

SMI BLZ HH LQAS 54

Field	Question	Answer																																		
Cover page information																																				
note_intro	Salud Mesoamérica Initiative (SMI) Homepage of the LQAS Survey																																			
TODAY_DATE (required)	What is today's date?																																			
INTERVIEW_LOC (required)	Where is this interview being conducted?	<table><tr><td>1</td><td>Marketplace</td></tr><tr><td>2</td><td>Household</td></tr><tr><td>3</td><td>Other, please specify:</td></tr></table>	1	Marketplace	2	Household	3	Other, please specify:																												
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3	Other, please specify:																																			
FACILITY_ID (required)	Identification of the community:	<table><tr><td>5</td><td>August Pine Ridge Village / August Pine Ridge Health Center</td></tr><tr><td>6</td><td>Guinea Grass Village / Guinea Grass Health Center</td></tr><tr><td>1</td><td>Orange Walk Town / Northern Regional Hospital</td></tr><tr><td>4</td><td>San Felipe Village / San Felipe Health Center</td></tr><tr><td>3</td><td>San Jose Village / Zenobia Meggs Health Center</td></tr><tr><td>17</td><td>Corozal Town / Corozal Community Hospital</td></tr><tr><td>21</td><td>Libertad Village / Libertad Health Center</td></tr><tr><td>23</td><td>Progreso Village / Progreso Health Center</td></tr><tr><td>19</td><td>San Narciso Village / San Narciso Health Center</td></tr><tr><td>22</td><td>Sarteneja Village / Sarteneja Health Center</td></tr><tr><td>31</td><td>Belmopan City / Western Regional Hospital</td></tr><tr><td>42</td><td>Georgeville / Georgeville Health Center</td></tr><tr><td>46</td><td>San Antonio Village / San Antonio Health Center</td></tr><tr><td>39</td><td>San Ignacio / San Ignacio Community Hospital</td></tr><tr><td>40</td><td>San Ignacio / San Ignacio Health Center (Urban)</td></tr><tr><td>33</td><td>Valley of Peace Village / Valley of Peace Health Center</td></tr><tr><td>995</td><td>Other (specify):</td></tr></table>	5	August Pine Ridge Village / August Pine Ridge Health Center	6	Guinea Grass Village / Guinea Grass Health Center	1	Orange Walk Town / Northern Regional Hospital	4	San Felipe Village / San Felipe Health Center	3	San Jose Village / Zenobia Meggs Health Center	17	Corozal Town / Corozal Community Hospital	21	Libertad Village / Libertad Health Center	23	Progreso Village / Progreso Health Center	19	San Narciso Village / San Narciso Health Center	22	Sarteneja Village / Sarteneja Health Center	31	Belmopan City / Western Regional Hospital	42	Georgeville / Georgeville Health Center	46	San Antonio Village / San Antonio Health Center	39	San Ignacio / San Ignacio Community Hospital	40	San Ignacio / San Ignacio Health Center (Urban)	33	Valley of Peace Village / Valley of Peace Health Center	995	Other (specify):
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HOUSEHOLD_REFERENCE_NUMBER	Enter a number to identify this household:																																			
ID_INTERVIEWER_HH (required)	Interviewer ID:																																			
ID_SUPERVISOR_HH	Supervisor ID:																																			
LANG (required)	What language is this interview conducted in?	<table><tr><td>1</td><td>English</td></tr><tr><td>2</td><td>Spanish</td></tr><tr><td>3</td><td>Belizean Creole / Kriol</td></tr><tr><td>995</td><td>Other, please specify:</td></tr></table>	1	English	2	Spanish	3	Belizean Creole / Kriol	995	Other, please specify:																										
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995	Other, please specify:																																			
note_wom_age	Interviewer: Please ask to talk to a woman between the age of 15-49 years whose birthday was most recent.																																			
CONSENT (required)	Did the respondent provide signed consent to participate in this interview?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																														
1	Yes																																			
0	No																																			
NUM_WOMAN (required)	What is your age? ¿Qué edad tiene? Interviewer: If there are no women 15-49 years old, or children 0-59 months old, thank the respondent and move on to the next respondent. Question relevant when: selected(\${CONSENT} , '1')	<table><tr><td>1</td><td>Under 15 years old</td></tr><tr><td>2</td><td>15-49 years</td></tr><tr><td>3</td><td>50 years or older</td></tr></table>	1	Under 15 years old	2	15-49 years	3	50 years or older																												
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Eligible woman																																				

Field	Question	Answer																				
Group relevant when: selected(\${NUM_WOMAN} , '2')																						
Eligible woman > Basic information																						
AGE_WOMAN_SPEC <i>(required)</i>	How old are you? ¿Qué edad tiene? -2 = 'Decline to respond'																					
MAR_STATUS <i>(required)</i>	What is your present marital status? ¿Cuál es su estado civil actual?	<table> <tr><td>1</td><td>Never married / Nunca se casó</td></tr> <tr><td>2</td><td>Married / Casada</td></tr> <tr><td>3</td><td>Partner / Common Law / Open Union / Pareja / Concubino / Relación abierta</td></tr> <tr><td>4</td><td>Divorced / Divorciada</td></tr> <tr><td>5</td><td>Separated / Separada</td></tr> <tr><td>6</td><td>Widowed / Viuda</td></tr> <tr><td>7</td><td>Other / Otro</td></tr> <tr><td>-1</td><td>Don't know / No sabe</td></tr> <tr><td>-2</td><td>Decline to respond / No responde</td></tr> </table>	1	Never married / Nunca se casó	2	Married / Casada	3	Partner / Common Law / Open Union / Pareja / Concubino / Relación abierta	4	Divorced / Divorciada	5	Separated / Separada	6	Widowed / Viuda	7	Other / Otro	-1	Don't know / No sabe	-2	Decline to respond / No responde		
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-1	Don't know / No sabe																					
-2	Decline to respond / No responde																					
EDU_WOM <i>(required)</i>	What is the highest level of school you attended: primary (elementary school), secondary (high school), or university? ¿Cuál es el nivel más alto de escuela que atendió: primaria (escuela primaria), secundaria (high school), o universidad?	<table> <tr><td>1</td><td>Primary / Primaria</td></tr> <tr><td>2</td><td>Secondary / Secundaria</td></tr> <tr><td>3</td><td>University / Universidad</td></tr> <tr><td>4</td><td>Literacy course / Curso de alfabetización</td></tr> <tr><td>-1</td><td>Don't know / No sabe</td></tr> <tr><td>-2</td><td>Decline to respond / No responde</td></tr> </table>	1	Primary / Primaria	2	Secondary / Secundaria	3	University / Universidad	4	Literacy course / Curso de alfabetización	-1	Don't know / No sabe	-2	Decline to respond / No responde								
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-1	Don't know / No sabe																					
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INCOME_HOUSE <i>(required)</i>	What is your household monthly income? ¿Cuál es su ingreso familiar mensual?	<table> <tr><td>10</td><td>0 - 150 BZD</td></tr> <tr><td>11</td><td>151 - 300 BZD</td></tr> <tr><td>12</td><td>301 - 599 BZD</td></tr> <tr><td>13</td><td>600 - 800 BZD</td></tr> <tr><td>14</td><td>801 - 1,000 BZD</td></tr> <tr><td>15</td><td>1001 - 1500 BZD</td></tr> <tr><td>16</td><td>1501 - 2000 BZD</td></tr> <tr><td>17</td><td>More than 2000 BZD</td></tr> <tr><td>-1</td><td>Don't know / No sabe</td></tr> <tr><td>-2</td><td>Decline to respond / No responde</td></tr> </table>	10	0 - 150 BZD	11	151 - 300 BZD	12	301 - 599 BZD	13	600 - 800 BZD	14	801 - 1,000 BZD	15	1001 - 1500 BZD	16	1501 - 2000 BZD	17	More than 2000 BZD	-1	Don't know / No sabe	-2	Decline to respond / No responde
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NUM_CHILDREN_ALL <i>(required)</i>	Do you have any biological or non-biological children under the age of 18? (Biological children are born from your pregnancy.) ¿Tiene niños biológicos o no biológicos menores de 18 años? (Los niños biológicos nacen de su embarazo.)	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No children under 18 years of age</td></tr> </table>	1	Yes	0	No children under 18 years of age																
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0	No children under 18 years of age																					
NUM_CHILDREN_ALL_TEXT <i>(required)</i>	Enter the number of biological or non-biological children under the age of 18: Ingrese el número de niños biológicos o no biológicos menores de 18 años: <i>Question relevant when: selected(\${NUM_CHILDREN_ALL} , '1')</i>																					
NUM_CHILDREN <i>(required)</i>	Do you have biological children who are between the ages of 0 and 59 months? (Biological children are born from your pregnancy.) ¿Tiene hijos biológicos menores de los 5 años de edad? (Los niños biológicos nacen de su embarazo.) <i>Question relevant when: selected(\${NUM_CHILDREN_ALL} , '1')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No children ages 0-59 months</td></tr> </table>	1	Yes	0	No children ages 0-59 months																
1	Yes																					
0	No children ages 0-59 months																					
NUM_CHILDREN_SPEC <i>(required)</i>	Enter the number of biological children ages 0-59 months: Ingrese el número de hijos biológicos de 0 a 59 meses: <i>Question relevant when: selected(\${NUM_CHILDREN} , '1')</i>																					
NUM_OTHCHILD <i>(required)</i>	Do you take care of any other children (for example, grandchildren or adopted children) who are between the ages of 0 and 59 months? ¿Cuida a otros niños (por ejemplo, nietos o hijos adoptivos) que sean menores de 5 años? <i>Question relevant when: selected(\${NUM_CHILDREN_ALL} , '1')</i>	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No children ages 0-59 months</td></tr> </table>	1	Yes	0	No children ages 0-59 months																
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NUM_OTHCHILD_SPEC <i>(required)</i>	Enter the number of children ages 0-59 months:																					

Field	Question	Answer	
	Ingrese el número de niños de 0 a 59 meses: <i>Question relevant when: selected(\${NUM_OTHCHILD} , '1')</i>		
ANY_KIDS_LAST_2_YEARS <i>(required)</i>	Do you have any biological children who are less than two years old? (Biological children are born from your pregnancy.) ¿Tiene hijos biológicos menores de los 2 años de edad?(Los niños biológicos nacen de su embarazo.) (SELECT ONE) <i>Question relevant when: selected(\${NUM_CHILDREN} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
NUM_KIDS_LAST_2_YEARS <i>(required)</i>	How many biological children below the age of two do you have? (Biological children are born from your pregnancy.) ¿Cuántos hijos biológicos menores de 2 años tiene? (Los niños biológicos nacen de su embarazo.) (SELECT ONE) <i>Question relevant when: selected(\${ANY_KIDS_LAST_2_YEARS} , '1')</i>	1	1
		2	2
		-1	Don't know
		-2	Decline to respond
Eligible woman > Kid 1 <i>Group relevant when: selected(\${NUM_KIDS_LAST_2_YEARS} , '1') or selected(\${NUM_KIDS_LAST_2_YEARS} , '2')</i>			
KID1_NAME <i>(required)</i> <div>Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.</div>	What is the name of your child from your most recent birth in the last two years? ¿Cuál es el nombre del último hijo que tuvo en los últimos dos años? <i>Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.</i>		
KID1_AGE_SPEC <i>(required)</i>	How old is [KID1_NAME] in months? ¿Cuántos meses tiene [KID1_NAME]? -1 = 'Don't know' -2 = 'Decline to respond'		
KID1_DOB <i>(required)</i>	What is the birthdate of [KID1_NAME]? ¿En qué día, mes y año nació [KID1_NAME]? <i>Question relevant when: \${calc_end_survey} != 1 and \${KID1_AGE_SPEC} != "-1" and \${KID1_AGE_SPEC} != "-2"</i>		
note_age_mismatch <i>(required)</i>	The age of [KID1_NAME] entered ([KID1_AGE_SPEC] months) does not match the age calculated from the birth date ([calc_age_months_from_dob] months). Please return to confirm the age and date of birth of the child. <i>Question relevant when: \${calc_age_months_from_dob} != null and \${calc_age_months_from_dob} != \${KID1_AGE_SPEC} and \${calc_age_months_from_dob} - 1 != \${KID1_AGE_SPEC} and \${calc_age_months_from_dob} + 1 != \${KID1_AGE_SPEC} and \${KID1_AGE_SPEC} != "-1" and \${KID1_AGE_SPEC} != "-2"</i>		
PREG_TEST <i>(required)</i>	Did you take a pregnancy test when you were pregnant with [KID1_NAME]? ¿Se hizo o le hicieron alguna prueba de embarazo cuando estaba embarazada de [KID1_NAME]?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
ANC1 <i>(required)</i>	When you were pregnant with [KID1_NAME], did you receive prenatal care? Cuando estaba embarazada de [KID1_NAME], ¿recibió cuidados prenatales?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
ANC_TIMES_SPEC <i>(required)</i>	How many times did you receive prenatal care during this pregnancy? ¿Cuántas veces recibió cuidados prenatales durante ese embarazo? -1 = 'Don't know' -2 = 'Decline to respond' <i>Question relevant when: selected(\${ANC1} , '1')</i>		
ANC_SKILLED <i>(required)</i>	Were any of these visits attended by a doctor or nurse? ¿Fueron algunas de estas visitas realizadas por un médico o una enfermera? <i>Question relevant when: selected(\${ANC1} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
ANC_SKILLED_NUM_TEXT <i>(required)</i>	How many of these visits were attended by a doctor or nurse? ¿En cuántas de estas visitas fue atendida por un médico o enfermera? -1 = 'Don't know' -2 = 'Decline to respond' <i>Question relevant when: selected(\${ANC_SKILLED} , '1')</i>		
Eligible woman > Kid 1 > Delivery			
note_del	Who assisted with the delivery of [KID1_NAME]? ¿Quién atendió el parto de [KID1_NAME]? <i>Interviewer: Probe to identify each type of person and record all mentioned. If the respondent does not know what type of professional assisted with the delivery, select "I don't know" for all.</i>		
label_del	Options:	1	Yes
		0	No

