414)	48
Tetanus toxoid (415-416)	50
Iron supplementation and night blindness (417-420)	50
Malarial prophylaxis (421-422)	50
Size of newborn baby (423-425)	52
Delivery (426-428)	52
Postnatal care (429-432)	54
Postnatal vitamin A (433)	54
Postpartum amenorrhea and abstinence (434-439)	54
Breastfeeding: ever breastfed, initiation, and duration (440-441; 445-446)	56
Prelacteal feeds (442-443)	56
Frequency of breastfeeding (448-449)	58
Bottle-feeding, sugar added to foods, and frequency of meals and snacks (450-452)	58
4B. IMMUNIZATION, HEALTH, AND NUTRITION	
Vitamin A supplementation for children (457 and 460)	60
Vaccination history (458-465)	60
Child illness episodes; last two weeks (466-482)	64
Fever (466)	64
Cough/Acute respiratory infection (467-468)	64
Health-seeking behavior; fever and cough (470-471)	64
Fever treatment (473-474)	64
Diarrhea and its treatment (475-482)	66
Disposal of children's stools (485)	70
Knowledge of ORS packets (487)	70
Decision-making; children's medical treatment (489)	70
Barriers to women's medical treatment (490)	70
Feeding practices (491-493)	72
Sleeping under a bednet (494)	74
Hand washing before food preparation (495)	74
Use of tobacco (496-498)	74
5. MARRIAGE AND SEXUAL ACTIVITY	
Marital status and coresidence (501-502 and 504-505)	76
Polygynous unions (507-509)	76
Date and age at first marriage (510-512)	76
Age at first sexual activity (514)	76
Sexual activity and condom use during the last 12 months (515-522)	78
Number of sexual partners during the last 12 months (523)	78
Knowledge of source for and access to condoms (524-526)	78
Knowledge of source for and access to female condoms (527-529)	80

6. FERTILITY PREFERENCES	
Reproductive intentions (602-603)	82
Reason for not currently using a contraceptive method (607)	84
Intensity of motivation to avoid or delay pregnancy (608)	84
Intention to use contraception (610-611)	84
Reason for not intending to use a contraceptive method (612-613)	86
Ideal number of children (614)	86
Sex preference for children (615)	86
Approval of contraception (616)	86
Family planning media messages (617-618)	86
Discussion of family planning (619-620)	86
Decision-making: current use of contraception (623)	88
Husband's approval of family planning (624-627)	88
Reasons justifying refusal to have sexual relations (628)	88
7. HUSBAND'S BACKGROUND AND WOMAN'S WORK	
Husband's age, education, and occupation (702-706)	90
Women's employment (707-715)	90
Payment for women's work and control over earning (716-717)	92
Household expenditures paid for by women's earnings (718)	92
Women's participation in household decision-making (719)	92
Circumstances under which a husband is justified in beating his wife (721)	92
8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS	
Knowledge of HIV/AIDS and ways to avoid HIV risk (801-807 and 809)	94
Acquaintance with an individual with AIDS (810)	94
AIDS transmission from mother to child (811-812)	94
Communication with husband/partner about ways to avoid AIDS (814)	96
Social stigma attached to individuals with AIDS (815-816)	96
Knowledge of sexually transmitted diseases and their symptoms (817-819)	96
OBSERVATIONS OF FIELD STAFF	99
CALENDAR	100

INTRODUCTION

MEASURE *DHS+* is an expansion on and a continuation of previous phases of the DHS program going back to 1984. The program is funded by the U.S. Agency for International Development and is administered by ORC Macro.

The overall goal of the MEASURE program is to improve and institutionalize the collection and utilization of data for monitoring host-country population, health and nutrition programs and for policy decisions. The specific objectives of the program are: 1) to improve the tools and methodologies of data collection; 2) to increase the institutionalization of data-collection capacities in participating countries; 3) to improve coordination at the international and country levels; 4) to improve the quality of information collected; and 5) to improve dissemination and utilization of MEASURE results. The *DHS+* core questionnaire is central to these goals.

During the design of the *DHS+* core questionnaire, extensive consultations were carried out with organizations and researchers with interests in particular subject areas. The current version of the core questionnaire reflects those contributions. One of the chronic problems in questionnaire design is maintaining control over the length of the instrument in order to maximize the feasibility of collecting high-quality data. Another challenge is to improve various questions and approaches while minimizing the loss of comparability with indicators derived from earlier questionnaires. Moreover, the core questionnaire is continuously being tested and evaluated in the field and is subject to the infusion of new ideas as they arise. In this sense, questionnaire content is always subject to modification as new concerns become apparent in countries and in donor organizations

Indicators obtained from the DHS surveys provide baseline information for programs about to be initiated and information that can be used to track the progress of ongoing programs. Indicators for specific sectors of the population are useful for identifying population subgroups in need of services or special outreach efforts. Used in this way, the surveys are an instrument for designing and modifying program services. Survey findings can also be used to evaluate operational objectives of a program (e.g., knowledge of contraceptive methods or contacts with health providers during the antenatal, delivery, and postnatal period) or the final impact of a program (e.g., on fertility, mortality, and contraceptive use).

As in the preceding phases of the DHS program,¹ there are two versions of the *DHS+* core questionnaire: the "A" core for use in countries with high contraceptive prevalence (described in MEASURE *DHS+* Basic Documentation Number 1), and the "B" core for use in countries with low contraceptive prevalence (described in this document). The two versions of the questionnaire are very similar. The main difference is that the calendar in the "B" core is limited to information about pregnancies in the last five years while the "A" core calendar also contains information about contraceptive use and marital status for that period. Which version to use in a particular country is decided early in the survey-design process, in consultation with the host-country implementing organization. Several standardized modules are available for use in countries with an interest in those topics. Countries are also encouraged to add questions on topics of special interest. The availability of two versions of the questionnaire and the addition of country-specific questions are a response to the diversity of the data needs of participating countries. At the same time, it is important to collect nationally-comparable data based on the use of standardized methods of training, data collection, data processing, tabulation, and report preparation.

¹ There have been three previous phases of the DHS program. Core questionnaires were developed for each phase. These are published in the Basic Documentation Series of the DHS-I, DHS-II, and DHS-III projects and are available from ORC Macro.

Retained content in the core questionnaire. The primary focus of the new questionnaire remains the collection of information of interest to policymakers and program managers in the areas of reproductive health and infant and child well-being. This includes data that are used for the following: (1) to estimate fertility and infant and child mortality levels of a population; (2) to estimate the duration of breastfeeding and other proximate determinants of fertility; (3) to measure awareness of specific contraceptive methods, contraceptive use, and contraceptive acceptability; (4) to assess the unmet need for family planning, levels of unwanted fertility, and desire for additional children; (5) to measure treatment procedures for childhood illness episodes; (6) to estimate coverage rates for maternity care and childhood vaccinations; (7) to assess nutritional status of women and children through height and weight measurement; (8) to assess infant feeding practices, and (9) to evaluate knowledge about HIV/AIDS and relevant sexual behavior. The new core questionnaire also retains data collection on household characteristics and the marital and socioeconomic background of the woman and her partner/spouse.

New content in the core questionnaire. The *DHS+* questionnaire includes significant new and expanded topics. In the health area, anemia testing for women and children has been added to the survey. The section on AIDS has been significantly expanded to investigate condom use with sexual partners and knowledge of the symptoms of STDs. There is more focus on malaria, with the addition of questions on bednets, antimalarial prophylaxis, and treatment practices for children experiencing fever. Vitamin A receives increased attention with questions to determine whether mothers received a dose soon after childbirth and if children received vitamin A supplements. There is also a new emphasis on postnatal health care for women.

In the area of family planning, respondent knowledge of three additional methods of contraception is investigated: the lactational amenorrhea method, emergency contraception, and the female condom. Contraceptive users are also asked if their provider offered a choice of methods and provided information about possible side effects of method use.

Questions have also been added on the decision-making power of women to obtain health care and to control their reproductive lives. Additional questions are included on education, allowing the calculation of gross and net attendance ratios, and grade repetition and dropout rates. Finally, more attention is paid to environmental health concerns that are related to disease prevention.

ACKNOWLEDGMENTS

The new *DHS+* core questionnaire has benefitted from the contributions of many individuals specializing in the fields of international population, maternal and child health and nutrition. The staff of the Demographic and Health Surveys gratefully acknowledges the comments and suggestions provided by colleagues in host-country institutions, members of the *DHS+* Technical Advisory Group, and individuals representing more than 50 agencies concerned with policy formulation and program implementation in the fields of population, maternal and child health, and nutrition.

The current revision of the questionnaire is the result of a coordinated effort by DHS staff under the direction of Fred Arnold. DHS staff who invested considerable time in developing the questionnaire are Mohamed Ayad, Bernard Barrère, George T. Bicego, Trevor Croft, Anne R. Cross, Siân L. Curtis, Kristi Fair, Pav Govindasamy, Sunita Kishor, Gora Mboup, Altrena Mukuria, Luis H. Ochoa, Sri Poedjastoeti, Guillermo Rojas, Shea O. Rutstein, Tulshi Saha, Almaz Sharmanov, Jeremiah M. Sullivan, Martin Vaessen, Ann A. Way, P. Stanley Yoder, Arlinda Zhuzhuni, Ciro Franco, Patricia A. Haggerty, and Cynthia K. Stanton. The senior DHS advisors, Robert Black, Karen O. Mason, and Charles F. Westoff, contributed substantially to this effort. The production assistance of Kaye Mitchell on this document is gratefully acknowledged.

HOUSEHOLD QUESTIONNAIRE

Household listing and eligibility for Women's Questionnaire (1-9)

All household members are listed, as well as all individuals who stayed with the household as guests the previous night (2). For all listed individuals, information is collected on relationship to the head of the household, sex, residence status, and age (3-7). An important use of this information is to identify women who are eligible for the Women's Questionnaire and eligible for height, weight, and hemoglobin measurement (8). These data are also used to identify children eligible for height, weight, and hemoglobin measurement (9).

The data on the relationship of each household member to the head of the household provide a picture of the structure and composition of the household. The data on age and sex can be used to assess the degree to which the sample represents the population. In countries where never-married women are excluded from the sample, information collected in the Household Questionnaire is used to derive denominators for the calculation of rates based on all women.

Parental survivorship and residence (10-13)

For children less than 15 years of age, questions are asked about the survivorship of the child's biological parents and whether or not they are household members. This information can be used to measure the prevalence of orphanhood and child fostering in the population.

Education (14-20)

The series of questions on education establishes whether each household member age 5 or older has ever attended school, and if so, the highest level of schooling (primary, secondary, higher) attended, and the highest grade completed at that level (14-15). For household members age 5-24, the Household Questionnaire collects information on whether the person is currently attending school, at what level and grade, and the person's schooling status during the previous school year (16-20). These questions permit the calculation of widely accepted education indicators including gross and net attendance ratios, and repetition and dropout rates.

