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AGE QUESTION																															
5.01	How old are you? If she does not give her age spontaneously, ask for year and month of birth	<input type="text"/> YEARS <input type="text"/> Month <input type="text"/> Year <input type="checkbox"/> Don't know																													
WHERE SHE LIVES																															
5.02	Usually lives in Lilongwe?	<input type="checkbox"/> yes: go to 5.05 <input type="checkbox"/> no																													
5.03	Did you travel to Lusaka to attend this facility?	<input type="checkbox"/> yes <input type="checkbox"/> no																													
5.04	What is the name of the province where you usually live?	_____																													
EDUCATION																															
5.05	Ever went to school	<input type="checkbox"/> Yes <input type="checkbox"/> No    GO TO 5.08																													
5.06	Currently attends school / college / university	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
5.07	Highest completed school level/Current school level	<input type="checkbox"/> NURSERY/KINDERGARTEN <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> HIGHER <input type="checkbox"/> DON'T KNOW																													
RELIGION																															
5.08	What is your religion?	<input type="checkbox"/> Catholic <input type="checkbox"/> Muslim <input type="checkbox"/> Pentecostal <input type="checkbox"/> Protestant <input type="checkbox"/> SDA <input type="checkbox"/> Other																													
OCCUPATION/EMPLOYMENT																															
5.09	Do you currently do any kind of work that you are paid for?	<input type="checkbox"/> Yes <input type="checkbox"/> No																													
UNION / MARITAL/PARTNERSHIP QUESTIONS																															
5.10	Are you currently married or living together with a man as if married?	<input type="checkbox"/> YES:go to 5.13 <input type="checkbox"/> NO																													
5.11	Have you ever been married or lived together with a man as if married?	<input type="checkbox"/> YES <input type="checkbox"/> NO: go to 5.13																													
5.12	What is your marital status now, are you widowed, divorced or separated?	<input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated																													
FERTILITY HISTORY QUESTIONS																															
5.13	Have you ever given birth?	<input type="checkbox"/> yes <input type="checkbox"/> NO: go to 5.15																													
5.14	How many times have you given birth?	<input type="text"/>																													
HOUSEHOLD CHARACTERISTICS																															
5.15	Does your household have:	<table border="1"> <tr> <td>yes</td><td>no</td><td></td><td>yes</td><td>no</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>electricity</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a clock (includes phone with a clock or watch)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a television</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a fan (includes air conditioner)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a refrigerator</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a VCR/DVD (includes digital or subscription TV)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a sofa</td><td></td><td></td><td></td> </tr> </table>	yes	no		yes	no	<input type="checkbox"/>	<input type="checkbox"/>	electricity	<input type="checkbox"/>	<input type="checkbox"/>	a clock (includes phone with a clock or watch)	<input type="checkbox"/>	<input type="checkbox"/>	a television	<input type="checkbox"/>	<input type="checkbox"/>	a fan (includes air conditioner)	<input type="checkbox"/>	<input type="checkbox"/>	a refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	a VCR/DVD (includes digital or subscription TV)	<input type="checkbox"/>	<input type="checkbox"/>	a sofa			
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<input type="checkbox"/>	<input type="checkbox"/>	a sofa																													
5.16	Does any member of the household have a bank account?	<input type="checkbox"/> YES <input type="checkbox"/> NO																													
5.17	what type of fuel does your household mainly use for cooking?	<input type="checkbox"/> electricity (includes gas stove) <input type="checkbox"/> other																													
5.18	What is the main roofing material where you live?	<input type="checkbox"/> Thatch / palm leaf <input type="checkbox"/> Other																													
5.19	What is the main flooring material where you live?	<input type="checkbox"/> Earth / sand / dung <input type="checkbox"/> Concrete / cement <input type="checkbox"/> Other																													