Field	Question	Answer	
		-1	Don't know
		-2	Decline to respond
DEL_DOC_W1 <i>(required)</i>	Medical doctor / Médico	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_PRONUR_W1 <i>(required)</i>	Professional nurse (college degree) / Enfermera profesional (título universitario)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_AUXNUR_W1 <i>(required)</i>	Auxiliary nurse (no college degree, basic level) / Enfermera auxiliar (sin título universitario, nivel básico)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_LABTECH_W1 <i>(required)</i>	Lab technician / Técnico de laboratorio	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_PMW_W1 <i>(required)</i>	Professional Midwife / Partera Profesional	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_MW_W1 <i>(required)</i>	Midwife/comadrona (health worker at community level, no formal training) / Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_CHW_W1 <i>(required)</i>	Community health worker / Trabajador/a de la salud comunitario/a	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_PHARM_W1 <i>(required)</i>	Pharmacy assistant / Asistente de farmacia	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_TRAD_W1 <i>(required)</i>	Traditional healer / Homeópata	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_REL_W1 <i>(required)</i>	Relative / Pariente	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_OTH_W1 <i>(required)</i>	Other / Otro	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_WHERE <i>(required)</i>	Where did you give birth to [KID1_NAME]? ¿Adónde dio a luz a [KID1_NAME]? (SELECT ONE)	1	Your home
		2	Other home
		3	Public hospital
		4	Public health unit
		5	Public health center / clinic
		20	Polyclinic
		6	Public mobile clinic
		7	Other public health facility
		8	Private hospital
		9	Private health center / clinic
		10	Private office
		11	Private mobile clinic
		12	Other private health facility
		13	Pharmacy

Field	Question	14 Community health worker Answer
		<div></div> <div>15 Traditional healer</div> <div>16 Other, please specify:</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
DEL_FACNAME <i>(required)</i>	What is the name of the facility where you gave birth to [KID1_NAME]? ¿Cómo se llama la unidad de salud donde dio a luz a [KID1_NAME]? (SELECT ONE) <i>Question relevant when: selected(\${DEL_WHERE} , '3') or selected(\${DEL_WHERE} , '4') or selected(\${DEL_WHERE} , '5') or selected(\${DEL_WHERE} , '6') or selected(\${DEL_WHERE} , '7')</i>	<div>5 August Pine Ridge Village / August Pine Ridge Health Center</div> <div>6 Guinea Grass Village / Guinea Grass Health Center</div> <div>1 Orange Walk Town / Northern Regional Hospital</div> <div>4 San Felipe Village / San Felipe Health Center</div> <div>3 San Jose Village / Zenobia Meggs Health Center</div> <div>17 Corozal Town / Corozal Community Hospital</div> <div>21 Libertad Village / Libertad Health Center</div> <div>23 Progreso Village / Progreso Health Center</div> <div>19 San Narciso Village / San Narciso Health Center</div> <div>22 Sarteneja Village / Sarteneja Health Center</div> <div>31 Belmopan City / Western Regional Hospital</div> <div>42 Georgeville / Georgeville Health Center</div> <div>46 San Antonio Village / San Antonio Health Center</div> <div>39 San Ignacio / San Ignacio Community Hospital</div> <div>40 San Ignacio / San Ignacio Health Center (Urban)</div> <div>33 Valley of Peace Village / Valley of Peace Health Center</div> <div>995 Other (specify):</div>
BF_EVER1 <i>(required)</i>	Did you ever breastfeed [KID1_NAME]? ¿Amamantó a [KID1_NAME] alguna vez? (SELECT ONE)	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
BF_START1 <i>(required)</i>	How long after birth did you first put [KID1_NAME] to the breast? ¿Cuánto tiempo después del nacimiento le dio el pecho a [KID1_NAME] por primera vez? <i>Question relevant when: selected(\${BF_EVER1} , '1')</i>	<div>1 Hours (enter on following page)</div> <div>2 Days (enter on following page)</div> <div>3 I put to breast immediately after the birth</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
BF_START1_HR <i>(required)</i>	Enter number of hours: <i>Question relevant when: selected(\${BF_START1} , '1')</i>	
BF_START1_DAY <i>(required)</i>	Enter number of days: <i>Question relevant when: selected(\${BF_START1} , '2')</i>	
Eligible woman > Kid 2 <i>Group relevant when: selected(\${NUM_KIDS_LAST_2_YEARS} , '2')</i>		
KID2_NAME <i>(required)</i> <div>Interviewer: Please record only the first two letters of the first name and the first</div>	What is the name of your next most recent child born in the last two years? ¿Cuál es el nombre de su siguiente hijo más reciente que haya nacido en los últimos dos años? <i>Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.</i>	

Field	Question	Answer	
two letters of the last name.			
KID2_AGE_SPEC <i>(required)</i>	How old is [KID2_NAME] in months? ¿Cuántos meses tiene [KID2_NAME]? -1 = 'Don't know' -2 = 'Decline to respond'		
KID2_DOB <i>(required)</i>	What is the birthdate of [KID2_NAME]? ¿En qué día, mes y año nació [KID2_NAME]? Question relevant when: \${calc_end_survey2} != 1 and \${KID2_AGE_SPEC} != "-1" and \${KID2_AGE_SPEC} != "-2"		
note_age_mismatch2 <i>(required)</i>	The age of [KID2_NAME] entered ([KID2_AGE_SPEC] months) does not match the age calculated from the birth date ([calc_age_months_from_dob2] months). Please return to confirm the age and date of birth of the child. Question relevant when: \${calc_age_months_from_dob2} != null and \${calc_age_months_from_dob2} != \${KID2_AGE_SPEC} and \${calc_age_months_from_dob2} - 1 != \${KID2_AGE_SPEC} and \${calc_age_months_from_dob2} + 1 != \${KID2_AGE_SPEC} and \${KID2_AGE_SPEC} != "-1" and \${KID2_AGE_SPEC} != "-2"		
PREG_TEST2 <i>(required)</i>	Did you take a pregnancy test when you were pregnant with [KID2_NAME]? ¿Se hizo o le hicieron alguna prueba de embarazo cuando estaba embarazada de [KID2_NAME]?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
ANC2 <i>(required)</i>	When you were pregnant with [KID2_NAME], did you receive prenatal care? Cuando estaba embarazada de [KID2_NAME], ¿recibió cuidados prenatales? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
ANC2_TIMES_SPEC <i>(required)</i>	How many times did you receive prenatal care during this pregnancy? ¿Cuántas veces recibió cuidados prenatales durante ese embarazo? -1 = 'Don't know' -2 = 'Decline to respond'		
ANC2_SKILLED <i>(required)</i>	Were any of these visits attended by a doctor or nurse? ¿Fueron algunas de estas visitas realizadas por un médico o una enfermera? Question relevant when: selected(\${ANC2} , '1')	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
ANC2_SKILLED_NUM_TEXT <i>(required)</i>	How many of these visits were attended by a doctor or nurse? ¿En cuántas de estas visitas fue atendida por un médico o enfermera? -1 = 'Don't know' -2 = 'Decline to respond' Question relevant when: selected(\${ANC2_SKILLED} , '1')		
Eligible woman > Kid 2 > Delivery			
note_del2	Who assisted with the delivery of [KID2_NAME]? ¿Quién atendió el parto de [KID2_NAME]? Interviewer: Probe to identify each type of person and record all mentioned. If the respondent does not know what type of professional assisted with the delivery, select "I don't know" for all.		
label_del2	Options:	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_DOC_W2 <i>(required)</i>	Medical doctor / Médico	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_PRONUR_W2 <i>(required)</i>	Professional nurse (college degree) / Enfermera profesional (título universitario)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_AUXNUR_W2 <i>(required)</i>	Auxiliary nurse (no college degree, basic level) / Enfermera auxiliar (sin título universitario, nivel básico)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_LABTECH_W2 <i>(required)</i>	Lab technician / Técnico de laboratorio	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
DEL_PMW_W2 <i>(required)</i>	Professional Midwife / Partera Profesional	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_MW_W2 <i>(required)</i>	Midwife/comadrona (health worker at community level, no formal training) / Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_CHW_W2 <i>(required)</i>	Community health worker / Trabajador/a de la salud comunitario/a	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_PHARM_W2 <i>(required)</i>	Pharmacy assistant / Asistente de farmacia	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_TRAD_W2 <i>(required)</i>	Traditional healer / Homeópata	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_REL_W2 <i>(required)</i>	Relative / Pariente	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL_OTH_W2 <i>(required)</i>	Other / Otro	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DEL2_WHERE <i>(required)</i>	Where did you give birth to [KID2_NAME]? ¿Adónde dio a luz a [KID2_NAME]? (SELECT ONE)	1	Your home
		2	Other home
		3	Public hospital
		4	Public health unit
		5	Public health center / clinic
		20	Polyclinic
		6	Public mobile clinic
		7	Other public health facility
		8	Private hospital
		9	Private health center / clinic
		10	Private office
		11	Private mobile clinic
		12	Other private health facility
		13	Pharmacy
		14	Community health worker
		15	Traditional healer
		16	Other, please specify:
		-1	Don't know
		-2	Decline to respond
DEL2_FACNAME <i>(required)</i>	What is the name of the facility where you gave birth to [KID2_NAME]? ¿Cómo se llama la unidad de salud donde dio a luz a [KID2_NAME]? (SELECT ONE) <i>Question relevant when: selected(\${DEL2_WHERE} , '3') or selected(\${DEL2_WHERE} , '4') or selected(\${DEL2_WHERE} , '5') or selected(\${DEL2_WHERE} , '6') or selected(\${DEL2_WHERE} , '7')</i>	5	August Pine Ridge Village / August Pine Ridge Health Center
		6	Guinea Grass Village / Guinea Grass Health Center
		1	Orange Walk Town / Northern Regional Hospital
		4	San Felipe Village / San Felipe Health Center
		3	San Jose Village / Zenobia Meggs Health Center
		17	Corozal Town / Corozal Community Hospital

Field	Question	Answer	
		21	Libertad Village / Libertad Health Center
		23	Progreso Village / Progreso Health Center
		19	San Narciso Village / San Narciso Health Center
		22	Sarteneja Village / Sarteneja Health Center
		31	Belmopan City / Western Regional Hospital
		42	Georgeville / Georgeville Health Center
		46	San Antonio Village / San Antonio Health Center
		39	San Ignacio / San Ignacio Community Hospital
		40	San Ignacio / San Ignacio Health Center (Urban)
		33	Valley of Peace Village / Valley of Peace Health Center
		995	Other (specify):
BF_EVER2 (required)	Did you ever breastfeed [KID2_NAME]? ¿Amamantó a [KID2_NAME] alguna vez? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
BF_START2 (required)	How long after birth did you first put to the breast? ¿Cuánto tiempo después del nacimiento le dio el pecho a por primera vez? (SELECT ONE) Question relevant when: selected(\${BF_EVER2} , '1')	1	Hours (enter on following page)
		2	Days (enter on following page)
		3	I put to breast immediately after the birth
		-1	Don't know
		-2	Decline to respond
BF_START2_HR (required)	Enter number of hours: Question relevant when: selected(\${BF_START2} , '1')		
BF_START2_DAY (required)	Enter number of days: Question relevant when: selected(\${BF_START2} , '2')		
ANY_OKIDS_LAST_2_YEARS (required)	Do you take care of any children (for example grandchildren or adopted children) who are less than two years old? ¿Cuida a otros niños (por ejemplo, nietos o hijos adoptivos que sean menores de 2 años)? (SELECT ONE) Question relevant when: selected(\${NUM_OTHCHILD} , '1')	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
NUM_OKIDS_LAST_2_YEARS (required)	How many children below the age of two do you take care of? ¿Cuántos niños menores de 2 años cuida? Question relevant when: selected(\${ANY_OKIDS_LAST_2_YEARS} , '1')	1	1
		2	2
		-1	Don't know
		-2	Decline to respond
Eligible woman > Other Kid 1 Group relevant when: selected(\${NUM_OKIDS_LAST_2_YEARS} , '1') or selected(\${NUM_OKIDS_LAST_2_YEARS} , '2')			
OTHKID1_NAME (required) <div>Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.</div>	What is the name of the child from the most recent birth in the last two years? ¿Cómo se llama el niño más pequeño que vive en su hogar, nacido en los últimos 2 años? Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.		
OTHKID1_AGE_SPEC (required)	How old is [OTHKID1_NAME] in months? ¿Cuántos meses tiene [OTHKID1_NAME]? -1 = 'Don't know' -2 = 'Decline to respond'		
OTHKID1_DOB (required)	What is the birthdate of [OTHKID1_NAME]? ¿En qué día, mes y año nació [OTHKID1_NAME]?		