The educational attainment of adult members of the household provides an indication of the household's resource base. The current attendance and educational attainment of children provide a measure of children's access to resources and their well being, and allow an investigation of the relationship between family size and children's educational opportunities.

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY	
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)			
			M F	YES NO	YES NO	IN YEARS					
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01			
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02			
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03			
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04			
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05			
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06			
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07			
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08			
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09			
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10			

* 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
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16) ¹	(17) ¹	(18) ¹	(19) ¹	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

** CODES FOR Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

¹ The wording of the question in this column is appropriate when all of the fieldwork is conducted during a single school year. For alternative wording in cases where some or all of the fieldwork is conducted between two school years, see Appendix A.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY	
			Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)			
11			M F	YES NO	YES NO	IN YEARS					
			1 2	1 2	1 2						
12			1 2	1 2	1 2						
13			1 2	1 2	1 2						
14			1 2	1 2	1 2						
15			1 2	1 2	1 2						
16			1 2	1 2	1 2						
17			1 2	1 2	1 2						
18			1 2	1 2	1 2						
19			1 2	1 2	1 2						
20			1 2	1 2	1 2						

* 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
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

** CODES FOR Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW
EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16) ¹	(17) ¹	(18) ¹	(19) ¹	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, 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 ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ENTER EACH IN TABLE NO

¹ The wording of the question in this column is appropriate when all of the fieldwork is conducted during a single school year. For alternative wording in cases where some or all of the fieldwork is conducted between two school years, see Appendix A.

Water and toilet facilities (21-24)

These questions relate to the determinants of infant and child morbidity and mortality and are relevant for cross-national comparative analyses. The major headings for source of drinking water (21) and for type of toilet facilities (23) should be included in country-specific versions of the *DHS+* questionnaires. Specific response categories under each major heading may be as detailed as necessary for each survey.

A question on the travel time to the source of water is included to obtain an indirect measure of the amount of water available (22). The main interest in the questions on the type of toilet facility and whether it is used by other households is in the hygienic conditions offered by the facility (24).

Dwelling characteristics and household possessions (25-28)

Whether the household has electricity, a radio, television, telephone, and a refrigerator are included primarily to provide an index of the standard of living or socioeconomic status. The main material of the floor is another such indicator. Such information is thought to be reported more reliably and thus to be more useful than a simple question on household income.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
21	What is the main source of drinking water for members of your household? ¹	PIPED WATER PIPED INTO DWELLING 11 → 23 PIPED INTO YARD/PLOT 12 → 23 PUBLIC TAP 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING 21 → 23 OPEN WELL IN YARD/PLOT 22 → 23 OPEN PUBLIC WELL 23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING 31 → 23 PROTECTED WELL IN YARD/PLOT 32 → 23 PROTECTED PUBLIC WELL 33 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 → 23 TANKER TRUCK 61 BOTTLED WATER 71 → 23 OTHER _____ 96 (SPECIFY)																			
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																			
23	What kind of toilet facilities does your household have? ¹	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 → 25 OTHER _____ 96 (SPECIFY)																			
24	Do you share these facilities with other households?	YES 1 NO 2																			
25	Does your household have: ² Electricity? A radio? A television? A telephone? A refrigerator?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>ELECTRICITY</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE	1	2																			
REFRIGERATOR	1	2																			
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD, STRAW 07 DUNG 08 OTHER _____ 96 (SPECIFY)																			

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² Additional indicators of socioeconomic status should be added, especially to distinguish among lower socioeconomic classes.

Use of bednets by children under age 5 (29-32)

It is recognized that the continuous use of bednets decreases the incidence of clinical malaria and malaria-related deaths in children less than five years of age. Consequently, many countries are now instituting programs that promote their use. Questions 29-32 are designed to capture information on the use of bednets by children under the age of five who slept in the household the night preceding the interview.

In countries with low or no risk of malaria, these questions should not be included in the questionnaire.

Place for hand washing (33-34)

The washing of hands at appropriate times (before food preparation and after urination, defecation, and handling the sick) is one of the most important ways of preventing the spread of disease by means of direct contact and through food contamination. In order to carry out appropriate hand washing, a household needs a dedicated location that contains a clean water supply, a basin for containing water, and a cleaning agent such as soap. In the absence of soap and/or water, hands may be cleaned using ashes or sand, but these are less satisfactory. The purpose of questions 33 and 34 is to ascertain whether the household has a dedicated place for washing hands and whether the requisite items are present.

Additional questions on hygienic practices are located in the Woman's Questionnaire (485 and 495).

Testing of salt for iodine (35)

The type of salt used for cooking is tested to determine whether iodine is present in the salt and the amount of iodine in parts per million.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
27	MAIN MATERIAL OF THE FLOOR ¹ 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)													
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	
	YES	NO													
BICYCLE	1	2													
MOTORCYCLE/SCOOTER ...	1	2													
CAR/TRUCK	1	2													
29	Does your household have any bednets that can be used while sleeping? ²	YES 1 NO 2	→ 33												
30	CHECK COLUMNS (6) AND (7): ² NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT NONE <input type="checkbox"/> _____ → 33 ONE <input type="checkbox"/> _____ → 32 TWO OR MORE <input type="checkbox"/> _____														
31	Did (NAME) sleep under a bednet last night? ²	YES 1 NO 2	→ 33												
32	Did all, some or none of the children under age 5 who slept in the household last night sleep under a bednet? ²	ALL CHILDREN 1 SOME CHILDREN 2 NONE 3													
33	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT 1 SOMEWHERE ELSE 2 NOWHERE 3	→ 35												
34	ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>WATER/TAP</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	WATER/TAP	1	2	SOAP, ASH OR OTHER CLEANSING AGENT	1	2	BASIN	1	2	
	YES	NO													
WATER/TAP	1	2													
SOAP, ASH OR OTHER CLEANSING AGENT	1	2													
BASIN	1	2													
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. ³ RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) 1 7 PPM 2 15 PPM 3 30 PPM 4 NO SALT IN HH 5 SALT NOT TESTED 6 (SPECIFY REASON)													

¹ In some countries, it may be desirable to ask an additional question on the material of walls or ceilings.

² Delete in countries where malaria is not prevalent.

³ There are many different kinds of iodine testing kits available. The proper test kit should be selected in each country depending on the type of iodine additive used in the country and the gradations (in PPM) required. The response categories should be modified to be consistent with the particular test kits used.

Nutritional status of women and young children (36-43)

All women of reproductive age are eligible for height and weight measurement. This is a change from earlier versions of the DHS core questionnaires in which data on women's nutritional status were collected only for mothers with young children, effectively eliminating nutritional assessment of younger women who had not yet started childbearing as well as older women of reproductive age who had not recently given birth.

The nutritional status of women is assessed by the measurement of their weight (40) and height (41) and is useful for several reasons. A woman's weight-for-height can reflect the current availability of food in the household and recent occurrences of illness. A woman's height can be used to predict difficulty in delivering children and is a risk factor in perinatal and neonatal mortality, given the association between height and pelvis size. This information is also useful for examining differentials in women's nutritional status among population subgroups in a country.

All children listed in the Household Questionnaire who were born in the last 5 to 6 years are eligible for nutritional assessment. This represents a change from earlier versions of the core questionnaire in which only children of interviewed women were weighed and measured. The extension of data collection to all children in the household will result in more representative samples of the child population.

The nutritional status of children is assessed in terms of their weight (40) and height/length (41-42) in conjunction with their age. Nutritional status of children is influenced by food intake and by the illness episodes that they have suffered. Many countries have programs designed to increase child survival by improving infant and child feeding practices, increasing vaccination coverage, and promoting clean drinking water. Information on the nutritional status of children provides an outcome measure for these programs. This information is also useful for identifying subgroups of children who are disadvantaged and in need of special attention in a country.

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
<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"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1995 ¹ OR LATER			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MO. YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

Anemia testing of women and young children (44–51)

Anemia, a low concentration of red cells in the blood, decreases the amount of oxygen reaching the tissues and organs of the body and reduces their capacity to function. Anemia is known to have especially detrimental effects on the health of pregnant and breastfeeding women and young children. It can be the underlying cause of complications of pregnancy and delivery and of maternal mortality. Among children, anemia is associated with impaired cognitive and motor development. Although there are many causes of anemia, a deficiency of bioavailable dietary iron usually accounts for the majority of cases in a population. Determination of the level of anemia in a population can provide important information for the development of intervention programs, such as food fortification and/or the provision of iron supplements.

Several DHS surveys have conducted anemia testing of women and young children but this is the first version of the core questionnaire that includes anemia testing. The *DHS+* protocol for anemia testing is forthcoming as a *DHS+* publication.

All women who are of reproductive age and all children born in the last 5 or 6 years are eligible for anemia testing. Anemia testing is accomplished by measuring hemoglobin levels in the blood. For this purpose a blood droplet is required from each person tested. Specially trained members of the interviewing teams, who are designated health technicians, are assigned to this task and they follow protocols developed to ensure the safety of the participants.

Special consent for participation in the anemia test is necessary. Consent is obtained by explaining to women and to adults who are responsible for eligible minors the procedures that are followed for anemia testing and asking if they agree to participate. Participation of eligible individuals is strictly voluntary. Their decision on whether or not to participate is recorded (46) and, if there is agreement to participate, the health technician attests to that decision with his/her signature (46).

Test results and the pregnancy status of women are recorded in the Household Questionnaire (47 and 48). Participants are provided with a copy of their test scores at the time of the survey and they are given an explanation of those results, both verbally and on paper.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (38):	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(44)	(45)	(46)	(47)	(48)	(49)
AGE 15-17 AGE 18-49 1 2 GO TO 46 ←	<input type="text"/>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ←	<input type="text"/>	YES NO/DK 1 2	<input type="text"/>
1 2 GO TO 46 ←	<input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 46 ←	<input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/>	1 2	<input type="text"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1995 ¹ OR LATER					
	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
	<input type="text"/>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ←	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN _____ NEXT LINE ←	<input type="text"/>		<input type="text"/>

*** CONSENT STATEMENT**

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 1995¹ or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

Note: In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimates can be adjusted appropriately.

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

It is the policy of the *DHS+* program to inform the medical staff at the appropriate health facility of individuals who were found to have a hemoglobin level of less than 9 g/dl for pregnant women and less than 7 g/dl for nonpregnant women and children. To do so it is necessary to obtain consent, yet a second time, because survey participants have been told that the information collected in the survey is confidential. The names of individuals suffering from severe anemia are recorded and consent to inform the appropriate health facility of their anemia status is requested (51).

50 CHECK 47 AND 48:
 NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*

ONE OR MORE NONE

GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 51.**

GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW.