Field	Question	Answer
	<i>Question relevant when: \${calc_end_survey3} != 1 and \${OTHKID1_AGE_SPEC} != "-1" and \${OTHKID1_AGE_SPEC} != "-2"</i>	
note_age_mismatch3 <i>(required)</i>	<p>The age of [OTHKID1_NAME] entered ([OTHKID1_AGE_SPEC] months) does not match the age calculated from the birth date ([calc_age_months_from_dob3] months). Please return to confirm the age and date of birth of the child.</p> <p><i>Question relevant when: \${calc_age_months_from_dob3} != null and \${calc_age_months_from_dob3} != \${OTHKID1_AGE_SPEC} and \${calc_age_months_from_dob3} - 1 != \${OTHKID1_AGE_SPEC} and \${calc_age_months_from_dob3} + 1 != \${OTHKID1_AGE_SPEC} and \${OTHKID1_AGE_SPEC} != "-1" and \${OTHKID1_AGE_SPEC} != "-2"</i></p>	
Eligible woman > Other Kid 1 > Delivery		
note_othdel	<p>Who assisted with the delivery of [OTHKID1_NAME]?</p> <p>¿Quién atendió el parto de [OTHKID1_NAME]?</p> <p><i>Interviewer: Probe to identify each type of person and record all mentioned. If the respondent does not know what type of professional assisted with the delivery, select "I don't know" for all.</i></p>	
label_othdel	Options:	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_DOC_W1 <i>(required)</i>	Medical doctor / Médico	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_PRONUR_W1 <i>(required)</i>	Professional nurse (college degree) / Enfermera profesional (título universitario)	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_AUXNUR_W1 <i>(required)</i>	Auxiliary nurse (no college degree, basic level) / Enfermera auxiliar (sin título universitario, nivel básico)	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_LABTECH_W1 <i>(required)</i>	Lab technician / Técnico de laboratorio	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_PMW_W1 <i>(required)</i>	Professional Midwife / Partera Profesional	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_MW_W1 <i>(required)</i>	Midwife/comadrona (health worker at community level, no formal training) / Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_CHW_W1 <i>(required)</i>	Community health worker / Trabajador/a de la salud comunitario/a	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_PHARM_W1 <i>(required)</i>	Pharmacy assistant / Asistente de farmacia	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_TRAD_W1 <i>(required)</i>	Traditional healer / Homeópata	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_REL_W1 <i>(required)</i>	Relative / Pariente	1 Yes 0 No -1 Don't know -2 Decline to respond
OTHDEL_OTH_W1 <i>(required)</i>	Other / Otro	1 Yes 0 No -1 Don't know

Field	Question	Answer
		<div></div> <div>-2 Decline to respond</div>
DEL_WHEREOTH <i>(required)</i>	Where was [OTHKID1_NAME] born? ¿Dónde nació [OTHKID1_NAME]? <i>(SELECT ONE)</i>	<div>1 Your home</div> <div>2 Other home</div> <div>3 Public hospital</div> <div>4 Public health unit</div> <div>5 Public health center / clinic</div> <div>20 Polyclinic</div> <div>6 Public mobile clinic</div> <div>7 Other public health facility</div> <div>8 Private hospital</div> <div>9 Private health center / clinic</div> <div>10 Private office</div> <div>11 Private mobile clinic</div> <div>12 Other private health facility</div> <div>13 Pharmacy</div> <div>14 Community health worker</div> <div>15 Traditional healer</div> <div>16 Other, please specify:</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
DEL_FACNAMEOTH <i>(required)</i>	What is the name of the facility where you gave birth to [OTHKID1_NAME]? ¿Cómo se llama la unidad de salud donde dio a luz a [OTHKID1_NAME]? <i>(SELECT ONE)</i> <i>Question relevant when: selected(\${DEL_WHEREOTH} , '3') or selected(\${DEL_WHEREOTH} , '4') or selected(\${DEL_WHEREOTH} , '5') or selected(\${DEL_WHEREOTH} , '6') or selected(\${DEL_WHEREOTH} , '7')</i>	<div>5 August Pine Ridge Village / August Pine Ridge Health Center</div> <div>6 Guinea Grass Village / Guinea Grass Health Center</div> <div>1 Orange Walk Town / Northern Regional Hospital</div> <div>4 San Felipe Village / San Felipe Health Center</div> <div>3 San Jose Village / Zenobia Meggs Health Center</div> <div>17 Corozal Town / Corozal Community Hospital</div> <div>21 Libertad Village / Libertad Health Center</div> <div>23 Progreso Village / Progreso Health Center</div> <div>19 San Narciso Village / San Narciso Health Center</div> <div>22 Sarteneja Village / Sarteneja Health Center</div> <div>31 Belmopan City / Western Regional Hospital</div> <div>42 Georgeville / Georgeville Health Center</div> <div>46 San Antonio Village / San Antonio Health Center</div> <div>39 San Ignacio / San Ignacio Community Hospital</div> <div>40 San Ignacio / San Ignacio Health Center (Urban)</div> <div>33 Valley of Peace Village / Valley of Peace Health Center</div> <div>995 Other (specify):</div>
BF_EVER1OTH <i>(required)</i>	Was [OTHKID1_NAME] ever breastfed? ¿Alguna vez le dio pecho (amamantó) a [OTHKID1_NAME]? <i>(SELECT ONE)</i>	<div>1 Yes</div> <div>0 No</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
Eligible woman > Other Kid 2 <i>Group relevant when: selected(\${NUM_OKIDS_LAST_2_YEARS} , '2')</i>		

Field	Question	Answer								
OTHKID2_NAME <i>(required)</i> <div><i>Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.</i></div>	What is the name of the child from the next most recent birth in the last two years? ¿Cómo se llama el niño siguiente al más pequeño que vive en su hogar, nacido en los últimos 2 años? <i>Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.</i>									
OTHKID2_AGE_SPEC <i>(required)</i>	How old is [OTHKID2_NAME] in months? ¿Cuántos meses tiene [OTHKID2_NAME]? -1 = 'Don't know' -2 = 'Decline to respond'									
OTHKID2_DOB <i>(required)</i>	What is the birthdate of [OTHKID2_NAME]? ¿En qué día, mes y año nació [OTHKID2_NAME]? <i>Question relevant when: \${calc_end_survey4} != 1 and \${OTHKID2_AGE_SPEC} != "-1" and \${OTHKID2_AGE_SPEC} != "-2"</i>									
note_age_mismatch4 <i>(required)</i>	The age of [OTHKID2_NAME] entered ([OTHKID2_AGE_SPEC] months) does not match the age calculated from the birth date ([calc_age_months_from_dob4] months). Please return to confirm the age and date of birth of the child. <i>Question relevant when: \${calc_age_months_from_dob4} != null and \${calc_age_months_from_dob4} != \${OTHKID2_AGE_SPEC} and \${calc_age_months_from_dob4} - 1 != \${OTHKID2_AGE_SPEC} and \${calc_age_months_from_dob4} + 1 != \${OTHKID2_AGE_SPEC} and \${OTHKID2_AGE_SPEC} != "-1" and \${OTHKID2_AGE_SPEC} != "-2"</i>									
Eligible woman > Other Kid 2 > Delivery										
note_othdel2	Who assisted with the delivery of [OTHKID2_NAME]? ¿Quién atendió el parto de [OTHKID2_NAME]? <i>Interviewer: Probe to identify each type of person and record all mentioned. If the respondent does not know what type of professional assisted with the delivery, select "I don't know" for all.</i>									
label_othdel2	Options:	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_DOC_W2 <i>(required)</i>	Medical doctor / Médico	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_PRONUR_W2 <i>(required)</i>	Professional nurse (college degree) / Enfermera profesional (título universitario)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_AUXNUR_W2 <i>(required)</i>	Auxiliary nurse (no college degree, basic level) / Enfermera auxiliar (sin título universitario, nivel básico)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_LABTECH_W2 <i>(required)</i>	Lab technician / Técnico de laboratorio	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_PMW_W2 <i>(required)</i>	Professional Midwife / Partera Profesional	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_MW_W2 <i>(required)</i>	Midwife/comadrona (health worker at community level, no formal training) / Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_CHW_W2 <i>(required)</i>	Community health worker / Trabajador/a de la salud comunitario/a	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr><tr><td>-2</td><td>Decline to respond</td></tr></table>	1	Yes	0	No	-1	Don't know	-2	Decline to respond
1	Yes									
0	No									
-1	Don't know									
-2	Decline to respond									
OTHDEL_PHARM_W2 <i>(required)</i>	Pharmacy assistant / Asistente de farmacia	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Don't know</td></tr></table>	1	Yes	0	No	-1	Don't know		
1	Yes									
0	No									
-1	Don't know									

Field	Question	Answer
		-2 Decline to respond
OTHDEL_TRAD_W2 <i>(required)</i>	Traditional healer / Homeópata	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
OTHDEL_REL_W2 <i>(required)</i>	Relative / Pariente	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
OTHDEL_OTH_W2 <i>(required)</i>	Other / Otro	1 Yes
		0 No
		-1 Don't know
		-2 Decline to respond
DEL2_WHEREOTH <i>(required)</i>	Where was [OTHKID2_NAME] born? ¿Dónde nació [OTHKID2_NAME]? (SELECT ONE)	1 Your home
		2 Other home
		3 Public hospital
		4 Public health unit
		5 Public health center / clinic
		20 Polyclinic
		6 Public mobile clinic
		7 Other public health facility
		8 Private hospital
		9 Private health center / clinic
		10 Private office
		11 Private mobile clinic
		12 Other private health facility
		13 Pharmacy
		14 Community health worker
		15 Traditional healer
		16 Other, please specify:
		-1 Don't know
		-2 Decline to respond
DEL2_FACNAMEOTH <i>(required)</i>	What is the name of the facility where you gave birth to [OTHKID2_NAME]? ¿Cómo se llama la unidad de salud donde dio a luz a [OTHKID2_NAME]? (SELECT ONE) <i>Question relevant when: selected(\${DEL2_WHEREOTH} , '3') or selected(\${DEL2_WHEREOTH} , '4') or selected(\${DEL2_WHEREOTH} , '5') or selected(\${DEL2_WHEREOTH} , '6') or selected(\${DEL2_WHEREOTH} , '7')</i>	5 August Pine Ridge Village / August Pine Ridge Health Center
		6 Guinea Grass Village / Guinea Grass Health Center
		1 Orange Walk Town / Northern Regional Hospital
		4 San Felipe Village / San Felipe Health Center
		3 San Jose Village / Zenobia Meggs Health Center
		17 Corozal Town / Corozal Community Hospital
		21 Libertad Village / Libertad Health Center
		23 Progreso Village / Progreso Health Center
		19 San Narciso Village / San Narciso Health Center
		22 Sarteneja Village / Sarteneja Health Center
		31 Belmopan City / Western Regional Hospital
		42 Georgeville / Georgeville Health Center
		46 San Antonio Village / San Antonio Health Center
		39 San Ignacio / San Ignacio

Field	Question	Answer	
			Community Hospital
		40	San Ignacio / San Ignacio Health Center (Urban)
		33	Valley of Peace Village / Valley of Peace Health Center
		995	Other (specify):
BF_EVER2OTH <i>(required)</i>	Was [OTHKID2_NAME] ever breastfed? ¿Alguna vez le dio pecho (amamantó) a [OTHKID2_NAME]?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
INT_PREG_ <i>(required)</i>	What warnings signs indicate that a pregnant woman needs medical attention? ¿Qué signos de peligro indican que una mujer embarazada necesita atención médica? Interviewer: Do NOT read the response options aloud. <i>(SELECT ALL OPTIONS MENTIONED)</i> <i>Question relevant when: selected(\${ANY_KIDS_LAST_2_YEARS} , '1')</i>	BLOD	Bleeding / Sangrado
		FEVR	Fever / Fiebre
		HEAD	Headache / Dolor de cabeza
		STOM	Stomach pains / Dolor en vientre
		SWEL	Swelling of the hands and feet / Hinchazón de manos y pies
		NOMV	The baby does not move / El bebe no se mueve
		LIQD	Unusual discharge / Salida de liquido
		VOMT	Vomiting / Vómito
		OTH1	Other / Otro (#1 - enter on following page)
		OTH2	Other / Otro (#2 - enter on following page)
		OTH3	Other / Otro (#3 - enter on following page)
		OTH4	Other / Otro (#4 - enter on following page)
		OTH5	Other / Otro (#5 - enter on following page)
		DTR	Decline to respond / Negarse a responder
		DK	Don't know / No se
Eligible woman > Other warning signs			
INT_PREG_OTHER5_TEXT <i>(required)</i>	Other reason #1: <i>Question relevant when: selected(\${INT_PREG_} , 'OTH1')</i>		
INT_PREG_OTHER4_TEXT2 <i>(required)</i>	Other reason #2: <i>Question relevant when: selected(\${INT_PREG_} , 'OTH2')</i>		
INT_PREG_OTHER3_TEXT3 <i>(required)</i>	Other reason #3: <i>Question relevant when: selected(\${INT_PREG_} , 'OTH3')</i>		
INT_PREG_OTHER1_TEXT4 <i>(required)</i>	Other reason #4: <i>Question relevant when: selected(\${INT_PREG_} , 'OTH4')</i>		
INT_PREG_OTHER2_TEXT5 <i>(required)</i>	Other reason #5: <i>Question relevant when: selected(\${INT_PREG_} , 'OTH5')</i>		
INT_DANGER <i>(required)</i>	Can you list any signs of danger for infants that require medical care? What signs? ¿Puede nombrar cualquier síntoma que indique peligro en los bebés y que necesite atención médica? ¿Cuáles? Interviewer: Do no read response options. Record only the danger signs that the respondent provides. <i>Question relevant when: selected(\${ANY_KIDS_LAST_2_YEARS} , '1') or selected(\${ANY_OKIDS_LAST_2_YEARS} , '1')</i>	FEED	Feeding problems / Problemas para alimentarse
		LETH	Reduced activity / menor actividad
		BRTH	Difficulty breathing / Dificultades para respirar
		FEBR	Fever / Fiebre
		FITS	Fits / Ataques
		CONV	Convulsions / Convulsiones
		COLD	Cold to the touch / Frío al tacto

Field	Question	Answer	
		OTH1	Other / Otro (#1 - enter on following page)
		OTH2	Other / Otro (#2 - enter on following page)
		OTH3	Other / Otro (#3 - enter on following page)
		DK	Don't know / No sabe
		DTR	Decline to respond / No responde
Eligible woman > Other danger signs			
INT_DANGER_INT_OTHER (required)	Other reason #1: Question relevant when: selected(\${INT_DANGER} , 'OTH1')		
INT_DANGER_INT_OTHER_1_TEXT (required)	Other reason #2: Question relevant when: selected(\${INT_DANGER} , 'OTH2')		
INT_DANGER_INT_OTHER_2_TEXT2 (required)	Other reason #3: Question relevant when: selected(\${INT_DANGER} , 'OTH3')		
Eligible woman > Contraception Group relevant when: selected(\${MAR_STATUS} , '2') or selected(\${MAR_STATUS} , '3')			
note_contraception	Interviewer read: 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. Ahora quisiera hablar sobre la planificación familiar, es decir, los diferentes métodos que una pareja puede usar para atrasar o evitar el embarazo.		
PREG1_W1 (required)	Are you pregnant now? ¿Está usted embarazada en este momento? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Contraception > Contraceptive knowledge			
note_c_fp1_w1	Have you ever heard of: ¿Ha escuchado alguna vez hablar sobre : (SELECT ONE)		
label_c_fp1_w1	Options:	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M1_FST_HEARD_W1 (required)	Female sterilization / Esterilización femenina PROBE: Women can have anoperation to avoid having any more children. Las mujeres pueden ser operadas para evitar tener más hijos.	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M2_MST_HEARD_W1 (required)	Male sterilization / Esterilización masculina PROBE: Men can have anoperation to avoid having any more children. Los hombrespueden ser operados para evitar tener más hijos.	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M3_IUD_HEARD_W1 (required)	IUD / DIU PROBE: Women can have a loop or coil placed inside of them by a doctor or nurse. Los médicos o enfermeras pueden colocar un espiral o dispositivo en el útero.	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M4_INJ_HEARD_W1 (required)	Injectables / Inyecciones PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. Las mujeres pueden aplicarse una inyección que evita que queden embarazadas durante uno o más meses.	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M5_IMP_HEARD_W1 (required)	Implants / Implantes PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. Las mujeres pueden hacerse implantar por un médico una o dos varillas pequeñas en el antebrazo para evitar el embarazo por uno o más años.	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M6_OCP_HEARD_W1 (required)	Pill / Píldora PROBE: Women can take a pill every day to avoid becoming pregnant. Las mujeres pueden tomar una píldora todos los días para evitar el embarazo.	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
M7_CON_HEARD_W1 <i>(required)</i>	Condom / Condón <i>PROBE: Men can put a rubber sheath on their penis to avoid becoming pregnant.
Los hombres pueden colocarse una funda elástica en su pene antes de tener relaciones sexuales.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M8_FCO_HEARD_W1 <i>(required)</i>	Female condom / Condón femenino <i>PROBE: Women can place a sheath in their vagina before sexual intercourse.
Las mujeres pueden colocarse una funda elástica en su vagina antes de tener relaciones sexuales.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M9_DIA_HEARD_W1 <i>(required)</i>	Diaphragm / Diafragma <i>PROBE: This method consists of a flexible metal ring with a latex membrane that is inserted into the vagina and prevents sperm from passing.
Este método consiste en un anillo metálico flexible con una membrama de látex que se inserta en la vagina y evita que pasen los espermatozoides.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
label_c_fp1_w12	Options:	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M10_SPO_HEARD_W1 <i>(required)</i>	Sponge, spermicide / Espermicida <i>PROBE: This method consists of a jelly that is applied inside the vagina with a small applicator.
Este método consiste en un gel que se aplica en la vagina con un aplicador pequeño.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M11_LAM_HEARD_W1 <i>(required)</i>	Lactational amenorrhea method (LAM) / Método de Lactancia-Amenorrea (MELA) <i>PROBE: This refers to the natural period of infertility that occurs after a delivery when a woman is not menstruating due to breastfeeding.
Se refiere al período natural de infertilidad que ocurre después del parto, cuando la mujer no menstrúa debido a que está amamantando.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M12_RHY_HEARD_W1 <i>(required)</i>	Rhythm method / Método del ritmo <i>PROBE: 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.
Todos los meses en los que la mujer es sexualmente activa, puede evitar el embarazo evitando tener relaciones sexuales durante aquellos días en los que puede quedar embarazada.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M13_WDR_HEARD_W1 <i>(required)</i>	Withdrawal / Eyaculación externa <i>PROBE: Men can be careful and pull out before climax.
Los hombres pueden ser cuidadosos y eyacular fuera de la vagina antes del climax.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M14 EMC_HEARD_W1 <i>(required)</i>	Emergency contraception / Anticonceptivo de emergencia <i>PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.
Como medida de emergencia, durante los tres días posteriores a una relación sexual sin protección, las mujeres pueden tomar píldoras especiales para evitar el embarazo.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M15_OMO_HEARD_W1 <i>(required)</i>	Other, modern method. / Otro, método moderno.	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M16_OTR_HEARD_W1 <i>(required)</i>	Other, traditional method. / Otro, método tradicional	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Contraception > Contraceptive use Group relevant when: selected(\${PREG1_W1} , '0') or selected(\${PREG1_W1} , '-1') or selected(\${PREG1_W1} , '-2')			
note_c_fp2_w1	Are you currently using : ¿Está usted usando actualmente? (SELECT ONE)		
label_c_fp2_w1	Options:	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M1_FST_USENOW_W1 <i>(required)</i>	Have you undergone female sterilization? / Esterilización femenina <i>PROBE: Women can have anoperation to avoid having any more children.
Las mujeres pueden ser operadas para evitar tener más hijos.</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
M2_MST_USENOW_W1 <i>(required)</i>	Has your partner undergone male sterilization? / Esterilización masculina <i>PROBE: Men can have anoperation to avoid having any more children.
Los hombres pueden ser operados para evitar tener más hijos.</i>	1	Yes
		0	No
		-1	Don't know

Field	Question	Answer		
		-2	Decline to respond	
M3_IUD_USENOW_W1 <i>(required)</i>	IUD / DIU <i>PROBE: Women can have a loop or coil placed inside of them by a doctor or nurse.
Los médicos o enfermeras pueden colocar un espiral o dispositivo en el útero.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M4_INJ_USENOW_W1 <i>(required)</i>	Injectables / Inyecciones <i>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.
Las mujeres pueden aplicarse una inyección que evita que queden embarazadas durante uno o más meses.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M5_IMP_USENOW_W1 <i>(required)</i>	Implants / Implantes <i>PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.
Las mujeres pueden hacerse implantar por un médico una o dos varillas pequeñas en el antebrazo para evitar el embarazo por uno o más años.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M6_OCP_USENOW_W1 <i>(required)</i>	Pill / Píldora <i>PROBE: Women can take a pill every day to avoid becoming pregnant.
Las mujeres pueden tomar una píldora todos los días para evitar el embarazo.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M7_CON_USENOW_W1 <i>(required)</i>	Condom / Condón <i>PROBE: Men can put a rubber sheath on their penis to avoid becoming pregnant.
Los hombres pueden colocarse una funda elástica en su pene antes de tener relaciones sexuales.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M8_FCO_USENOW_W1 <i>(required)</i>	Female condom / Condón femenino <i>PROBE: Women can place a sheath in their vagina before sexual intercourse.
Las mujeres pueden colocarse una funda elástica en su vagina antes de tener relaciones sexuales.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
label_c_fp2_w12	Options:	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M9_DIA_USENOW_W1 <i>(required)</i>	Diaphragm / Diafragma <i>PROBE: This method consists of a flexible metal ring with a latex membrane that is inserted into the vagina and prevents sperm from passing.
Este método consiste en un anillo metálico flexible con una membrana de látex que se inserta en la vagina y evita que pasen los espermatozoides.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M10_SPO_USENOW_W1 <i>(required)</i>	Sponge, spermicide / Espermicida <i>PROBE: This method consists of a jelly that is applied inside the vagina with a small applicator.
Este método consiste en un gel que se aplica en la vagina con un aplicador pequeño.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M11_LAM_USENOW_W1 <i>(required)</i>	Lactational amenorrhea method (LAM) / Método de Lactancia-Amenorrea (MELA) <i>PROBE: This refers to the natural period of infertility that occurs after a delivery when a woman is not menstruating due to breastfeeding.
Se refiere al periodo natural de infertilidad que ocurre después del parto, cuando la mujer no menstrúa debido a que está amamantando.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M12_RHY_USENOW_W1 <i>(required)</i>	Rhythm method / Método del ritmo <i>PROBE: 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.
Todos los meses en los que la mujer es sexualmente activa, puede evitar el embarazo evitando tener relaciones sexuales durante aquellos días en los que puede quedar embarazada.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M13_WDR_USENOW_W1 <i>(required)</i>	Withdrawal / Eyaculación externa <i>PROBE: Men can be careful and pull out before climax.
Los hombres pueden ser cuidadosos y eyacular fuera de la vagina antes del climax.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M14 EMC_USENOW_W1 <i>(required)</i>	Emergency contraception / Anticonceptivo de emergencia <i>PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.
Como medida de emergencia, durante los tres días posteriores a una relación sexual sin protección, las mujeres pueden tomar píldoras especiales para evitar el embarazo.</i>	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M15_OMO_USENOW_W1 <i>(required)</i>	Other, modern method / Otro, método moderno	1	Yes	
		0	No	
		-1	Don't know	
		-2	Decline to respond	
M16_OTR_USENOW_W1 <i>(required)</i>	Other, traditional method / Otro, método tradicional	1	Yes	
		0	No	
		-1	Don't know	