51 We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?

NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49		
		YES 1
		NO 2
		YES 1
		NO 2
		YES 1
		NO 2
		YES 1
		NO 2
WOMEN AGE 15-17 AND CHILDREN		
		YES 1
		NO 2
		YES 1
		NO 2
		YES 1
		NO 2
		YES 1
		NO 2
		YES 1
		NO 2
		YES 1
		NO 2

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or who don't know if they are pregnant).

** If more than one woman or child is below the cutoff point, read the statement in Q.51 to each woman who is below the cutoff point and to each woman/parent/responsible adult of a child who is below the cutoff point.

APPENDIX A

Questions 16-19 should be worded as follows under these 3 specified conditions¹:

- **Fieldwork is done at the end of a school year and over the break before the next school year begins:**

For interviews done through the last day of the school year, the questions are unchanged.

Interviews done after schools have closed should use these questions:

- 16 DELETE THIS QUESTION
- 17 During the school year that ended in [month], 2000,² did (NAME) attend school at any time?
- 18 During that school year, what level and grade did (NAME) attend?
- 19 During the previous school year that ended in [month], 1999,² did (NAME) attend school at any time?

- **Fieldwork is done between two school years and at the beginning of the new school year:**

- 16 DELETE THIS QUESTION
- 17 During the school year that ended in [month], 2000,² did (NAME) attend school at any time?
- 18 During that school year, what level and grade did (NAME) attend?
- 19 During the previous school year that ended in [month], 1999,² did (NAME) attend school at any time?

- **Fieldwork is done at the end of one school year, between school years, and at the beginning of a new school year:**

For interviews done through the last day of the first school year, the questions are unchanged.

For interviews done during the time between school years and during the new school year:

- 16 DELETE THIS QUESTION
- 17 During the school year that ended in [month], 2000,² did (NAME) attend school at any time?
- 18 During that school year, what level and grade did (NAME) attend?
- 19 During the previous school year that ended in [month], 1999,² did (NAME) attend school at any time?

¹ Note that in some cases, the timing of the school year varies by region or by district, so different sets of questions may be required for one country.

² Revise the month and year according to the close of the school year and the year the fieldwork is done.

DEMOGRAPHIC AND HEALTH SURVEYS
MODEL "B" WOMEN'S QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION ¹																						
PLACE NAME _____	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ² (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																						
NAME AND LINE NUMBER OF WOMAN _____																						

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY MONTH YEAR									
INTERVIEWER'S NAME	_____	_____	_____	NAME									
RESULT*	_____	_____	_____	RESULT									
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS									
TIME	_____	_____		□									
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">4 REFUSED</td> <td style="width: 33%;">7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONED	6 INCAPACITATED	
1 COMPLETED	4 REFUSED	7 OTHER _____											
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)											
3 POSTPONED	6 INCAPACITATED												

COUNTRY-SPECIFIC INFORMATION:

LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

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

¹ This section should be adapted for country-specific survey design.

² The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; remaining urban sample points are "towns".

SECTION 1. RESPONDENT'S BACKGROUND

Introduction and consent

The Women's Questionnaire begins with the interviewer's introduction and a request for the respondent's participation in the survey.

Time of interview (101)

Time, recorded in 101 and 820, is used to determine the length of the interview.

Childhood residence and mobility (102-104)

These questions begin the individual interview and are intended to provide a basis for developing an index of rural to urban migration. Such an index has shown greater analytical power for explaining contraceptive use and fertility than either childhood or current residence alone.

Date of birth and age of woman (105-106)

Both the month and year of birth and the age at last birthday are asked. The interviewer is instructed to reconcile birth date and age if possible. Reconciliation in the field is preferable to leaving inconsistencies that plague the editing process and must eventually be resolved by the analyst.

Education and literacy (107-112)

Education is one of the main factors influencing fertility, infant and child mortality, and health care. The questions on education attainment (107-109) are identical to those included in the earlier versions of the DHS questionnaire.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.¹</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 →END</p>	
--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→111
108	What is the highest level of school you attended: primary, secondary, or higher? ²	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest (grade/form/year) you completed at that level? ²	GRADE <input type="text"/> <input type="text"/>	

¹ Wording of this paragraph should be modified in countries where participation is legally required.

² Revise according to the local education system.

Women with less than secondary schooling are asked two questions concerning literacy. Respondents are given a simple test of their ability to read (111). This test replaces the question in earlier versions of the DHS core questionnaires that asked the respondent for a self-assessment of her literacy. A question has been added on participation in literacy-promoting programs (112).

Exposure to mass media (114-116)

Exposure to modern ideas and values through the press, radio, and television are associated with the adoption of fertility control. These questions are intended to provide a simple index of such exposure.

Questions on media exposure have been asked in previous versions of the DHS core questionnaire. However, the formulation of the questions has changed over time. The current formulation of these questions is a change from the DHS-III formulation and is meant to provide an index of the frequency of exposure to each of the three media.

Religion and ethnicity (117-118)

These questions are relevant in countries with religious and/or ethnic diversity. There is considerable evidence that reproductive behavior is influenced by normative attitudes associated with religious values and ethnic identity. This information is of potential programmatic value in identifying groups that have special needs.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. ¹ IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? ²	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' CIRCLED <input type="checkbox"/>		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	COUNTRY-SPECIFIC QUESTION ON RELIGION.		
118	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.		

¹ Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children", "Farming is hard work", "The child is reading a book", "Children work hard at school"). Cards should be prepared for every language in which respondents are likely to be literate.

² In countries with an interest in measuring participation across a number of literacy programs, an additional multiple-response question may be included for women who participated in a literacy program (for example, "What type of literacy programs have you participated in? PROBE: Any other programs?")

SECTION 2. REPRODUCTION

Lifetime fertility (201-210)

Questions 201-210 on lifetime fertility are standard preliminary questions aimed at determining the total number of births (and infant/child deaths) in the woman's history and they set the stage for the detailed history in 211-221.

Experience has indicated that certain types of events are underreported in reproductive histories; this is the reason for distinguishing children living at home from those living away, and from those who have died. Children that die in early infancy are particularly likely to be underreported and, for that reason, a specific probe is included to assist in capturing those events (206). The collection of the lifetime fertility data by sex also improves reporting, and allows estimation of sex-specific mortality rates.

SECTION 2: REPRODUCTION

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

Detailed birth history (211-224)

The detailed birth history is the heart of the questionnaire and provides the data from which fertility and infant and child mortality rates are derived.

Fertility surveys conducted in developing countries over the past several decades have differed widely in their approaches to collecting data on births. The complexity of questionnaires has ranged from that typically found in the Contraceptive Prevalence Surveys, which include a simple question on the date of the last live birth, to that in the World Fertility Surveys (WFS), which include a complete history of all live births a respondent ever had. Another strategy is the so-called “last live birth questions” in which respondents are asked about the dates of both their last live birth and the penultimate birth (as well as any pregnancies that occurred after the last live birth). Yet another approach to collecting recent fertility information is to use a “truncated history” approach, i.e., to obtain information on all births in the past five years.

Each of these approaches has advantages and limitations. A complete birth history was incorporated in the earlier versions of DHS core questionnaires and is included in the *DHS+* version. Complete birth histories clearly have the advantage of supplying a much richer data set to study trends in fertility, variations across cohorts and time periods, and the characteristics of birth intervals. A complete history also permits better estimation of current levels of fertility by allowing a more thorough evaluation of the quality of the data. Moreover, in countries with a previous DHS, WFS, or other survey, the full birth history will allow joint analysis of overlapping histories, thereby enhancing the ability to disentangle genuine trends from errors.

The interviewer is required to probe and convert all dates of births to calendar form (215). These probes may be time consuming, but they are critical to obtaining high-quality data.

The full birth and child survival history is used to calculate age-specific fertility and infant and child mortality rates for a recent period prior to a survey and to derive cohort-period rates that can be used to infer trends.

As part of the birth history, the *DHS+* questionnaire includes the line number of children from the Household Questionnaire (219). This facilitates linkage of the data in the Household Questionnaire to particular births.

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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

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? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?		
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2		
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2		
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2		
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2		
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2		
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES	1	NO			2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. <input type="text"/> FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. <input type="text"/> FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. <input type="text"/> FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. <input type="text"/>										
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 ¹ OR LATER. IF NONE, RECORD '0'.									<input type="text"/>	

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

Recording of births in the calendar; last five years (225)

The first entry in the monthly calendar (located on the last page of the questionnaire) results from the instruction of 225. Interviewers are required to record in column 1 of the calendar the dates of births in the last 5 to 6 years, along with the months of gestation.

Current and recent pregnancy history (226-234)

If the woman reports that she is pregnant, she is asked how many months in 227. This information is also recorded in column 1 of the calendar. The planning status of that pregnancy is then determined in 228 in order to help estimate the current need for contraception.

Other recent pregnancies that ended in a non-live birth (miscarriage, abortion, or stillbirth) during the past 5 to 6 years are determined in 229-234 and information about these pregnancies is recorded in column 1 of the calendar. Such information, though frequently underreported, is used to avoid misclassifying months in which the woman is in fact pregnant as months of exposure to the risk of pregnancy. This classification is relevant to the calculation of rates of contraceptive failure, discontinuation, and the likelihood of conception.

Last non-live birth prior to the calendar period (235-236)

Question 236 requires that the interviewer record the month and year of termination of the last pregnancy that ended in a non-live birth prior to the period covered by the calendar. This information, in conjunction with the data in the calendar on pregnancies ending in live births and non-live births, will permit the calculation of pregnancy intervals for all pregnancies ending in the calendar period. Pregnancy interval data is useful for the analysis of factors associated with perinatal and neonatal mortality.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1995, ¹ ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1995 ¹ OR LATER JAN. 1995 ¹		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1995. ¹ ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 1995 ¹ that did not result in a live birth?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 1995 ¹ end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

Menstruation and knowledge of the ovulatory cycle (237-239)

Question 237 provides a basis for classifying fecundity status and for improving the reporting of current pregnancy. Unlike earlier surveys that asked about women's perceptions of their ability to conceive, DHS surveys have relied on the reporting of menstruation, in conjunction with other information on contraception and lactation to classify fecundity status.

Knowledge of the time during the ovulatory cycle when a woman is most at risk of becoming pregnant is an indicator of her familiarity with the biology of reproduction. This knowledge is of particular interest for women who rely on the rhythm method or periodic abstinence for contraception. Respondents are asked if there is some time in the monthly ovulatory cycle when the risk of pregnancy is greatest (238) and then when during the cycle that is (239). Questions on knowledge of the ovulatory cycle were included in earlier versions of the DHS core questionnaire, but questions on the current questionnaire are formulated somewhat differently.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1300 163 1382 352"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY .. 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↳301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

Knowledge and use of contraceptive methods (301-303)

This page of questions communicates the concept of contraception to every respondent in terms of a listing of methods that are used for contraception. The method-by-method recital provides the framework for subsequent questions about family planning and is critical to obtaining complete reporting of both ever use and current use of contraception.