Field	Question	-2 Decline to respond Answer	
FP_NOUSE_W1 <i>(required)</i>	<p>Can you tell me the main reason why you are not using a method to prevent pregnancy? Any other reason?</p> <p>¿Puede decirme cuál es la razón principal por la que no usa ningún método para evitar el embarazo?</p> <p>¿Alguna otra razón?</p> <p><i>Interviewer: This question only pertains to women who are not using any methods at the time of the interview.</i></p> <p><i>Interviewer: Do not read options. If the woman asks, read all of the options.</i></p> <p><i>Question relevant when: \${M1_FST_USENOW_W1} != 1 and \${M2_MST_USENOW_W1} != 1 and \${M3_IUD_USENOW_W1} != 1 and \${M4_INJ_USENOW_W1} != 1 and \${M5_IMP_USENOW_W1} != 1 and \${M6_OCP_USENOW_W1} != 1 and \${M7_CON_USENOW_W1} != 1 and \${M8_FCO_USENOW_W1} != 1 and \${M9_DIA_USENOW_W1} != 1 and \${M10_SPO_USENOW_W1} != 1 and \${M11_LAM_USENOW_W1} != 1 and \${M12_RHY_USENOW_W1} != 1 and \${M13_WDR_USENOW_W1} != 1 and \${M14 EMC_USENOW_W1} != 1 and \${M15_OMO_USENOW_W1} != 1 and \${M16_OTR_USENOW_W1} != 1</i></p>	UNMR	Unmarried
		MARR	Married
		NOSX	Does not have sexual relations
		VIRG	Virgin
		INFQ	Has sexual relations infrequently
		MENO	Menopausal
		HYST	Hysterectomy / surgery on the uterus
		INFR	Cannot become pregnant
		CYCL	Did not have a menstrual period since last birth
		BRFD	Was breastfeeding
		RELG	Goes against religion
		OPPO	Respondent is opposed to use
		HBOP	Husband/partner is opposed to use
		OTOP	Others are opposed to use
		KNNO	Knows no method
		KNSR	Knows no source for getting method
		SIDE	Concerned about side effects
		FARW	Facility is too far
		TRFI	Could not find transportation to facility
		TRCO	Could not afford transportation to facility
		COST	Costs too much
		PREF	Preferred method is not available
		MTNA	No method is available
		PERS	Health facility has staff that are hard to deal with
		TRST	Don't trust facility staff at health facility
		UNCF	Uncomfortable to use
		INTR	Interferes with normal body processes
		AFCT	Affects her health / doesn't like them
		PREG	Was pregnant
		WTPR	Wanted to become pregnant
		OTH	Other, specify:
		DK	Don't know
		DTR	Decline to respond
PRECON <i>(required)</i>	<p>Did you visit a health facility for a preconception checkup? A preconception checkup is a visit to a health facility before getting pregnant where a doctor, nurse, or midwife looks at your overall health and discusses with you your plans to get pregnant.</p> <p>¿Visitó un centro de salud para un chequeo de preconcepción? Un chequeo de preconcepción es una visita a un centro de salud antes de quedar embarazada donde un médico, enfermera o partera revisa su salud en general y discute con usted sus planes para quedar embarazada.</p> <p><i>(SELECT ONE)</i></p> <p><i>Question relevant when: selected(\${ANY_KIDS_LAST_2_YEARS} , '1') or selected(\${PREG1_W1} , '1') or selected(\${FP_NOUSE_W1} , 'WANTPR')</i></p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
Eligible woman > Contraception > Preconception care			
Group relevant when: selected(\${PRECON} , '1')			
Eligible woman > Contraception > Preconception care > Preconception visit			
PRECON_HIST (required)	During your preconception visit, were you asked about your personal medical history? In other words, were you asked about your health problems and/or previous surgeries? Durante su visita de preconcepción, ¿le preguntaron acerca de su historia médica personal? En otras palabras, ¿le preguntaron acerca de sus problemas de salud y/o cirugías previas? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
PRECON_HIST_FAM (required)	During your preconception visit, were you asked about your family medical history? In other words, were you asked if your parents, grandparents, or siblings had relevant health problems? Durante su visita de preconcepción, ¿le preguntaron sobre la historia médica de su familia? En otras palabras, ¿se le preguntó si sus padres, abuelos o hermanos tenían problemas de salud relevantes? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
PRECON_LF_BH (required)	During your preconception visit, where you asked about your lifestyle and behaviors? For example, where you asked questions regarding the food you eat, your living environment, or if you drink or smoke? Durante su visita de preconcepción, ¿le preguntaron sobre su estilo de vida y sus comportamientos? Por ejemplo, le hicieron preguntas sobre los alimentos que usted come, su ambiente de vida, o si bebe o fuma? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
PRECON_PAP (required)	During your preconception visit, did a doctor, nurse, or other health professional perform a PAP smear or PAP test? A Pap smear is a test where a healthcare worker puts a small stick inside the vagina to wipe the cervix, and sends the sample to the laboratory to check for cervical cancer. Durante su visita de preconcepción, ¿un médico, enfermera u otro profesional de la salud realizó una prueba de Papanicolau o PAP? Una prueba de Papanicolau es un examen donde un trabajador de la salud inserta una pequeña espátula dentro de la vagina para tomar una muestra del cuello uterino y enviarla al laboratorio para detectar el cáncer cervical. (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Contraception > Preconception care > group_precon_based_2			
PRECON_BREAST_EXAM (required)	During your preconception visit, did a doctor, nurse, or other health professional perform a clinical breast exam? During a clinical breast exam, your healthcare provider checks your breasts' appearance. You may be asked to raise your arms over your head, let them hang by your sides, or press your hands against your hips. These postures allow your healthcare provider to look for differences in size or shape between your breasts. Durante su visita de preconcepción, ¿un médico, enfermera u otro profesional de la salud realizó un examen clínico de los senos? Durante un examen clínico de los senos, su proveedor de atención médica verifica la apariencia de sus senos. Es posible que se le pida que levante los brazos sobre su cabeza, que los relaje acostado, o que ponga las manos en las caderas. Estas posturas permiten a su proveedor de atención médica buscar diferencias en tamaño o forma entre sus senos. (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
PRECON_FOLIC (required)	During your preconception visit, did a doctor, nurse, or other health professional prescribe folic acid supplementation for you? These are pills or tablets taken daily to help the healthy development of the baby. ¿Durante su visita de preconcepción, un médico, enfermera u otro profesional de la salud le prescribieron suplementos de ácido fólico? Estas son pastillas o tabletas que se toman diariamente para ayudar al desarrollo saludable del bebé. (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
PRECON_BP (required)	During your preconception visit, did you have your blood pressure checked by a doctor, nurse, or other health professional? Durante su visita de preconcepción, ¿un médico, enfermera u otro profesional de la salud le tomó su presión arterial? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
PRECON_GLU (required)	During your preconception visit, did you have a blood test for high blood sugar or diabetes? Durante su visita de preconcepción, ¿le hicieron una prueba de sangre para medirle el azúcar o la diabetes? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
PAP_EVER <i>(required)</i>	Have you ever had a PAP smear or a PAP test? A Pap smear is a test where a healthcare worker puts a small stick inside the vagina to wipe the cervix, and sends the sample to the laboratory to check for cervical cancer. ¿Alguna vez ha tenido una prueba de Papanicolau o PAP? Una prueba de Papanicolau es un examen donde un trabajador de la salud inserta una pequeña espátula dentro de la vagina para tomar una muestra del cuello uterino y enviarla al laboratorio para detectar el cáncer cervical. (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Contraception > PAP smear			
PAP_LAST_WHEN <i>(required)</i>	When did you have your most recent PAP test? ¿Cuándo le hicieron su ultima prueba de PAP? (SELECT ONE) Question relevant when: selected(\${PAP_EVER} , '1')	6	Within the last month
		7	1 month to 1 year ago
		2	1 - 2 years ago
		3	2 - 3 years ago
		4	4 - 5 years ago
		5	Over 5 years ago
		-1	Don't know
		-2	Refused to respond
PAP_LAST_RESULT <i>(required)</i>	What was the result of your last PAP test? ¿Cuál fue el resultado de su última prueba de PAP? (SELECT ONE) Question relevant when: selected(\${PAP_EVER} , '1')	1	Normal (negative) / Normal (negativo)
		2	Abnormal (positive) / Anormal (positivo)
		3	Suspect cancer / Sospechoso de cancer
		4	Inconclusive / Inconcluso
		-1	Don't know / No se
		-2	Decline to respond / Negarse a responder
Eligible woman > Contraception > PAP smear result			
PAP_LAST_FOLLOWUP <i>(required)</i>	Did you go to a follow-up visit because of your PAP test result? ¿Debido a su resultado de la prueba de PAP, fue a una cita de seguimiento? (SELECT ONE) Question relevant when: selected(\${PAP_LAST_RESULT} , '2') or selected(\${PAP_LAST_RESULT} , '3')	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
PAP_LAST_TREAT <i>(required)</i>	Did you receive any treatment to your cervix because of your PAP test result? ¿Recibió algún tratamiento en el cuello uterino debido a su resultado de la prueba de PAP? (SELECT ONE) Question relevant when: selected(\${PAP_LAST_RESULT} , '2')	1	Yes, I did receive treatment
		0	No, I did not receive treatment
		-1	Don't know
		-2	Decline to respond
VIA_EVER <i>(required)</i>	Have you ever had a VIA (visual inspection with acetic acid) exam? (A VIA is a gynecological exam where a healthcare worker inspects the cervix with a diluted solution of acetic acid to screen for cervical cancer.) This is an exam where the physician examines your private parts to look for cervical cancer. ¿Alguna vez ha tenido una prueba de IVAA (inspección visual con ácido acético)? Una prueba de IVAA es un examen donde un trabajador de salud aplica una solución de ácido acético al cuello uterino y lo inspecciona para detectar el cáncer cervical. (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Contraception > group_via_ever_1 Group relevant when: selected(\${VIA_EVER} , '1')			
VIA_LAST_WHEN <i>(required)</i>	When did you have your most recent VIA exam? ¿Cuándo le hicieron su ultima examen de IVAA? (SELECT ONE)	6	Within the last month
		7	1 month to 1 year ago
		2	1 - 2 years ago
		3	2 - 3 years ago
		4	4 - 5 years ago
		5	Over 5 years ago
		-1	Don't know
		-2	Refused to respond
VIA_LAST_RESULT <i>(required)</i>	What was the result of your last VIA test? ¿Cuál fue el resultado de su última examen de IVAA? (SELECT ONE)	1	Normal (negative) / Normal (negativo)
		2	Abnormal (positive) / Anormal (positivo)

Field	Question	Answer	
		3	Suspect cancer / Sospechoso de cancer
		4	Inconclusive / Inconcluso
		-1	Don't know / No se
		-2	Decline to respond / Negarse a responder
Eligible woman > Contraception > group_via_last_result_1			
VIA_LAST_FOLLOWUP <i>(required)</i>	Did you go to a follow-up visit because of your VIA exam result? ¿Debido a su resultado del examen de IVAA, fue a una cita de seguimiento? (SELECT ONE) <i>Question relevant when: selected(\${VIA_LAST_RESULT} , '2') or selected(\${VIA_LAST_RESULT} , '3')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VIA_LAST_TREAT <i>(required)</i>	Did you receive any treatment to your cervix because of your VIA exam result? ¿Recibió algún tratamiento en el cuello uterino debido a su resultado del examen de IVAA? (SELECT ONE) <i>Question relevant when: selected(\${VIA_LAST_RESULT} , '2')</i>	1	Yes, I did receive treatment
		0	No, I did not receive treatment
		-1	Don't know
		-2	Decline to respond
Eligible woman > Child health <i>Group relevant when: \${TOTAL_CHILDREN} >= 1</i>			
note_child_health	Children's health: Now I would like to ask questions about health status of all children in the household aged 0-59 months. Ahora me gustaría preguntar sobre el estado de salud de todos los niños en la casa entre 0-59 meses. Interviewer: These questions will be repeated for each child age 0-59 months (both biological and not) reported by the caregiver. Start with the youngest child.		
Eligible woman > Child health > [KIDS_NAME] (1)		(Repeated group)	
KIDS_NAME <i>(required)</i>	What is the #1 youngest child's name? ¿Cómo se llama el 1° niño menor? <i>Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.</i>		
KIDS_AGE_SPEC <i>(required)</i>	Enter Age in Months: -1 = 'Don't know' -2 = 'Decline to respond'		
KIDS_DOB <i>(required)</i>	What is the birthdate of [KIDS_NAME]? ¿En qué día, mes y año nació [KIDS_NAME]? <i>Question relevant when: \${calc_end_survey5} != 1 and \${KIDS_AGE_SPEC} != "-1" and \${KIDS_AGE_SPEC} != "-2"</i>		
note_age_mismatch5 <i>(required)</i>	The age of [KIDS_NAME] entered ([KIDS_AGE_SPEC] months) does not match the age calculated from the birth date ([calc_age_months_from_dob5] months). Please return to confirm the age and date of birth of the child. <i>Question relevant when: \${calc_age_months_from_dob5} != null and \${calc_age_months_from_dob5} != \${KIDS_AGE_SPEC} and \${calc_age_months_from_dob5} - 1 != \${KIDS_AGE_SPEC} and \${calc_age_months_from_dob5} + 1 != \${KIDS_AGE_SPEC} and \${KIDS_AGE_SPEC} != "-1" and \${KIDS_AGE_SPEC} != "-2"</i>		
KIDS_BIO <i>(required)</i>	Is [KIDS_NAME] your biological child? (Biological children are born from your pregnancy.) ¿Es [KIDS_NAME] su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)	1	Yes
		0	No
FOOD_BF <i>(required)</i>	<i>Interviewer: Only ask the following question if the child is aged 0-5 months.</i> Now I would like to ask you about liquids or foods that [KIDS_NAME] had yesterday or last night . I am interested in whether your child had the item I mention even if it was combined with other food. Yesterday or last night , did [KIDS_NAME] consume breast milk? Ahora quisiera preguntarle sobre los líquidos o alimentos que [KIDS_NAME] ingirió ayer o anoche . Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado con otros alimentos. Ayer o anoche , [KIDS_NAME] bebió leche materna? <i>Interviewer: Only ask the following question if the child is aged 0-5 months.</i> <i>Question relevant when: \${KIDS_AGE_SPEC} >= 0 and \${KIDS_AGE_SPEC} < 6</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
FOOD_OTH <i>(required)</i>	Yesterday or last night , did [KIDS_NAME] consume anything besides breast milk? Ayer o anoche , [KIDS_NAME] consumió algo además de la leche materna? (SELECT ONE)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
	Question relevant when: selected(\${FOOD_BF} , '1')		
FOOD_OTH_DRINKS (required)	<p>Yesterday or last night, did [KIDS_NAME] consume any other drinks such as water, sugar water, or tea?</p> <p>Ayer o anoche, [KIDS_NAME] bebió alguna otra bebida, como agua, agua azucarada o té? (SELECT ONE)</p> <p>Question relevant when: selected(\${FOOD_BF} , '1')</p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA (required)	<p>Now I am going to ask you about the past 2 weeks.</p> <p>In the last 2 weeks, has [KIDS_NAME] had diarrhea?</p> <p>Ahora voy a preguntarle sobre las dos últimas semanas.</p> <p>Durante las dos últimas semanas, [KIDS_NAME] tuvo diarrea? (SELECT ONE)</p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Child health > [KIDS_NAME] (1) > Diarrhea Group relevant when: selected(\${DIARRHEA} , '1')			
note_c_diarrhea	<p>Was [KIDS_NAME] given any of the following to drink at any time since he/she started having diarrhea:</p> <p>¿Se le dio [KIDS_NAME] de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea? (SELECT ONE)</p>		
DIARRHEA_DRINK1 (required)	<p>A fluid made from a special packet called ORS? (Oral rehydration salts)</p> <p>¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)</p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_DRINK2 (required)	<p>A pre-packaged ORS liquid? (Bottled oral serum)</p> <p>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_DRINK3 (required)	<p>Homemade fluid recommended by health authorities?</p> <p>¿Líquido casero recomendado por las autoridades sanitarias?</p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA4_1 (required)	<p>Was anything (else) given to treat the diarrhea?</p> <p>¿Se le dio algo más para tratar la diarrea? (SELECT ONE)</p> <p>Question relevant when: selected(\${DIARRHEA} , '1')</p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Child health > [KIDS_NAME] (1) > Diarrhea treatment Group relevant when: selected(\${DIARRHEA4_1} , '1') and selected(\${DIARRHEA} , '1')			
note_c_diarrhea_rx	<p>What (else) was given to treat the diarrhea?</p> <p>¿Qué (más) se le dio para tratar la diarrea? (SELECT ONE)</p>		
DIARRHEA_RX1 (required)	Antibiotic pill / Píldora Antibiótico	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX11 (required)	Antibiotic syrup / Jarabe Antibiótico	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX6 (required)	Antibiotic injection / Inyección antibiótico	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX7 (required)	Non-antibiotic injection / Inyección no antibiótico	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX2 (required)	Anti-motility or anti-diarrheal pill / Píldora medicamento antimotilidad o antidiarreico	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX12 (required)	Anti-motility or anti-diarrheal syrup / Jarabe medicamento antimotilidad o antidiarreico	1	Yes
		-1	Don't know