The respondent is first asked which methods she has heard about and the interviewer records the methods mentioned spontaneously in 301. She is then asked whether she has ever heard of each method she did not report spontaneously; this is done by reading the description of each of those methods. The response is again recorded in 301. For each method reported spontaneously or recognized after probing, the respondent is asked in 302 whether she has ever used the method. In 303 the interviewer is instructed to record the respondent's status with respect to ever use of any method.

The series of questions on knowledge (301) differs from that in earlier DHS questionnaires in several respects. 1) Additional methods have been included in the list: female condom, the lactational amenorrhea method, and emergency contraception. 2) The diaphragm is now recorded separately rather than being combined with foam and jelly. 3) In recording the knowledge information, no distinction is made between methods reported spontaneously and methods recognized after probing.

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ▾	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ▾	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ▾	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ▾	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2 ▾	YES 1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ▾	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

Probe on ever use of contraception (304 and 306)

A follow-up probe (304 and 306) for women who reported never using any method is included to provide one more check on the classification of user status. This is important because if the respondent is classified as a “never user,” she is skipped out of all subsequent questions asked of users of contraception.

First use of contraception (307)

This question is intended to locate the beginning of the woman’s contraceptive history and is useful for distinguishing women whose first use of a method was for spacing or for limiting fertility.

Current use of contraception (310)

The single most important piece of information in this section of the questionnaire is whether a woman is currently using contraception (310). It forms the basis for a calculation of the contraceptive prevalence rate.

For the purposes of this question, the intent of the woman is important. She is considered to be a current user if she is doing something with the intent of avoiding pregnancy even if her method is ineffective.

Contraceptive method currently used (311)

The question on specific method(s) used permits the calculation of method-specific prevalence rates and rates of modern and traditional method use.

Social marketing questions (312)

In countries where pill use is promoted through a social marketing program, it may be desirable to add questions on the brand name and cost per cycle of the respondent’s pills.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→329
311	Which method are you using? ¹ IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL ² C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→313 →316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	QUESTIONS ON SOCIAL MARKETING SHOULD BE ADDED IN COUNTRIES THAT HAVE AN ACTIVE SOCIAL MARKETING PROGRAM. ³		

¹ Response categories may be added for other methods.

² In countries without a social marketing program for pills, pill users skip to 316A.

³ Pill users skip to 316A after last question on social marketing.

Facility where sterilization was performed (313)

Women who have been surgically sterilized for contraceptive reasons or whose partners have been sterilized are asked about the type of facility in which the procedure was performed.

Informed consent for sterilization (314)

The purpose of 314 is to determine whether sterilized women or their sterilized husbands/partners were fully informed about the consequences of the sterilization.

Additional sterilization issues (315)

The sterilization module has been used in a number of countries and contains questions on issues such as satisfaction or regret with having had the operation and whether the respondent would recommend the operation to a friend or relative.

Date of initiation of current episode of contraceptive use (316-316A)

For current users of contraception, the date of beginning the current episode of use is asked in 316 (for users of sterilization) and in 316A (for all other current users).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>In what facility did the sterilization take place?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE ... 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
314	<p>CHECK 311:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
315	<p>IN COUNTRIES WHERE STERILIZATION IS COMMON, ADD ADDITIONAL APPROPRIATE QUESTIONS FROM STERILIZATION MODULE.</p>		
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
316A	<p>For how long have you been using (CURRENT METHOD) now without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>		
317	<p>CHECK 316/316A:</p> <p>YEAR IS 1995² OR LATER <input type="checkbox"/> YEAR IS 1994³ OR EARLIER <input type="checkbox"/></p>		→ 327

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

³ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1995, 1996 or 1997, respectively.

Facility where initially obtained current method (other than sterilization) (320)

Question 320 is asked to women who are currently using the pill, the IUD, injectables, implants, male or female condoms, the diaphragm, and foam/jelly. The objective is to obtain information on the type of facility from which the respondent obtained the method at the time when she began the current episode of use.

Information on method side effects (322-324)

Questions 322-324, concerning the provision of information about method side effects, are asked of current users of female sterilization, the pill, the IUD, injectables, and implants. The objective is to determine whether providers supplied women with adequate information about the possible problems associated with using a method and what to do if problems occurred.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→322</p> <p>→331</p> <p>→320A</p> <p>→331</p> <p>→331</p> <p>→331</p>
320	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>FIELDWORKER 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
320A	<p>Where did you learn to use the lactational amenorrhea method?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p>	<p>→328</p> <p>→325</p> <p>→325</p> <p>→325</p> <p>→325</p>
322	<p>You obtained (CURRENT METHOD FROM 319) from (SOURCE OF METHOD FROM 313 OR 320). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→324</p>
323	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→325</p>
324	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES 1</p> <p>NO 2</p>	

Information about alternative methods (325-326)

Questions 325-326, concerning the choice of methods offered by providers, are asked to current users of all methods that are usually obtained from a health provider. The objective is to determine whether providers informed women about alternative methods that were appropriate for them.

Last source of method (328)

Question 328, concerning the most recent source from which a contraceptive method was obtained, is asked only to current users of selected methods. This information is relevant to program planning and to increasing the general availability of contraception. There is particular interest in the differences between public and private sources of contraceptive methods.

Knowledge of a source of contraception (329-330)

Questions 329 and 330 are asked only to nonusers. These questions indicate if nonusers are aware of a place where they can obtain a method and the types of places that are known to be sources of contraception.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>CHECK 322:</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p> <p>At that time, were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→327</p>
326	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
327	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p>
328	<p>Where did you obtain (CURRENT METHOD) the last time?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>FIELDWORKER 25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→331</p>
329	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→331</p>

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

Contact with health providers (331-333)

These questions are asked of all respondents. The interest here is to determine whether health outreach workers are contacting women and providing information about family planning (331), and whether women are informed about family planning during health facility visits that are not specifically for the purpose of obtaining family planning advice or services (332-333).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
331	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→401
333	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

The questions in this section refer to children born in the 5 to 6 years before the survey in order to obtain a representative sample of live births in the country during that time period. The reference period is a change from the DHS-III core questionnaire which used a 3-year reference period and reverts to the DHS-I and DHS-II core questionnaires which used a 5-year reference period. This change was made in order to collect data for a reference period that is consistent with the definitions of health indicators used by UNICEF and the World Health Organization. Questions pertaining to antenatal care and most questions on postnatal checks have been limited to the last live birth (in the five years prior to the survey).

Fertility planning (405-406)

It is important to be able to classify births as wanted or unwanted and, if wanted, whether they occurred sooner than preferred. This is the objective of 405, which permits estimation of what the level of fertility would be if only wanted births had occurred. Women who report the birth as wanted but as having occurred earlier than wanted are then asked how much longer they would like to have waited (406). This information permits determination of the preferred length of birth intervals.

Antenatal care (407-414)

In order to detect problems associated with pregnancy and delivery, all women should receive routine antenatal checkups. National policies vary on the suggested number of visits and on the suggested health provider. Questions 407-411 ascertain whether or not women received antenatal care, the number of visits, the health provider, and the stage of pregnancy at the first and last checkup. The question on the month of gestation for the last checkup is new to the *DHS+* questionnaire. The interest here is to determine the amount of time between contact with the last health provider and delivery.

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1995 ¹ OR LATER <input type="checkbox"/> NO BIRTHS IN 1995 ¹ OR LATER <input type="checkbox"/>	487	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 ¹ OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← <input type="checkbox"/> LATER 2 NOT AT ALL 3 (SKIP TO 407) ← <input type="checkbox"/>	THEN 1 (SKIP TO 423) ← <input type="checkbox"/> LATER 2 NOT AT ALL 3 (SKIP TO 423) ← <input type="checkbox"/>
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? ² IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ← <input type="checkbox"/>	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 412)	

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

Question 412 was designed to determine the content of antenatal care. Respondents are asked if any of a list of five procedures (height, weight, blood pressure, urine, and blood draw) were performed at least once during their antenatal care visits. This list is a subset of antenatal care procedures recommended by WHO. The particular items in the list were selected for inclusion in the *DHS+* questionnaire because they all involve participation by a woman, making it likely that she can recall whether or not the procedure was done.

It is known that much of what is routinely done during an antenatal care visit cannot prevent maternal deaths, the majority of which happen around the time of delivery. Therefore, teaching pregnant women the danger signs associated with pregnancy and delivery, as well as the appropriate actions to take, are essential components of antenatal care. Questions 413-414 measure whether this advice is given to women.

Tetanus toxoid (415-416)

Neonatal tetanus, an almost universally fatal disease, can be prevented by transfer of immunity from a mother who has been adequately immunized to the baby who is still in the womb. The degree to which a woman is immune to tetanus depends on both recent vaccinations and vaccinations she has received throughout her life, including in her childhood. Since it is not possible to obtain accurate information about the number and timing of all lifetime vaccinations from the woman's recall, 415 simply collects information on the percentage of last live births to mothers who received a tetanus toxoid vaccination. Since most women are unlikely to have received tetanus toxoid vaccinations during childhood, they generally need two doses during their first pregnancy and a booster dose during subsequent pregnancies within three years. An attempt is made to distinguish tetanus toxoid from other injections by specifying where the injection is given (i.e., in the arm).

Iron supplementation and night blindness (417-420)

Nutritional deficiencies in women are often exacerbated during pregnancy because of the additional nutrient demands associated with fetal growth. In poorly nourished pregnant women, these problems are even more pronounced. Iron deficiency anemia is the most common micronutrient deficiency in the world. It is a major threat to safe motherhood as it contributes to low birth weight, lowered resistance to infection, poor cognitive development, and decreased work capacity. Iron status can be improved by means of iron supplements for women along with improved diets and control of parasites and malaria. Iron supplementation is necessary for pregnant women because their needs are too high to be met by means of food intake. Taking iron tablets for several months is now recommended for countries where anemia prevalence is moderately high. Questions 417-418 determine whether women are being reached with iron supplementation.

Night blindness, or difficulty seeing at dusk, is a result of chronic vitamin A deficiency (VAD) and is often seen in pregnant women in areas where VAD is endemic. Night blindness is a symptom of advanced, or severe, VAD, and a significant amount of night blindness in pregnant women is indicative of a larger problem of mild and moderate VAD in the region. Questions 419-420 ascertain the extent to which night blindness is a problem during pregnancy.

Malarial prophylaxis (421-422)

WHO recommends that a pregnant woman take malaria prophylaxis throughout pregnancy. In areas with endemic malaria, the taking of chemoprophylaxis during pregnancy is associated with fewer episodes of fever and illness in mothers and higher birth weight in infants.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE ... 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2	
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) ← DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8	
415	During this pregnancy, were you given an injection in the arm ¹ to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? ² SHOW TABLET/SYRUP. ²	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? ^{2,3} IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8	
421	During this pregnancy, did you take any drugs to prevent you from getting malaria? ⁴	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8	

¹ Vaccination practices may vary; this question should specify where the injection is given, e.g., arm or shoulder.