Field	Question	0 No	Answer
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX3 <i>(required)</i>	Zinc pill / Píldora Zinc	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX13 <i>(required)</i>	Zinc syrup / Jarabe Zinc	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX4 <i>(required)</i>	Other pill (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro píldora (que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX14 <i>(required)</i>	Other syrup (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro jarabe (que no sea un antibiótico, medicamento antimotilidad /andidiarreico, zinc)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX5 <i>(required)</i>	Unknown pill / Píldora de origen desconocido	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX15 <i>(required)</i>	Unknown syrup / Jarabe de origen desconocido	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX8 <i>(required)</i>	Unknown injection / Inyección de origen desconocido	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX9 <i>(required)</i>	Intravenous therapy / Terapia endovenosa	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RX10 <i>(required)</i>	Home remedy / herbal medicine / Medicamento casero/a base de hierbas	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RXOTH <i>(required)</i>	Other / Otro	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
DIARRHEA_RXDK <i>(required)</i>	Don't know / No sabe	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Child health > [KIDS_NAME] (1) > Micronutrients and deworming			
MICRO_CONS <i>(required)</i>	 <p>Interviewer: Only ask the following question if the child is aged 6-23 months.</p> <p>Interviewer: Show the picture of micronutrient supplements and ask:</p> <p>Now I am going to ask you about the past 6 months.</p> <p>In the last 6 months, did [KIDS_NAME] consume any of these types of packets? You might know these supplements under the name of 'Incaparina'.</p> <p>Ahora voy a hacerle preguntas sobre los últimos 6 meses.</p> <p>En los últimos 6 meses, ¿[KIDS_NAME] consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como 'Incaparina'.</p> <p>(SELECT ONE)</p>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
	<i>Question relevant when: \${KIDS_AGE_SPEC} >= 6 and \${KIDS_AGE_SPEC} < 24</i>		
MICRO_CONS_NUM_SPEC <i>(required)</i>	In the past 6 months, how many of these packets did [KIDS_NAME] consume? En los últimos 6 meses, ¿cuántos paquetes consumió [KIDS_NAME]? -1 = 'Don't know' -2 = 'Decline to respond' <i>Question relevant when: selected(\${MICRO_CONS} , '1')</i>		
MICRO_CONS_EXPL <i>(required)</i>	What was the name or brand of the micronutrient packets consumed? ¿Cuál era el nombre o la marca de los paquetes de micronutrientes consumidos? <i>Question relevant when: selected(\${MICRO_CONS} , '1') and \${MICRO_CONS_NUM_SPEC} >= 1</i>	1	Incaparina
		0	Other brand (enter name on following page)
		-1	Don't know
		-2	Decline to respond
MICRO_CONS_EXPL_TEXT <i>(required)</i>	Other micronutrient packet name/brand: <i>Question relevant when: selected(\${MICRO_CONS_EXPL} , '0')</i>		
WORMS <i>(required)</i>	<i>Interviewer: Only ask the following question if the child is aged 12-59 months.</i> <i>Now I am going to ask you about the past 12 months.</i> <i>In the last 12 months, was [KIDS_NAME] given any deworming pills/medication for intestinal worms?</i> <i>Ahora voy a preguntarle por los últimos 12 meses.</i> <i>En los últimos 12 meses, ¿se le dio a [KIDS_NAME] algunos medicamentos contra los parásitos intestinales?</i> <i>(SELECT ONE)</i> <i>Question relevant when: \${KIDS_AGE_SPEC} >= 12 and \${KIDS_AGE_SPEC} < 60</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
WORMS_TIMES_SPEC <i>(required)</i>	In the last 12 months , how many times was [KIDS_NAME] given deworming pills/medication for intestinal worms? En los últimos 12 meses , ¿cuántas veces se le dio a [KIDS_NAME] medicamentos contra los parásitos intestinales? -1 = 'Don't know' -2 = 'Decline to respond' <i>Question relevant when: selected(\${WORMS} , '1')</i>		
Eligible woman > Child health > [KIDS_NAME] (1) > Medications in house			
label_in_house	Do you currently have any of the following medications or treatments at your house? ¿Tiene usted actualmente alguna de las siguientes medicinas o tratamientos en casa?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
INHOUSE_WORMS <i>(required)</i>	Medicine for intestinal worms or parasites / Medicina para las lombrices o parasitos en el intestino	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
INHOUSE_ORs <i>(required)</i>	Oral rehydration salts for the treatment of diarrhea / Sales de rehidratacion oral para el tratamiento de diarrea	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
INHOUSE_ZINC <i>(required)</i>	Zinc (pill or syrup) for the treatment of diarrhea / Zinc (comprimido o jarabe) para el tratamiento de la diarrea	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_1 <i>(required)</i>	Did [KIDS_NAME] ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign? ¿Recibió [KIDS_NAME] alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización? <i>(SELECT ONE)</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Child health > [KIDS_NAME] (1) > Vaccines <i>Group relevant when: selected(\${INTERVIEW_LOC} , '2') and selected(\${VACANY_1} , '1')</i>			
note_vac_any_num	Please tell me if [KIDS_NAME] had any of the following vaccinations and specify the number of times each vaccine was given: Indíqueme si [KIDS_NAME] recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:		
VACANY_BCG <i>(required)</i>	BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
VACANY_BCG_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_BCG} , '1')</i>		
VACANY_PENTA <i>(required)</i>	Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_PENTA_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_PENTA} , '1')</i>		
VACANY_POLIO <i>(required)</i>	Polio vaccine, that is, drops in the mouth Vacuna contra la poliomielitis, es decir, gotas en la boca	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_POLIO_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_POLIO} , '1')</i>		
VACANY_DPT <i>(required)</i>	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_DPT_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_DPT} , '1')</i>		
VACANY_MMR <i>(required)</i>	A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older – to prevent him/her from getting measles, mumps and rubella Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_MMR_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_MMR} , '1')</i>		
VACANY_HEPB <i>(required)</i>	Hepatitis B vaccination Vacuna contra la hepatitis B	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_HEPB_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_HEPB} , '1')</i>		
VACANY_ROTA <i>(required)</i>	Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) Una vacuna contra el rotavirus (estavacuna se proporciona para reducir la diarrea en los niños.)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_ROTA_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_ROTA} , '1')</i>		
VACANY_PNEUM <i>(required)</i>	Pneumococcal conjugate vaccination (to prevent meningitis) Vacuna neumocócica conjugada (para prevenir la meningitis)	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
VACANY_PNEUM_SPEC <i>(required)</i>	Number of times: <i>Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.</i> <i>Question relevant when: selected(\${VACANY_PNEUM} , '1')</i>		
VACCARD_WHERE <i>(required)</i>	Do you have a card where [KIDS_NAME]'s vaccinations are written down? ¿Tiene la cartilla en donde están registradas las vacunas de [KIDS_NAME]?	1	Yes, observed
		2	Yes, not observed
		0	No card
		-1	Don't know

Field	Question	Answer	
	If yes, may I see it please? ¿Me permite verla, por favor?		
		-2	Decline to respond
Eligible woman > Child health > [KIDS_NAME] (1) > Vaccines > Vaccine card Group relevant when: selected(\${VACCARD_WHERE} , '1')			
note_vaccard_num_type	Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):		
VACCARD_BCG (required)	BCG vaccine / Vacuna BCG	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_BCG_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_BCG} , '1')		
VACCARD_PENTA (required)	Pentavalent / Pentavalente	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_PENTA_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_PENTA} , '1')		
VACCARD_POLIO (required)	Polio vaccine / Vacuna contra la poliomielitis	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_POLIO_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_POLIO} , '1')		
VACCARD_DPT (required)	DPT vaccination / Vacuna DTP	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_DPT_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_DPT} , '1')		
VACCARD_MMR (required)	Measles & Rubella / MMR vaccine / Vacuna contra el sarampión,rubeola/MMR	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_MMR_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_MMR} , '1')		
VACCARD_HEPB (required)	Hepatitis B vaccination / Vacuna contra la hepatitis B	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_HEPB_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_HEPB} , '1')		
VACCARD_ROTA (required)	Rotavirus vaccination / Vacuna contra el rotavirus	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_ROTA_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_ROTA} , '1')		
VACCARD_PNEUM (required)	Pneumococcal conjugate vaccination /Vacuna neumocócica conjugada	1	Number of times vaccine was given is recorded
		-2	No place on card to note
VACCARD_PNEUM_SPEC (required)	Number of times: Question relevant when: selected(\${VACCARD_PNEUM} , '1')		
Eligible woman > COVID-19			
note_covid	Now, we will ask a few questions about your experience throughout the COVID-19 pandemic. Ahora quisiera hablar sobre su experiencia durante la pandemia de COVID-19.		
Eligible woman > COVID-19 > Income			
COVID_INCOME_2020 (required)	Considering your household income in 2019, would you say the household income was higher, lower, or about the same in 2020? ¿Tomando en cuenta los ingresos de su hogar en el 2019, usted diría que estos ingresos fueron más altos, más bajos, o más o menos igual en 2020?	1	Higher
		2	Lower
		3	About the same
		-1	Don't know
		-2	Decline to respond
COVID_INCOME_2021 (required)	Considering your household income in 2019, would you say the household income was higher, lower, or about the same in 2021? ¿Tomando en cuenta los ingresos de su hogar en el 2019, usted diría que estos ingresos fueron más altos, más bajos, o más o menos igual en 2021?	1	Higher
		2	Lower
		3	About the same
		-1	Don't know
		-2	Decline to respond

Field	Question	Answer	
COVID_INCOME_2022 <i>(required)</i>	Considering your household income in 2019, would you say the household income was higher, lower, or about the same as now (2022) ? ¿Tomando en cuenta los ingresos de su hogar en el 2019, usted diría que estos ingresos fueron más altos, más bajos, o más o menos igual en 2022 ?	1	Higher
		2	Lower
		3	About the same
		-1	Don't know
		-2	Decline to respond
COVID_INCOME_ACTIONS <i>(required)</i>	Have you taken any of the following actions in response to lower income? ¿Ha realizado algunas de las siguientes acciones para ajustarse a los menores ingresos?	SCHO	Reduced spending on school / Reducir gastos escolares
		FOOD	Reduced spending on food / Reducir gastos de comida
		TRANS	Reduced spending on transportation / Reducir gastos de transportación
		HLCR	Reduced spending on health care / Reducir gastos de atención a la salud
		ENTR	Reduced spending on entertainment / Reducir gastos de entretenimiento
		OHHX	Reduced spending on other household expenses / Reducir otros gastos del hogar
		ALLX	Reduced spending on all household expenses / Reducir todos los gastos
		SAVE	Reduced savings / Reducir lo que destina a ahorros
		WTHD	Withdrew from savings / Tomar dinero de sus ahorros
		BORW	Borrowed money / Pedir dinero prestado
		OTH	Other (specify) / Otro (especificar)
		NONE	Did not take any action
Eligible woman > COVID-19 > Delay			
label_covid_delay	Since the beginning of the pandemic (from March 2020 to now), did you delay or postpone medical care for any of the following services? Interviewer - If asked what a preconception visit is: A preconception checkup is a visit to a health facility before getting pregnant where a doctor, nurse, or midwife looks at your overall health and discusses with you your plans to get pregnant. En algún momento desde el inicio de la pandemia, es decir de marzo del 2020 a la fecha, ¿usted evitó o pospuso atención médica para alguno de los siguientes servicios? Entrevista: si se le pregunta qué es una visita previa a la concepción: Un chequeo de preconcepción es una visita a un centro de salud antes de quedar embarazada donde un médico, enfermera o partera revisa su salud en general y discute con usted sus planes para quedar embarazada.	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_FP <i>(required)</i>	Family planning / Planificación Familiar	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_PAP <i>(required)</i>	Pap smears / Citología o Pap	1	Yes
		0	No
		-3	Does not apply