² Syrup should be deleted in countries where syrup is not used.

³ In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.

⁴ Delete in countries where malaria is not prevalent.

Size of newborn baby (423-425)

Low-birth-weight babies face higher risks of dying than do babies of normal birth weight. Respondents are asked the baby's birth weight (424-425) and, since some babies will not have been weighed at birth, their subjective assessment of the baby's size at birth (423). An analysis of the responses from the women who can answer both of these questions will give an indication of what women mean by the subjective categories ("very small", "average", etc.) in 423. This information allows an estimate of the average birth weight. Programs designed to lower infant mortality rates through the prevention of low birth weight can use the estimates of the proportion of low-birth-weight babies for planning purposes. These data are also an indicator of a newborn's health status and a predictor of subsequent morbidity and mortality.

Delivery (426-428)

Access to a skilled provider of obstetric care at the time of delivery is now recognized as critical to the reduction of maternal mortality. Whereas many national programs previously sought to reduce maternal mortality by training traditional birth attendants, most now acknowledge that provision of essential obstetric care is necessary. Of course, access to a medically skilled provider does not necessarily mean all women should strive for a facility-based delivery. Questions 426 and 427 ascertain where a woman delivered and the qualifications of the person who assisted at the delivery.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
422	What drugs did you take? ¹ RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR A CHLOROQUINE B UNKNOWN DRUG C OTHER _____ X (SPECIFY)	
423	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 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE ... 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
426	Who assisted with the delivery of (NAME)? ² Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)? ² IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 429) ← OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←	HOME YOUR HOME 11 (SKIP TO 429) ← OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←

¹ Delete in countries where malaria is not prevalent.

² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

Question 428 asks whether a delivery was by caesarean section. Rates of caesarean section are a good indicator of access to essential obstetric care. Differentials in these rates by geographic region or by socioeconomic characteristics of the woman can identify underserved populations. Abnormally high rates may also indicate overuse of caesarean section.

Postnatal care (429-432)

A large proportion of maternal deaths occur during the 48 hours before and after delivery. In spite of the high risk associated with the immediate postpartum period, particularly from sepsis and hemorrhage, very little is known about health practices during this period. Safe Motherhood programs have recently given increased attention to the importance of a postpartum visit, recommending that all women have a check on their health within 48 hours of delivery. Question 429 ascertains whether a woman's health was checked by a health provider after the birth of her last child. Questions 430 to 432 inquire into the timing of the first postnatal checkup, the type of health provider, and the location of the checkup. These questions measure the success of country programs at instituting postnatal health checks. The questions are not asked about births that were delivered in institutions since it can be assumed that institutional births received some postnatal care.

Postnatal vitamin A (433)

Breastfeeding helps protect infants against vitamin A deficiency. A single postpartum dose of vitamin A given to women within eight weeks of delivery increases the vitamin A content of breast milk. Question 433 provides information on whether or not a mother received this supplement.

Postpartum amenorrhea and abstinence (434-439)

Information on the duration of postpartum amenorrhea and abstinence is collected to determine the influence of these variables on the length of birth intervals and on the general level of fertility in the population. These durations vary a great deal across countries and can relate strongly to the use of contraception and the probability of conception.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	Was (NAME) delivered by caesarean section?	YES 1 (SKIP TO 433)←	YES 1 (SKIP TO 435)←
		NO 2	NO 2
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 (SKIP TO 433)←	YES 1 (SKIP TO 435)←
		NO 2	NO 2
430	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL ... 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL . 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)	
432	Where did this first check take place? ¹ IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436)←	
		NO 2 (SKIP TO 437)←	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439)←
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

Breastfeeding: ever breastfed, initiation, and duration (440-441; 445-446)

For each child born in the last 5 years, the respondent is asked whether the infant was ever breastfed (440). Question 441 asks about the length of time from birth until the infant was first put to the breast. Breastfeeding practices immediately after birth vary. Among some groups the infant is placed at the breast soon after birth; among others the infant is not put to the breast until much later, so he or she does not receive the colostrum containing high concentrations of the antibodies that protect the child from infection. Delays in placing the infant at the breast may contribute to breastfeeding failure. This reduces the birth spacing effect of lactational amenorrhea and can lead to poor health for the child. The respondent is also asked if the child is still being breastfed (445), and if not, the duration of any breastfeeding (446).

Prelacteal feeds (442-443)

For approximately three days after delivery, the breasts secrete colostrum. Colostrum is yellow and thicker than the later milk, and it contains more antibodies and white blood cells. It gives the infant protection against bacteria and viruses that he/she may encounter. There are some communities that believe colostrum is not good for infants and do not allow them to have colostrum. Fluids and/or solids given to infants in the first few days after delivery are called prelacteal feeds. They may introduce pathogens that cause diarrhea and other diseases. Prelacteal feeds are given during the period when the colostrum is produced prior to the free flow of the mother's mature milk and rob the infant of this important health protecting substance. The respondent is asked whether the infant was given any prelacteal feeding (442) and if so, what was given (443).

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT <input type="checkbox"/> PREGNANT OR UNSURE (SKIP TO 439) <input type="checkbox"/>	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←
441	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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446) ←
445	Are you still breastfeeding (NAME)?	YES 1 NO 2 (SKIP TO 448) ←	YES 1 NO 2 (SKIP TO 448) ←
446	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454) (SKIP TO 450)

Frequency of breastfeeding (448-449)

Two issues are of importance with regard to the effect of feeding practices on child health, mortality, and physical growth. 1) Introducing breast milk substitutes to young infants (before 6 months of age) interferes with the establishment of successful lactation and contributes to breastfeeding failure. In addition, the breast milk substitutes (other milks, local porridges, or infant formula) given to infants are often watered down, providing too few calories. Breast milk substitutes may also be contaminated, exposing the infant to a cycle of malnutrition and diarrheal illness. 2) Introducing complementary foods too late results in malnutrition since the child does not receive enough calories for his/her needs. Feeding complementary foods that do not contain enough calories, proteins, vitamins, and other nutrients will also result in specific nutritional problems, such as vitamin A deficiency (VAD).

The use of breast milk substitutes also affects the duration of amenorrhea, since it results in less suckling by the infant which, in turn, leads to a decreased production of pituitary hormones by the mother and to a shorter duration of postpartum amenorrhea. The child's health and nutritional status and the duration of postpartum amenorrhea are affected by the intensity of breastfeeding, which is assessed by asking how many times the child was breastfed during a 24-hour period (448-449).

Bottle-feeding, sugar added to foods, and frequency of meals and snacks (450-452)

Question 450 determines whether the child was given anything to drink from a bottle with a nipple. Since it is difficult to clean feeding bottles, their use places the child at high risk for developing diarrhea. The use of a feeding bottle for giving liquids to a breastfed baby may suggest that the baby receives less breast milk and spends less time suckling at the breast.

When added to foods, sugar provides an additional source of energy (an important dietary component) for children. If widely given to children under 6 years, sugar could be a vehicle for fortification with vitamin A. Question 451 determines whether sugar was given to children the day before the interview.

Children should continue breastfeeding through at least 24 months. After six months, when complementary feeding is introduced, the frequency of meals and snacks varies by the age and breastfeeding status of the child. A child who is still breastfeeding at 6 to 8 months should receive meals and snacks 2 to 3 times a day. Between 9 and 11 months, the child should receive 3-4 complementary feeds per day, and from 12 months onwards the child should eat at least 4 to 5 times per day. Question 452 asks about the frequency of feeds with solid, semisolid, or soft foods.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS . . <input type="text"/> <input type="text"/>
450	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
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH, AND NUTRITION

Vitamin A supplementation for children (457 and 460)

Starting at about six months of age, a variety of foods that have vitamin A should be given to complement the vitamin A in breast milk. From 6 to 18 months, additional vitamin A intake is necessary because more frequent infections such as diarrhea and measles use up vitamin A stores. Vitamin A can be given in oral supplements to children in the form of liquid drops that come in ampules, capsules, or syrup. Since vitamin A can be stored in the liver, concentrated doses can be given. Each child needs to be given 10 doses at 6-month intervals from about six months of age. Vitamin A is delivered during routine immunization contacts as well as during national immunization days for oral polio vaccine. Therefore, Questions 457 and 460 ask whether the child has received vitamin A during the past six months and verify the supplementation from the vaccination card.

Vaccination history (458-465)

Information about the immunization status of surviving children born in the last 5 to 6 years is collected to ascertain the level of coverage, and hence the level of protection against specific diseases. The data are also used in analyses of use of health services, to determine "missed opportunities" for vaccinations, and to identify high-risk groups that are not benefitting from immunization programs. Examples of "missed opportunities" would be a mother who has received recent antenatal care, but whose children have not been immunized, or children who have visited a health facility recently, but have not received an immunization.

The immunization record filled out by health workers and kept in the household is the main source of information about childhood vaccinations. The dates of vaccination against tuberculosis (BCG vaccine), diphtheria, whooping cough and tetanus (DPT), poliomyelitis, and measles are copied into the questionnaire from the vaccination cards (460). For multiple-dose vaccines, the date of each dose is recorded. An examination of the age at vaccination for successive age cohorts allows an analysis of changes in performance of the immunization program. Respondents are also asked if the child has received any vaccinations not written on the card (461).

When there is no card, the mother is asked if she ever had a card for that child (459). She is also asked which immunizations the child has received, if any (462-463). The questions probing for immunizations will determine whether the child ever received BCG vaccine, polio and DPT vaccines (including the number of doses), and measles vaccine (463). BCG vaccine usually leaves a scar and is usually given as an injection in the left arm or shoulder. Polio vaccine is usually given orally as (pink) drops, and it is usually recommended that children receive three or four doses in the first year of life, though other vaccination schedules may be used in some countries. The DPT vaccine is an injection usually given at the same time as the oral polio vaccine except when polio vaccine is given during national immunization days. Measles vaccine is given as an injection, and is usually recommended to be given at nine months of age.

Women are also asked if their child participated in a national immunization campaign in the last two years and, if so, which campaign (464-465). Depending on the country, it may be possible to determine which vaccines were administered in specific campaigns.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 ¹ OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																										
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>																																																																																								
456	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484)																																																																																								
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																																																								
458	Do you have a card where (NAME'S) vaccinations are written down? ² IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460)← YES, NOT SEEN 2 (SKIP TO 462)← NO CARD 3	YES, SEEN 1 (SKIP TO 460)← YES, NOT SEEN 2 (SKIP TO 462)← NO CARD 3																																																																																								
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462)← NO 2	YES 1 (SKIP TO 462)← NO 2																																																																																								
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. ² (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG ..</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA ..</td><td></td><td></td><td></td></tr> <tr><td>VIT. A .</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG ..				P0				P1				P2				P3				D1				D2				D3				MEA ..				VIT. A .				<table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG ..</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA ..</td><td></td><td></td><td></td></tr> <tr><td>VIT. A .</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG ..				P0				P1				P2				P3				D1				D2				D3				MEA ..				VIT. A .			
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¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

² To be developed locally since immunization practices may vary from country to country, as may the terms used for the written record and for the vaccinations. Add yellow fever, rubella, MMR, Hib (3 doses), and hepatitis B (3 doses) in 460 in countries where these vaccinations are listed on the vaccination card.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S). ¹	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) NO 2 (SKIP TO 464) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) NO 2 (SKIP TO 464) ← DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations: ²		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? ³	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? ³	YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) ← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466) ← DON'T KNOW 8 (SKIP TO 466) ←	YES 1 NO 2 (SKIP TO 466) ← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466) ← DON'T KNOW 8 (SKIP TO 466) ←
465	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	CAMPAIGN 1 (TYPE/DATE) A CAMPAIGN 2 (TYPE/DATE) B CAMPAIGN 3 (TYPE/DATE) C CAMPAIGN 4 (TYPE/DATE) D	CAMPAIGN 1 (TYPE/DATE) A CAMPAIGN 2 (TYPE/DATE) B CAMPAIGN 3 (TYPE/DATE) C CAMPAIGN 4 (TYPE/DATE) D

¹ Add to interviewer instruction yellow fever, rubella, MMR, HIB, and hepatitis B where these are included in 460.

² To be developed locally since immunization practices may vary from country to country, as may the terms used for the vaccinations. Include question on injection for yellow fever wherever this is included in 460.

³ Adapt question locally after determining the most common injection site.

Child illness episodes; last two weeks (466-482)

Malaria, diarrhea, and acute lower respiratory infection (primarily pneumonia) are major causes of death in young children. The questions concerning these health problems are designed to determine how children are treated and the extent of their contact with the health care system. A 2-week reference period was chosen in order to obtain large enough sample sizes to allow meaningful analyses without encountering substantial problems with respondent recall.

Fever (466)

In the majority of developing countries, the diagnosis of malaria is presumptive and it is mainly associated with fever (466). Questions concerning the treatment of children with fever appear below (473-474).

Cough/Acute respiratory infection (467-468)

In addition to providing information about treatment and contact with health services, the questions about cough or acute respiratory infection (ARI) also indicate the proportion of children who show symptoms consistent with acute lower respiratory infection (ALRI). Since ALRI, primarily pneumonia, is the cause of a significant proportion of infant and childhood deaths, programs for the early identification and antibiotic treatment of pneumonia (or ALRI) are being implemented in many countries. The World Health Organization (WHO) has drawn up guidelines for the case management of ALRI; however, relatively little data exist to estimate the demands that this initiative will place on health care delivery systems.

The question to determine whether a child has been ill with a cough in the past two weeks (467) is followed by a question on whether the child was breathing rapidly (468). Children who are more severely ill and who have an acute lower respiratory infection have an increased respiratory rate, i.e., they breathe faster than normal.

Health-seeking behavior; fever and cough (470-471)

Contact with health services is ascertained with respect to children who are reported to have had fever and/or cough in the past two weeks (470-471). Especially in the case of children suffering from ALRI, it is important to know what proportion are in contact with health personnel since WHO's case management approach recommends treatment by health personnel. The health facilities listed in the response to this question range from a small health post to a health center and hospital. A health post or dispensary usually has no inpatient beds, while a health center usually has at least a few maternity and general beds. Since some countries use the term "clinic" to describe certain health facilities, this term has also been included. The specific names of health facilities used as response categories should reflect country-specific nomenclature.

Fever treatment (473-474)

The recommendations of WHO call for prompt and correct treatment of fever with an antimalarial drug. Mothers are asked if any drugs were taken by the child (473) and, if so, what drugs were taken (474).

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469) ← 1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) ← 1 DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 475)	"YES" IN 466 OR 467 <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ← 1	YES 1 NO 2 (SKIP TO 472) ← 1
471	Where did you seek advice or treatment? ¹ Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER ... B GOVT. HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J FIELDWORKER K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER ... B GOVT. HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J FIELDWORKER K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N OTHER _____ X (SPECIFY)
472	CHECK 466: HAD FEVER? ²	"YES" IN 466 <input type="checkbox"/> ↓ "NO" OR "DK" IN 466 <input type="checkbox"/> ↓ (SKIP TO 475)	"YES" IN 466 <input type="checkbox"/> ↓ "NO" OR "DK" IN 466 <input type="checkbox"/> ↓ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever? ²	YES 1 NO 2 (SKIP TO 475) ← 1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← 1 DON'T KNOW 8

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad coding categories must be maintained.

² Delete in countries where malaria is not prevalent.

Diarrhea and its treatment (475-482)

The questions concerning diarrhea are designed to determine treatment practices in the population and whether oral rehydration therapy is given to children with diarrhea. The local language term(s) for diarrhea that are used in these questions should be inclusive of the word(s) that are used to refer to dysentery (i.e., stools with blood).

Since most programs to control morbidity and mortality from diarrhea emphasize giving increased fluids to children with acute watery diarrhea, the respondent is asked whether the child was given an increased amount of fluids during the diarrheal episode. All mothers are asked if the child was offered the same amount of liquid to drink as before the diarrheal illness, or if the child was offered more or less than usual (476). While it is important to give increased fluids in order to prevent dehydration, continued feeding of a child who is ill with diarrhea is also important in order to prevent, or minimize, the development of malnutrition. Hence, mothers are also asked about the amount of food offered to the child to eat during diarrhea (477).

Mothers of children with diarrhea are asked whether the children received fluid made from a packet of oral rehydration salts (ORS) and whether they were given liquids made from ingredients typically available at home according to directions recommended by health officials (478). The respondents are also asked to list any other treatment given for the diarrhea (479-480) in order to allow estimation of the proportion of children who receive appropriate treatment, as well as the extent of forms of treatment that may be inappropriate, e.g., antibiotics. Contact with health services is also recorded (481-482). The response categories used for the health facilities in this question should be the same as the categories used with regard to fever/cough (471).

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
474	What drugs did (NAME) take? ¹ RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR A CHLOROQUINE B ASPIRIN C IBUPROFEN/ACETAMINOPHEN D OTHER _____ X (SPECIFY) DON'T KNOW Z	FANSIDAR A CHLOROQUINE B ASPIRIN C IBUPROFEN/ACETAMINOPHEN D OTHER _____ X (SPECIFY) DON'T KNOW Z
475	Has (NAME) had diarrhea in the last 2 weeks? ²	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was he/she given any of the following to drink: ³ a A fluid made from a special packet called [LOCAL NAME]? b 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
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←

¹ Delete in countries where malaria is not prevalent. Coding categories to be developed locally and revised based on the pretest. Common brand names of drugs, such as Bayer, Tylenol or Paracetamol, should be added to the response categories for aspirin or ibuprofen/acetaminophen, as appropriate.

² The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.

³ The items should be adapted to include the terms used locally for the recommended home fluid. The ingredients promoted by the National Control of Diarrheal Diseases Program or by the Ministry of Health for making the recommended home fluid should be reflected in the categories.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER ... B</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRAD. PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER ... B</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRAD. PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad coding categories must be maintained.

Disposal of children's stools (485)

Appropriate sanitation practices are linked with a decrease in diarrhea risk and mothers are asked where they dispose of their children's stools (485).

Additional questions on hygienic practices are located in the Household Schedule (33-34) and the Woman's Questionnaire (495).

Knowledge of ORS packets (487)

Respondents are asked if they have knowledge of packets of oral rehydration salts (ORS) in terms of the local name of the packets.

Decision-making; children's medical treatment (489)

This question provides information on whether women themselves are the decision-makers on whether their children should access medical care. Women are the primary caretakers of children and their ability to make decisions for the children for whom they are responsible is important for both women's empowerment and the health of their children. If women are not themselves the decision-makers, the speed with which children receive care may be adversely affected.

Additional questions in the Woman's Questionnaire on women's status and empowerment are 623, 628 and 717-721.

Barriers to women's medical treatment (490)

Several barriers—cultural, social, and financial—can prevent women from accessing health care for themselves. This question helps to identify some of these barriers. The information can help inform interventions designed to increase women's access to and use of health services.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1995 ¹ OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→487																								
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE . 02 THROW OUTSIDE THE DWELLING 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 RINSE AWAY 06 USE DISPOSABLE DIAPERS 07 USE WASHABLE DIAPERS 08 NOT DISPOSED OF 09 OTHER _____ 96 (SPECIFY)																									
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→488																								
487	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES 1 NO 2																									
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		→490																								
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3																									
490	Now I would like to ask you some questions about medical care for you yourself. 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?	<table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> </tr> <tr> <td>The distance to the health facility.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Having to take transport.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	Knowing where to go.	1	2	Getting permission to go.	1	2	Getting money needed for treatment.	1	2	The distance to the health facility.	1	2	Having to take transport.	1	2	Not wanting to go alone.	1	2	Concern that there may not be a female health provider.	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																									
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Concern that there may not be a female health provider.	1	2																									

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1996, 1997 or 1998, respectively.

Feeding practices (491-493)

Malnutrition is a major public health problem around the world, and dietary intake is a proximate factor. Breast milk alone does not satisfy the dietary needs for healthy growth in infants over six months. The introduction of complementary foods for children at the appropriate age is important for child nutrition. To develop preventive and curative strategies for childhood malnutrition, dietary intake needs to be accurately measured in a variety of settings. Such a measurement is based on information provided by mothers including the types of foods a child eats and how often. Optimal feeding of children over six months of age requires a diverse diet adequate in macro and micronutrients. For most nutrients, a 24-hour recall is sufficient to capture the usual dietary intake of children less than 3 years old (who usually consume a less varied diet than older children or adults). However a larger number of days is required for nutrients such as vitamins A and B and fats.

In order to obtain a better picture of the quality of the child's diet, the mother is asked about the types of liquids and foods given to her child in the seven days preceding the interview (492-493). In these questions, 5 categories of liquids and 10 categories of foods are grouped according to their most important nutritional contribution to the diet. Questions on complementary feeding have been included in previous versions of the DHS core questionnaire, but their formulation differs in this version of the core questionnaire. The current series of questions begins with a filter that limits data collection to the last birth in the last three years for which the child resides with the respondent (491). For that child, the mother is asked the number of *days* in the last seven days that the child consumed each category of liquid (492) or food (493) and the number of *times* in the last 24 hours that the child had each category of liquid or food.

The rationale for the food categories follows.