Field	Question	Answer	
COVID_DELAY_PRECON <i>(required)</i>	Preconception care / Atención preconcepcional	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_DIABETES <i>(required)</i>	Diabetes screening or management / Detección o control de diabetes	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_HYPER <i>(required)</i>	Hypertension / high blood pressure screening or management / Detección o control de hipertensión/presión alta	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_DELIV <i>(required)</i>	Delivery care / Atención del parto	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_ANC <i>(required)</i>	Prenatal care / Atención prenatal	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_POS <i>(required)</i>	Postnatal care / Atención posparto	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_CLD <i>(required)</i>	Child health clinic / Clínica o atención para niños	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_IMM <i>(required)</i>	Vaccination in children / Vacunas o inmunizaciones en niños	1	Yes
		0	No
		-3	Does not apply
COVID_DELAY_OTH <i>(required)</i>	Other (specify) / otro (especificar)	1	Yes
		0	No
		-3	Does not apply
Eligible woman > COVID-19 > Delay			
Group relevant when: selected(\${COVID_DELAY_FP} , '1') or selected(\${COVID_DELAY_PAP} , '1') or selected(\${COVID_DELAY_PRECON} , '1') or selected(\${COVID_DELAY_DIABETES} , '1') or selected(\${COVID_DELAY_HYPER} , '1') or selected(\${COVID_DELAY_DELIV} , '1') or selected(\${COVID_DELAY_ANC} , '1') or selected(\${COVID_DELAY_OTH} , '1') or selected(\${COVID_DELAY_POS} , '1') or selected(\${COVID_DELAY_CLD} , '1') or selected(\${COVID_DELAY_IMM} , '1')			
label_covid_delay_2	For how long did you delay or postpone:	1	3 months or less / 3 meses o menos
	¿Por cuánto tiempo usted evitó o pospuso atención médica para estos servicios?	2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_FP_TIME <i>(required)</i>	For how long did you delay or postpone Family planning services?	1	3 months or less / 3 meses o menos
	¿Por cuánto tiempo usted evitó o pospuso atención médica para planificación familiar? <i>Question relevant when: selected(\${COVID_DELAY_FP} , '1')</i>	2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_PAP_TIME <i>(required)</i>	For how long did you delay or postpone pap smears ?	1	3 months or less / 3 meses o menos
	¿Por cuánto tiempo usted evitó o pospuso atención médica para citología o Pap? <i>Question relevant when: selected(\${COVID_DELAY_PAP} , '1')</i>	2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_PRECON_TIME <i>(required)</i>	For how long did you delay or postpone preconception care ?	1	3 months or less / 3 meses o menos
	¿Por cuánto tiempo usted evitó o pospuso atención médica para atención preconcepcional?	2	3-6 months / 3-6 meses

Field	Question	Answer	
	<i>Question relevant when: selected(\${COVID_DELAY_PRECON} , '1')</i>	3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_DIABETES_TIME <i>(required)</i>	For how long did you delay or postpone Diabetes screening or management ? ¿Por cuánto tiempo usted evitó o pospuso atención médica para detección o control de diabetes? <i>Question relevant when: selected(\${COVID_DELAY_DIABETES} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_HYPER_TIME <i>(required)</i>	For how long did you delay or postpone Hypertension / high blood pressure screening or management services ? ¿Por cuánto tiempo usted evitó o pospuso atención médica para detección o control de hipertensión/presión alta? <i>Question relevant when: selected(\${COVID_DELAY_HYPER} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_DELIV_TIME <i>(required)</i>	For how long did you delay or postpone Delivery care services? ¿Por cuánto tiempo usted evitó o pospuso atención médica para atención del parto? <i>Question relevant when: selected(\${COVID_DELAY_DELIV} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_ANC_TIME <i>(required)</i>	For how long did you delay or postpone Prenatal care services? ¿Por cuánto tiempo usted evitó o pospuso atención médica para atención prenatal? <i>Question relevant when: selected(\${COVID_DELAY_ANC} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_POS_TIME <i>(required)</i>	For how long did you delay or postpone Postnatal care services? ¿Por cuánto tiempo usted evitó o pospuso atención médica para atención posparto? <i>Question relevant when: selected(\${COVID_DELAY_POS} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_CLD_TIME <i>(required)</i>	For how long did you delay or postpone Child health clinic services? ¿Por cuánto tiempo usted evitó o pospuso atención médica para clínica o atención para niños? <i>Question relevant when: selected(\${COVID_DELAY_CLD} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar

Field	Question	Answer	
COVID_DELAY_IMM_TIME <i>(required)</i>	For how long did you delay or postpone Vaccination in children services? ¿Por cuánto tiempo usted evitó o pospuso atención médica para vacunas o inmunizaciones en niños? <i>Question relevant when: selected(\${COVID_DELAY_IMM} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_DELAY_OTH_TIME <i>(required)</i>	For how long did you delay or postpone [COVID_DELAY_OTH_SPEC] services? ¿Por cuánto tiempo usted evitó o pospuso atención médica para [COVID_DELAY_OTH_SPEC] ? <i>Question relevant when: selected(\${COVID_DELAY_OTH} , '1')</i>	1	3 months or less / 3 meses o menos
		2	3-6 months / 3-6 meses
		3	6-9 months / 6-9 meses
		4	9-12 months / 9-12 meses
		5	12+ months / 12+ meses
		-1	Don't know / No sabe
		-2	Decline to respond / Se negó a contestar
COVID_SCHOOL <i>(required)</i>	At the start of the pandemic, in March 2020, were you in school? Al inicio de la pandemia (marzo de 2020), ¿usted estaba asistiendo a la escuela? <i>Question relevant when: \${AGE_WOMAN_SPEC} >=15 and \${AGE_WOMAN_SPEC} <=24</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
COVID_SCHOOL_YR <i>(required)</i>	What year/grade/level of school were you in? ¿Qué año o grado estaba usted cursando? <i>Question relevant when: selected(\${COVID_SCHOOL} , '1')</i>	1	Primary / Primaria
		2	Secondary / Secundaria
		3	University / Universidad
		4	Literacy course / Curso de alfabetización
		-1	Don't know / No sabe
		-2	Decline to respond / No responde
COVID_SCHOOL_INTERRUPT <i>(required)</i>	If your schooling was interrupted between March 2020 and now, how long was that interruption (in months or years)? Si dejó de asistir a la escuela entre Marzo de 2020 y ahora, ¿cuántos meses o años dejó de asistir? <i>Question relevant when: selected(\${COVID_SCHOOL} , '1')</i>	1	Number of months (enter on the following page)
		2	Number of years (enter on the following page)
		3	It was not interrupted
		-1	Don't know
		-2	Decline to respond
COVID_SCHOOL_INTERRUPT_MON <i>(required)</i>	Number of months interrupted: <i>Question relevant when: selected(\${COVID_SCHOOL_INTERRUPT} , '1')</i>		
COVID_SCHOOL_INTERRUPT_YR <i>(required)</i>	Number of years interrupted: <i>Question relevant when: selected(\${COVID_SCHOOL_INTERRUPT} , '2')</i>		
COVID_SCHOOL_NOW <i>(required)</i>	Are you in school now? ¿Está en la escuela ahora? <i>Question relevant when: selected(\${COVID_SCHOOL} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
COVID_SCHOOL_BACK <i>(required)</i>	Are you planning to go back? ¿Planea regresar a la escuela? <i>Question relevant when: selected(\${COVID_SCHOOL} , '1') and selected(\${COVID_SCHOOL_NOW} , '0')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
COVID_SCHOOL_WHYNOT <i>(required)</i>	Why did you not continue in school? (check all that apply) ¿Por qué no siguió asistiendo a la escuela? (MARQUE TODAS LAS OPCIONES QUE MENCIONE) <i>Question relevant when: selected(\${COVID_SCHOOL_BACK} , '0')</i>	FEAR	I was afraid to get COVID-19 / Me daba miedo de que me diera COVID-19
		DONE	I was done or almost done with school / Terminé o estaba por terminar mis estudios
		FAML	I needed to support my family / Tenía que apoyar o cuidar a mi familia

Field	Question	Answer	
		COST	I could not afford to continue in school / No tenía dinero para continuar en la escuela
		PREG	I got pregnant / Me embaracé
		MARR	I got married or planned to get married / Me case o planeaba casarme
		CLOS	My school closed / La escuela cerró
		NOTW	I did not want to go back to school / No quería regresar a la escuela
		LATE	It is too late for me to go back to school / Ya es muy tarde para mi para regresar a la escuela
		OTH	Other (specify)
		DK	Don't know
		DTR	Decline to respond
COVID_VACC <i>(required)</i>	Have you been vaccinated for COVID-19? ¿Ha sido vacunado contra el COVID-19?	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
COVID_VACC_NUM <i>(required)</i>	How many times did you receive a vaccine for COVID-19? ¿Cuantos veces recibió la vacuna contra el COVID-19? <i>Question relevant when: selected(\${COVID_VACC} , '1')</i>	1	One
		2	Two
		3	Three
		4	Four
		5	Five
		-1	Don't know
		-2	Decline to respond
Eligible woman > COVID-19 > group_covid_vacc_brand <i>Group relevant when: selected(\${COVID_VACC_NUM} , '1') or selected(\${COVID_VACC_NUM} , '2') or selected(\${COVID_VACC_NUM} , '3') or selected(\${COVID_VACC_NUM} , '4') or selected(\${COVID_VACC_NUM} , '5')</i>			
COVID_VACC_BRAND1 <i>(required)</i>	What vaccine did you receive for your first dose? ¿Qué vacuna recibió para su primera dosis? <i>Question relevant when: selected(\${COVID_VACC_NUM} , '1') or selected(\${COVID_VACC_NUM} , '2') or selected(\${COVID_VACC_NUM} , '3') or selected(\${COVID_VACC_NUM} , '4') or selected(\${COVID_VACC_NUM} , '5')</i>	1	Pfizer-BioNTech / COMIRNATY
		2	AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others)
		3	Johnson & Johnson / Janssen
		4	Covidencia / CanSino
		5	Sinovac / CoronaVac
		6	Covaxin / Bharat Biotech
		7	CoviVac / Russian Academy of Sciences
		8	Moderna / Spikevax
		9	QazCovid-in
		10	Sinopharm (BBIBP)
		11	Sinopharm (WIBP)
		12	Sputnik Light
		13	Sputnik V
		-1	Don't know
		-2	Decline to respond
COVID_VACC_BRAND2 <i>(required)</i>	What vaccine did you receive for your second dose? ¿Qué vacuna recibió para su segunda dosis? <i>Question relevant when: selected(\${COVID_VACC_NUM} , '2') or selected(\${COVID_VACC_NUM} , '3') or selected(\${COVID_VACC_NUM} , '4') or selected(\${COVID_VACC_NUM} , '5')</i>	1	Pfizer-BioNTech / COMIRNATY
		2	AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others)
		3	Johnson & Johnson / Janssen

Field	Question	4 Covidencia / CanSino Answer
		<div></div> <div>5 Sinovac / CoronaVac</div> <div>6 Covaxin / Bharat Biotech</div> <div>7 CoviVac / Russian Academy of Sciences</div> <div>8 Moderna / Spikevax</div> <div>9 QazCovid-in</div> <div>10 Sinopharm (BBIBP)</div> <div>11 Sinopharm (WIBP)</div> <div>12 Sputnik Light</div> <div>13 Sputnik V</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
COVID_VACC_BRAND3 <i>(required)</i>	What vaccine did you receive for your third dose? ¿Qué vacuna recibió para su tercera dosis? <i>Question relevant when: selected(\${COVID_VACC_NUM} , '3') or selected(\${COVID_VACC_NUM} , '4') or selected(\${COVID_VACC_NUM} , '5')</i>	<div>1 Pfizer-BioNTech / COMIRNATY</div> <div>2 AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others)</div> <div>3 Johnson & Johnson / Janssen</div> <div>4 Covidencia / CanSino</div> <div>5 Sinovac / CoronaVac</div> <div>6 Covaxin / Bharat Biotech</div> <div>7 CoviVac / Russian Academy of Sciences</div> <div>8 Moderna / Spikevax</div> <div>9 QazCovid-in</div> <div>10 Sinopharm (BBIBP)</div> <div>11 Sinopharm (WIBP)</div> <div>12 Sputnik Light</div> <div>13 Sputnik V</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
COVID_VACC_BRAND4 <i>(required)</i>	What vaccine did you receive for your fourth dose? ¿Qué vacuna recibió para su cuarta dosis? <i>Question relevant when: selected(\${COVID_VACC_NUM} , '4') or selected(\${COVID_VACC_NUM} , '5')</i>	<div>1 Pfizer-BioNTech / COMIRNATY</div> <div>2 AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others)</div> <div>3 Johnson & Johnson / Janssen</div> <div>4 Covidencia / CanSino</div> <div>5 Sinovac / CoronaVac</div> <div>6 Covaxin / Bharat Biotech</div> <div>7 CoviVac / Russian Academy of Sciences</div> <div>8 Moderna / Spikevax</div> <div>9 QazCovid-in</div> <div>10 Sinopharm (BBIBP)</div> <div>11 Sinopharm (WIBP)</div> <div>12 Sputnik Light</div> <div>13 Sputnik V</div> <div>-1 Don't know</div> <div>-2 Decline to respond</div>
COVID_VACC_BRAND5 <i>(required)</i>	What vaccine did you receive for your fifth dose? ¿Qué vacuna recibió para su quinta dosis? <i>Question relevant when: selected(\${COVID_VACC_NUM} , '5')</i>	<div>1 Pfizer-BioNTech / COMIRNATY</div> <div>2 AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others)</div> <div>3 Johnson & Johnson / Janssen</div> <div>4 Covidencia / CanSino</div> <div>5 Sinovac / CoronaVac</div> <div>6 Covaxin / Bharat Biotech</div>