493a: Foods made from millet, sorghum, maize, wheat, rice, or other grains are good sources of calories, niacin, and B vitamins; examples of such foods are porridges, bread, noodles, and local starchy staples.

493b, d and e: Several types of foods have a high vitamin A content, including red sweet potatoes, green leafy vegetables, carrots, pumpkin, red squash, mango, and papaya.

493c: Cassava root is used often as a staple food and provides calories but few other nutrients. Foods made from other roots and tubers such as yams, plantains, and white potatoes, are also good sources of calories.

493f: Other fruits and vegetables provide additional vitamins and minerals.

493g: Eggs, fish, poultry, meat and dairy products are primarily sources of animal protein and iron.

493h: Foods made from lentils, beans, pulses and peanuts are good sources of vegetable protein but also provide micronutrients.

493i: In addition to breast milk and other milks, infants may secure protein from cheese and yogurt.

493j: During complementary feeding up to two years and beyond, the diet should provide 30 to 40 percent of energy from fat, which may be consumed as visible fats such as cooking oils or invisible fats such as oils present in cereals and legumes. Visible fats and oils that are included in question 493j include butter, margarine, ghee, lard, and vegetable oils (such as palm, coconut, maize, groundnut, soybean, olive, sunflower, and cottonseed). Fat is important because, weight for weight, it provides more than twice as much energy as carbohydrates or protein, thus reducing the bulk of the diet. Fats and oils are also good sources of fat-soluble vitamins and assist with the absorption of other nutrients. Unsaturated fatty acids are essential for pre- and postnatal development of the brain in children.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 1997¹ OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 1997¹ OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	<p>494</p>
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p>
493	<p>Now I would like to ask you about the types of foods² (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Any food made from grains [e.g., millet, sorghum, maize, rice, wheat, porridge, or other local grains]?</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes³?</p> <p>c Any other food made from roots or tubers [e.g., white potatoes, white yams, manioc, cassava, or other local roots/tubers]?</p> <p>d Any green leafy vegetables?</p> <p>e Mango, papaya [or other local vitamin A rich fruits]?</p> <p>f Any other fruits and vegetables [e.g., bananas, apples/sauce, green beans, avocados, tomatoes]?</p> <p>g Meat, poultry, fish, shellfish, or eggs?</p> <p>h Any food made from legumes [e.g., lentils, beans, soybeans, pulses, or peanuts]?</p> <p>i Cheese or yoghurt?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>j <input type="checkbox"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>i <input type="checkbox"/></p> <p>j <input type="checkbox"/></p>

¹ For fieldwork beginning in 2001, 2002 or 2003, the year should be 1998, 1999 or 2000, respectively.

² The following separate food categories must be added in countries where these foods are fed to children:

commercially prepared baby food; chicken/beef liver, tripe, other organ meats; grubs, snails, insects, other small protein food.

³ Items in this category should be modified to include only vitamin A rich tubers, starches, or red or yellow vegetables that are consumed in the country.

Sleeping under a bednet (494)

Question 494 determines whether the respondent slept under a bednet the previous night, a practice that decreases the risk of malaria. Pregnant women, in particular, are more susceptible to malaria and experience a higher density of parasitemia than non-pregnant women. A heavy parasite load in the placenta increases the risk of fetal growth retardation and perinatal mortality.

Hand washing before food preparation (495)

The washing of hands at appropriate times (before food preparation, after urination, defecation, and handling of the sick) is one of the most important means of preventing the spread of disease through direct contact and through food contamination. The purpose of this question is to ascertain whether the respondent prevented food contamination by washing her hands before she last prepared food for her family, which is taken as her typical practice.

Use of tobacco (496-498)

These questions investigate tobacco use by women (496). For both men and women, smoking is a risk factor for lung, larynx, pancreas, heart, and other diseases. For women, there are additional risks: osteoporosis, cervical cancer, and early menopause. Smoking during pregnancy can induce hypoxia and morphological changes in the placenta, increasing the risk of fetal growth retardation and perinatal mortality. The level of risk of these health hazards is directly correlated with the number of cigarettes consumed (498).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
494	Did you sleep under a bednet last night? ¹	YES 1 NO 2	
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEAL 3	
496	Do you currently smoke cigarettes or tobacco? ² IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
497	CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		→501
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	

¹ Delete in countries where malaria is not prevalent.

² Add local terms.

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

Marital status and coresidence (501-502 and 504-505)

These questions are used for classifying the marital status of the respondent. Throughout the DHS survey program, the concept “married” includes women in both formal and informal unions so that respondents are asked if they are currently married or are living with a man. Respondents who report that they were previously married but are not currently married are asked if they are widowed, divorced, or separated.

Polygynous unions (507-509)

Questions 507-509 are intended to measure the prevalence, characteristics and the rank of the respondent in polygynous unions.

Date and age at first marriage (510-512)

The duration of marriage is a key variable for many demographic analyses. The age at which marriage begins, although an increasingly imperfect indicator of the beginning of exposure to the risk of pregnancy, is highly correlated with lifetime fertility. A women is asked to supply the month and year of her (first) union, or if the year is not remembered, the age at which she first started living with her partner.

Age at first sexual activity (514)

Information about sexual activity has many uses. It bears on exposure to the risk of pregnancy both for unmarried women (teenagers and older women) and for currently married women. Age at first sexual intercourse is the more appropriate demarcation of the beginning of exposure to pregnancy than is age at first marriage, which may occur later in time.

All women are asked the age at which they first had sexual intercourse. The portion of the question in parentheses (if ever) provides a different phrasing of the question for women who have never been in a union and do not currently have a sexual partner, and use of the phrase “if ever” is intended to somewhat soften the question for young teenagers. This question directly asks respondents about first sexual intercourse rather than first asking if they have ever had sexual intercourse because the latter procedure leads to underreporting of sexual experience among young unmarried women.

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→510 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
507	Does your husband/partner have any other wives besides yourself? ¹	YES 1 NO 2	→510
508	How many other wives does he have? ¹	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	→510
509	Are you the first, second, ... wife? ¹	RANK <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p><input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p><input type="checkbox"/></p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→514
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→524

¹ Question may be deleted in countries where polygyny is not practiced.

Sexual activity and condom use during the last 12 months (515-522)

These questions are asked to women who have had sexual relations in the last 12 months (515). In all societies, very few women have more than two sexual partners in a 12-month period so the questions are asked only in terms of the respondent's last partner and her next-to-last partner in that time period. The information obtained about sexual behavior in a population is useful for the design of programs dealing with sexually transmitted diseases (STDs) and HIV/AIDS.

The respondent is asked three questions about her last sexual partner: 1) was a condom used during her last sexual intercourse with him, 2) what was her relationship to him, and 3) how long had she had sexual relations with him (516-518). If the respondent had another sexual partner during the last year (519), she is asked these questions about that partner (520-522).

This information can be used to describe the type of sexual partners women have had during the last year and the extent to which condoms are used with various types of partners.

Number of sexual partners during the last 12 months (523)

Respondents who have had more than one sexual relationship during the last year are asked the number of men with whom they have had relations in that period.

Knowledge of source for and access to condoms (524-526)

Health programs in many countries now advocate the use of condoms during sexual relations under certain circumstances in order to curtail the spread of STDs and HIV/AIDS. To assess the practicality of this strategy, respondents are asked whether they know a place where condoms can be obtained (524) and if they could obtain condoms from a source if they wanted to (526).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/><input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/><input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/><input type="text"/></p> <p>YEARS AGO 4 <input type="text"/><input type="text"/></p>	→524
516	The last time you had sexual intercourse, was a condom used? ¹	<p>YES 1</p> <p>NO 2</p>	
517	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER . 01</p> <p>MAN IS BOYFRIEND/FIANCÉ 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	→519
518	For how long have you had sexual relations with this man?	<p>DAYS 1 <input type="text"/><input type="text"/></p> <p>WEEKS 2 <input type="text"/><input type="text"/></p> <p>MONTHS 3 <input type="text"/><input type="text"/></p> <p>YEARS 4 <input type="text"/><input type="text"/></p>	
519	Have you had sex with any other man in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→524
520	The last time you had sexual intercourse with another man, was a condom used? ¹	<p>YES 1</p> <p>NO 2</p>	
521	<p>What is your relationship to this man?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER . 01</p> <p>MAN IS BOYFRIEND/FIANCÉ 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	→523
522	For how long have you had sexual relations with this man?	<p>DAYS 1 <input type="text"/><input type="text"/></p> <p>WEEKS 2 <input type="text"/><input type="text"/></p> <p>MONTHS 3 <input type="text"/><input type="text"/></p> <p>YEARS 4 <input type="text"/><input type="text"/></p>	
523	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>	
524	Do you know of a place where a person can get condoms?	<p>YES 1</p> <p>NO 2</p>	→527

¹ In countries with an active female condom program, a question should be added on use of a female condom.

Knowledge of source for and access to female condoms (527-529)

Questions are also asked about knowledge of and access to a source of female condoms.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	<p>Where is that?¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
526	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
527	Do you know of a place where a person can get female condoms? ²	<p>YES 1</p> <p>NO 2</p>	→601
528	<p>Where is that?^{1,2}</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
529	If you wanted to, could you yourself get a female condom? ²	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² Question may be deleted in countries where female condoms are not actively promoted.

SECTION 6. FERTILITY PREFERENCES

Reproductive intentions (602-603)

These questions probe the basis for classifying women by their reproductive preferences. There are two dimensions to these preferences: limiting (602), and spacing or timing of the next birth (603). This information is basic for the analysis of contraceptive prevalence and fertility. It is especially important for the measurement of unmet need for family planning because it identifies women who want no more children or who want to postpone their next birth.

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		→614
602	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2 →604</p> <p>SAYS SHE CAN'T GET PREGNANT . 3 →614</p> <p>UNDECIDED/DON'T KNOW:</p> <p>AND PREGNANT 4 →610</p> <p>AND NOT PREGNANT OR UNSURE 5 →608</p>	
603	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993 →609</p> <p>SAYS SHE CAN'T GET PREGNANT 994 →614</p> <p>AFTER MARRIAGE 995</p> <p>OTHER _____ 996 →609</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	
604	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		→610
605	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>CURRENTLY NOT USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		→608
606	<p>CHECK 603:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></p>		→610

Reason for not currently using a contraceptive method (607)

Women who want no more children or who want to postpone the next birth but who are not using contraception (i.e., who have an unmet need for family planning) are the subject of considerable interest. This question (607) is designed to determine why such women are not using a contraceptive method despite their reproductive intention to terminate childbearing or delay the next pregnancy.

Intensity of motivation to avoid or delay pregnancy (608)

This is the only item in the questionnaire intended to measure the intensity of the motivation to avoid or delay having another child. Some of the discrepancy between a woman's fertility preferences and her family planning behavior may be the result of weak motivation to avoid or delay another child.

Intention to use contraception (610-611)

Women who are not currently using a method are asked whether they intend to use one in the future. There is strong evidence that such intentions are highly predictive of future use.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY... D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED ... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX 4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→614
610	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→612
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→614

Reason for not intending to use a contraceptive method (612-613)

Women who replied in 610 that they do not intend to use a method at any time in the future or they are unsure about future use are queried in 612 about the main reason. Although similar to 607 (reason for not currently using a method), 612 is asked of all nonusers who do not intend to use in the future. Question 613 is included to classify women who may feel that it is inappropriate to respond in the affirmative to 610 because they are not married.

Ideal number of children (614)

Questions such as 614 have been asked in fertility and family planning surveys for many years. The question is a measure of the reproductive norms in the population and provides a quantitative basis for assessing trends in the number of children desired.

Sex preference for children (615)

Question 615 on the number of sons and daughters a women would ideally like to have is used to assess the extent of son preference in different societies.

Approval of contraception (616)

Although disapproval of the practice of contraception may be reported earlier in the interview as a reason for nonuse or as a reason for not intending to use in the future, this explicit question will permit estimating the overall proportion of women who approve or disapprove of contraception.

Family planning media messages (617-618)

Radio, television, and the print media are used to communicate messages about family planning in many countries: both its availability and desirability. A good deal of evidence has now accumulated that demonstrates the effectiveness of the mass media in communicating this information. These questions have been used repeatedly to gauge exposure to such media.

Discussion of family planning (619-620)

These questions are intended to assess the informal social networks by means of which family planning information is disseminated.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→614
613	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
617	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE . 1 2	
618	COUNTRY-SPECIFIC QUESTIONS ON MEDIA MESSAGES ABOUT FAMILY PLANNING.		
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→621

Decision-making: current use of contraception (623)

This question is asked of women who are in union and are currently using contraception. The question determines whether a woman participated in the decision to use contraception, which would indicate she is exercising her right to control and monitor her reproductive health and fulfill her fertility desires.

Husband's approval of family planning (624-627)

These questions are asked to women in union. Questions 624 and 627 determine a woman's perceptions of her husband's or partner's attitude toward contraception in general, and the desired number of children in particular. As discussion of family planning between partners is thought to be instrumental in the decision to take action to control fertility, question 625 is intended to assess the extent to which couples communicate about family planning.

Reasons justifying refusal to have sexual relations (628)

From the perspective of reproductive health it is important to monitor women's ability to control their sexual encounters. Several reproductive health initiatives implicitly rest on the assumption that women can control sexual encounters and feel justified in doing so. Trying to directly measure women's control in this area is not always feasible. Instead, this question helps to assess a woman's sense of empowerment through her normative beliefs about sexual rights. The scenarios listed are those for which most people would agree that a woman should feel justified in refusing to have sexual relations with her husband.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER(S) F SON(S) G MOTHER(S)-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)																					
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 628																				
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 624																				
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																					
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																					
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																					
626	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 628																				
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? ¹ She has recently given birth? She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/NOT IN MOOD ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/NOT IN MOOD ...	1	2	8	
	YES	NO	DK																				
HAS STD	1	2	8																				
OTHER WOMEN	1	2	8																				
RECENT BIRTH	1	2	8																				
TIRED/NOT IN MOOD ...	1	2	8																				

¹ In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives'.

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

Husband's age, education, and occupation (702-706)

Information on the age, education, and occupation of a respondent's husband complements similar information collected for the respondent. This information provides additional insight into the socioeconomic and couple-level context within which population, health, and nutrition-related behaviors take place. In addition, interspousal differences in age, education, and occupation have been associated with differences in a woman's relative bargaining power compared with her husband, with important consequences for her status. The husband's age (702) is asked of all women currently in a union. The questions on education (703-705) and occupation (706) are asked of all women who are currently in a union or were previously in a union. Age and education questions are the same as those asked for women.

Women's employment (707-715)

The interest in women's employment and earnings derives both from the recognition of these topics as important aspects of women's status and from their relevance to various population, health, and nutrition outcomes. Questions 707-712 are designed to determine the respondent's current employment status and the kind of work she does. Questions 713-715 determine the nature and continuity of employment.

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→703 →707
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→706
704	What was the highest level of school he attended: primary, secondary, or higher? ¹	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→706
705	What was the highest (grade/form/year) he completed at that level? ¹	GRADE <input type="text"/> DON'T KNOW 98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do?	What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do? <input type="text"/> <input type="text"/> <input type="text"/>	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
711	CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	

¹ Revise according to the local educational system.

Payment for women's work and control over earnings (716-717)

These questions are meant to determine the extent to which women are engaged in the cash economy (716) and, as a measure of women's autonomy, who it is that decides how the respondent's earnings will be spent (717).

Household expenditures paid for by women's earnings (718)

This question measures the relative importance of a woman's earnings for her household. The focus of the question is not on the actual contribution, but on the woman's perception of her contribution. Irrespective of how much the woman actually earns, if she perceives that her contribution to family expenditures is very little her earnings are unlikely to empower her.

Women's participation in household decision-making (719)

Women's participation in decisions that affect their lives is an important indicator of their empowerment.

Circumstances under which a husband is justified in beating his wife (721)

By presenting women with different scenarios, this question evaluates the acceptability of spousal violence among women. The degree of acceptability of such violence provides insight into women's attitudes with regard to gender roles and their sense of entitlement with regard to their own rights.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	↳ 719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. 6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. LISTEN. CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES .. 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN .. 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Previous DHS core questionnaires have included a limited number of questions on AIDS-related knowledge and attitudes. Because of the growing importance of the problem, the *DHS+* questionnaire includes an expanded set of questions that are intended for use in all countries. There is also a *DHS+* module devoted to the topic of AIDS and questions on this topic have been included in the Men's Questionnaire.

Knowledge of HIV/AIDS and ways to avoid HIV risk (801-807 and 809)

Questions 801 and 802 are introductory questions that lead into the more detailed knowledge questions (803-807).

Three patterns of HIV risk-avoidance behavior are of interest to HIV/AIDS programs: condom use, limitation of sexual activity to a single partner, and total sexual abstinence. Knowledge of these behavioral strategies is often a basic HIV/AIDS program evaluation indicator. The *DHS+* questionnaire allows two methods for measuring knowledge of behavior patterns that minimize the risk of HIV/AIDS. First, in 803, respondents are asked to spontaneously report ways to avoid getting the AIDS virus. This approach is expected to understate knowledge since a respondent will seldom provide (without prompting) an exhaustive list of behavior patterns they believe will help them to avoid getting AIDS.

Alternatively, 804 and 806 are prompted knowledge questions about ways to avoid HIV/AIDS. In particular, 804 asks about limiting the number of sex partners, and 806 asks about condom use. Because of their leading nature, these questions are expected to yield overestimates of knowledge.

Questions 805 and 807 are questions intended to estimate the level of misunderstanding about transmission of the AIDS virus.

The series ends with a question asking whether an individual can be infected with the AIDS virus and appear to be healthy (809).

Acquaintance with an individual with AIDS (810)

Awareness about AIDS and behaviors to avoid AIDS may be conditioned by a respondent's exposure to individuals who have the virus or who have died from AIDS. Question 810 provides an indication of such exposure.

AIDS transmission from mother to child (811-812)

There is now recognition in the scientific community that there is risk of HIV transmission from mother to child during pregnancy, at the time of delivery, and through breastfeeding. These questions provide an indication of the awareness of these modes of transmission among women in the reproductive ages.

SECTION 8: HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→817
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	└→809
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	└→813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY . 1 2 8 BREASTFEEDING. . 1 2 8	
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>	→815

Communication with husband/partner about ways to avoid AIDS (814)

This question provides an indication of the level of spousal communications about risk prevention behavior.

Social stigma attached to individuals with AIDS (815-816)

These questions assess the degree of social stigma that is associated with having AIDS or the virus that causes AIDS.

Knowledge of sexually transmitted diseases and their symptoms (817-819)

Several sexually transmitted diseases (STDs) play an important role in HIV/AIDS transmission, especially those STDs that result in sores, lesions, or ulcers in the genital area (e.g., syphilis and chancroid). These questions assess the level of awareness of STDs among women and their knowledge of the signs and symptoms of STDs in men and women.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2									
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8									
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8									
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→820								
818	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y DON'T KNOW Z</p>									
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y DON'T KNOW Z</p>									
820	RECORD THE TIME.	<p>HOUR <table border="1" data-bbox="1291 1575 1372 1627"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1291 1627 1372 1680"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

CALENDAR

This is the fold-out sheet at the end of the questionnaire on which information is recorded about pregnancies in the five to six years before the survey. The duration of each pregnancy and, for pregnancies which have ended, whether or not the outcome was a live birth is recorded by using the codes to the left of the calendar.

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES
 B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

	12 DEC	01	
	11 NOV	02	
	10 OCT	03	
	09 SEP	04	
2	08 AUG	05	
0	07 JUL	06	
0	06 JUN	07	
0	05 MAY	08	
*	04 APR	09	
	03 MAR	10	
	02 FEB	11	
	01 JAN	12	
<hr/>			
	12 DEC	13	
	11 NOV	14	
	10 OCT	15	
	09 SEP	16	
1	08 AUG	17	
9	07 JUL	18	
9	06 JUN	19	
9	05 MAY	20	
*	04 APR	21	
	03 MAR	22	
	02 FEB	23	
	01 JAN	24	
<hr/>			
	12 DEC	25	
	11 NOV	26	
	10 OCT	27	
	09 SEP	28	
1	08 AUG	29	
9	07 JUL	30	
9	06 JUN	31	
8	05 MAY	32	
*	04 APR	33	
	03 MAR	34	
	02 FEB	35	
	01 JAN	36	
<hr/>			
	12 DEC	37	
	11 NOV	38	
	10 OCT	39	
	09 SEP	40	
1	08 AUG	41	
9	07 JUL	42	
9	06 JUN	43	
7	05 MAY	44	
*	04 APR	45	
	03 MAR	46	
	02 FEB	47	
	01 JAN	48	
<hr/>			
	12 DEC	49	
	11 NOV	50	
	10 OCT	51	
	09 SEP	52	
1	08 AUG	53	
9	07 JUL	54	
9	06 JUN	55	
6	05 MAY	56	
*	04 APR	57	
	03 MAR	58	
	02 FEB	59	
	01 JAN	60	
<hr/>			
	12 DEC	61	
	11 NOV	62	
	10 OCT	63	
	09 SEP	64	
1	08 AUG	65	
9	07 JUL	66	
9	06 JUN	67	
5	05 MAY	68	
*	04 APR	69	
	03 MAR	70	
	02 FEB	71	
	01 JAN	72	

• For fieldwork beginning in 2001, 2002, or 2003, the years should be adjusted.