Field	Question	0 - Covaxin / Bharat Biotech		Answer
		7	CoviVac / Russian Academy of Sciences	
		8	Moderna / Spikevax	
		9	QazCovid-in	
		10	Sinopharm (BBIBP)	
		11	Sinopharm (WIBP)	
		12	Sputnik Light	
		13	Sputnik V	
		-1	Don't know	
		-2	Decline to respond	
COVID_VACC_CARD <i>(required)</i>	Do you have a vaccination card or record where your COVID-19 vaccinations are recorded?	1	Yes	
		0	No	
	¿Tiene una cartilla, registro o tarjeta de vacunación en donde están registradas sus vacunas contra el COVID-19?	-1	Don't know	
	<i>Question relevant when: selected(\${COVID_VACC} , '1')</i>	-2	Decline to respond	
COVID_VACC_CARDOBS <i>(required)</i>	May I see it?	1	Yes, card observed	
		2	Yes, have a card but was not observed	
	¿Me permite verla, por favor?	0	Do not have a card	
	<i>Question relevant when: selected(\${COVID_VACC_CARD} , '1')</i>	-1	Don't know	
		-2	Decline to respond	
COVID_VACC_CARDOBS_DOS <i>(required)</i>	Number of doses recorded:	1	One	
	<i>Question relevant when: selected(\${COVID_VACC_CARDOBS} , '1')</i>	2	Two	
		3	Three	
		4	Four	
		5	Five	
		0	None	
Eligible woman > COVID-19 > group_covid_vacc_card_brand				
<i>Group relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '1') or selected(\${COVID_VACC_CARDOBS_DOS} , '2') or selected(\${COVID_VACC_CARDOBS_DOS} , '3') or selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>				
COVID_VACC_CARD_DATE1 <i>(required)</i>	Date of the first dose: (DD/MM/YYYY)			
	<i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '1') or selected(\${COVID_VACC_CARDOBS_DOS} , '2') or selected(\${COVID_VACC_CARDOBS_DOS} , '3') or selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>			
COVID_VACC_CARD_BRAND1 <i>(required)</i>	Brand of the first dose:	1	Pfizer-BioNTech / COMIRNATY	
	<i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '1') or selected(\${COVID_VACC_CARDOBS_DOS} , '2') or selected(\${COVID_VACC_CARDOBS_DOS} , '3') or selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	2	AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others)	
		3	Johnson & Johnson / Janssen	
		4	Covidencia / CanSino	
		5	Sinovac / CoronaVac	
		6	Covaxin / Bharat Biotech	
		7	CoviVac / Russian Academy of Sciences	
		8	Moderna / Spikevax	
		9	QazCovid-in	
		10	Sinopharm (BBIBP)	
		11	Sinopharm (WIBP)	
		12	Sputnik Light	
		13	Sputnik V	
		-1	Not recorded	
COVID_VACC_CARD_DATE2 <i>(required)</i>	Date of the second dose: (DD/MM/YYYY)			
	<i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '2') or selected(\${COVID_VACC_CARDOBS_DOS} , '3') or selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>			
COVID_VACC_CARD_BRAND2 <i>(required)</i>	Brand of the second dose:	1	Pfizer-BioNTech / COMIRNATY	
	<i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '2') or selected(\${COVID_VACC_CARDOBS_DOS} , '3') or selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	2	AstraZeneca-Oxford (also known as Covidshield,	

Field	Question	Answer
		Vaxzevria, and others)
		3 Johnson & Johnson / Janssen
		4 Covidencia / CanSino
		5 Sinovac / CoronaVac
		6 Covaxin / Bharat Biotech
		7 CoviVac / Russian Academy of Sciences
		8 Moderna / Spikevax
		9 QazCovid-in
		10 Sinopharm (BBIBP)
		11 Sinopharm (WIBP)
		12 Sputnik Light
		13 Sputnik V
		-1 Not recorded
COVID_VACC_CARD_DATE3 <i>(required)</i>	Date of the third dose: (DD/MM/YYYY) <i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '3') or selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	
COVID_VACC_CARD_BRAND3 <i>(required)</i>	Brand of the third dose: <i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '3') or selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	1 Pfizer-BioNTech / COMIRNATY 2 AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others) 3 Johnson & Johnson / Janssen 4 Covidencia / CanSino 5 Sinovac / CoronaVac 6 Covaxin / Bharat Biotech 7 CoviVac / Russian Academy of Sciences 8 Moderna / Spikevax 9 QazCovid-in 10 Sinopharm (BBIBP) 11 Sinopharm (WIBP) 12 Sputnik Light 13 Sputnik V -1 Not recorded
COVID_VACC_CARD_DATE4 <i>(required)</i>	Date of the fourth dose: (DD/MM/YYYY) <i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	
COVID_VACC_CARD_BRAND4 <i>(required)</i>	Brand of the fourth dose: <i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '4') or selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	1 Pfizer-BioNTech / COMIRNATY 2 AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others) 3 Johnson & Johnson / Janssen 4 Covidencia / CanSino 5 Sinovac / CoronaVac 6 Covaxin / Bharat Biotech 7 CoviVac / Russian Academy of Sciences 8 Moderna / Spikevax 9 QazCovid-in 10 Sinopharm (BBIBP) 11 Sinopharm (WIBP) 12 Sputnik Light 13 Sputnik V -1 Not recorded
COVID_VACC_CARD_DATE5 <i>(required)</i>	Date of the fifth dose: (DD/MM/YYYY) <i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	

Field	Question	Answer	
COVID_VACC_CARD_BRAND5 <i>(required)</i>	Brand of the fifth dose: <i>Question relevant when: selected(\${COVID_VACC_CARDOBS_DOS} , '5')</i>	1	Pfizer-BioNTech / COMIRNATY
		2	AstraZeneca-Oxford (also known as Covidshield, Vaxzevria, and others)
		3	Johnson & Johnson / Janssen
		4	Covidencia / CanSino
		5	Sinovac / CoronaVac
		6	Covaxin / Bharat Biotech
		7	CoviVac / Russian Academy of Sciences
		8	Moderna / Spikevax
		9	QazCovid-in
		10	Sinopharm (BBIBP)
		11	Sinopharm (WIBP)
		12	Sputnik Light
		13	Sputnik V
		-1	Not recorded
COVID_VACC_CARD_MISS <i>(required)</i>	Have you received any COVID-19 vaccinations that are not recorded on this card, including vaccinations given at a national immunization day campaign or vaccination campaign? ¿Ha recibido alguna vacuna contra el COVID-19 que no esté registrada en esta tarjeta, incluidas las vacunas administradas en una campaña de un día de inmunización nacional o jornadas de vacunación? <i>Question relevant when: selected(\${COVID_VACC_CARDOBS} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
COVID_VACC_CARD_MISSNUM <i>(required)</i>	How many doses are not recorded on the card: <i>Question relevant when: selected(\${COVID_VACC_CARD_MISS} , '1')</i>		
COVID_VACC_ACCESS <i>(required)</i>	How easy do you think it would be to get a COVID-19 vaccine for yourself? ¿Qué tan fácil cree que sería para usted obtener la vacuna contra el COVID-19? <i>Question relevant when: selected(\${COVID_VACC} , '0')</i>	1	Very difficult / Muy difícil
		2	Somewhat difficult / Algo difícil
		3	Somewhat easy / Algo fácil
		4	Very easy / Muy fácil
		-1	Does not know / No sabe
		-2	Decline to answer / Se negó a contestar
COVID_VACC_ACCESS_DIFF <i>(required)</i>	What makes it difficult for you to get a COVID-19 vaccine? Do NOT read options out loud. ¿Qué le dificulta obtener la vacuna contra el COVID-19? [NO LEER LAS OPCIONES DE RESPUESTA] <i>Question relevant when: selected(\${COVID_VACC_ACCESS} , '1') or selected(\${COVID_VACC_ACCESS} , '2')</i>	PHYS	I can't go on my own (I have a physical limitation) / No puedo ir sola (tengo una limitación física)
		FARW	It's too far away / Está demasiado lejos
		WHER	I don't know where to go to get vaccinated / No sé dónde ir a vacunarme
		ELIG	I'm not eligible to get a COVID-19 vaccine / No soy elegible para recibir la vacuna contra el COVID-19
		SIDE	I am concerned about side effects of the COVID-19 vaccine / Me preocupan los efectos secundarios de la vacuna contra el COVID-19
		MEDC	I have a medical reason that makes me concerned about getting vaccinated (e.g., I have a health concern

Field	Question	Answer		
				unrelated to vaccination like diabetes) / Tengo un problema médico por el que me preocupa vacunarme (por ejemplo, tengo diabetes).
		MEDI		I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past) / Tengo un motivo médico que me impide vacunarme (por ejemplo, he tenido una alergia grave a las vacunas en el pasado)
		TRAN		I don't have transportation / No tengo transporte
		INCV		The hours of vaccination are inconvenient / El horario de atención no es conveniente
		WAIT		The waiting time is too long / El tiempo de espera es demasiado largo
		APPT		It is difficult to find or make an appointment / Es difícil encontrar cita o hacer una cita
		CHLD		It is difficult to arrange for childcare / Es difícil organizar el cuidado de los niños
		TMOF		I don't have time off work / No tengo tiempo libre en el trabajo
		DOCS		I need documents or IDs / Necesito documentos o identificación
		OTH		Other reason (please specify)
		DK		Don't know
		DTR		Decline to respond
COVID_VACC_ACCESS_DIFFMAIN (<i>required</i>)	<p>Of these reasons, which is the main one?</p> <p>De estas razones, ¿cuál es la razón principal que le dificulta obtener la vacuna?</p> <p><i>Question relevant when: (selected(\${COVID_VACC_ACCESS} , '1') or selected(\${COVID_VACC_ACCESS} , '2')) and not(selected(\${COVID_VACC_ACCESS_DIFF} , 'DK')) and not(selected(\${COVID_VACC_ACCESS_DIFF} , 'DTR'))</i></p>		1	I can't go on my own (I have a physical limitation) / No puedo ir sola (tengo una limitación física)
			2	It's too far away / Está demasiado lejos
			3	I don't know where to go to get vaccinated / No sé dónde ir a vacunarme
			4	I'm not eligible to get a COVID-19 vaccine / No soy elegible para recibir la vacuna contra el COVID-19
			5	I am concerned about side effects of the COVID-19 vaccine / Me preocupan los

Field	Question	Answer	
			efectos secundarios de la vacuna contra el COVID-19
		6	I have a medical reason that makes me concerned about getting vaccinated (e.g., I have a health concern unrelated to vaccination like diabetes) / Tengo un problema médico por el que me preocupa vacunarme (por ejemplo, tengo diabetes).
		7	I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past) / Tengo un motivo médico que me impide vacunarme (por ejemplo, he tenido una alergia grave a las vacunas en el pasado)
		8	I don't have transportation / No tengo transporte
		9	The hours of vaccination are inconvenient / El horario de atención no es conveniente
		10	The waiting time is too long / El tiempo de espera es demasiado largo
		11	It is difficult to find or make an appointment / Es difícil encontrar cita o hacer una cita
		12	It is difficult to arrange for childcare / Es difícil organizar el cuidado de los niños
		13	I don't have time off work / No tengo tiempo libre en el trabajo
		14	I need documents or IDs / Necesito documentos o identificación
		995	Other reason
		-1	Don't know
		-2	Decline to respond
COVID_VACC_LIKELY <i>(required)</i>	<p>If the COVID-19 vaccine is available to you, how likely are you to get vaccinated?</p> <p>Si la vacuna COVID-19 está disponible para usted, ¿qué tan probable es que se vacune?</p> <p><i>Question relevant when: selected(\${COVID_VACC} , '0')</i></p>	4	Definitely / Definitivamente
		3	Probably / Probablemente
		2	Probably not / Probablemente NO
		1	Definitely not / Definitivamente NO
		0	It is not available to me / No está disponible para mi
		-1	Does not know
		-2	Decline to answer
COVID_VACC_LIKELY_WHYNOT <i>(required)</i>	<p>Why might you not get vaccinated for COVID-19?</p> <p>Interviewer: Do NOT read responses options out loud.</p> <p>¿Por qué no se vacunaría contra el COVID-19?</p>	SIDE	I am concerned about side effects of the COVID-19 vaccine / Me preocupan los efectos secundarios de la

Field	Question	Answer		
	Question relevant when: <i>selected(\${COVID_VACC} , '0') and (selected(\${COVID_VACC_LIKELY} , '1') or selected(\${COVID_VACC_LIKELY} , '2') or selected(\${COVID_VACC_LIKELY} , '3'))</i>			vacuna contra el COVID-19
		WORK	Does not know if a COVID-19 vaccine will work / No sé si la vacuna contra el COVID-19 funciona	
		NOND	I don't think I need a COVID-19 vaccine / Creo que no necesito una vacuna contra el COVID-19	
		DISL	I don't like vaccines / No me gustan las vacunas	
		NORC	My doctor has not recommended that I get the COVID-19 vaccine / Mi médico no me ha recomendado que me vacune contra el COVID-19	
		WAIT	I want to wait to see if it is safe and maybe get vaccinated later / Quiero esperar a ver si es segura y tal vez me vacune más tarde	
		PEOP	I think other people need it more than I do right now / Creo que otras personas la necesitan más que yo en este momento	
		COST	I am worried about the cost of the COVID-19 vaccine / Estoy preocupada por el costo de la vacuna contra el COVID-19	
		TRST	I don't trust COVID-19 vaccines / No confío en las vacunas contra el COVID-19	
		TROF	I don't trust the COVID-19 vaccine being offered / No confío en la vacuna contra el COVID-19 que se ofrece	
		GOVT	I do not trust the government / No confío en el gobierno	
		RELG	Because of my religious beliefs / Por mis creencias religiosas	
		MDIA	I have heard negative information about vaccines in the media / He escuchado información negativa de las vacunas en los medios	
		FEAR	I am afraid of needles / Tengo miedo de agujas	

Field	Question	Answer	
		OTH	Other reason (please specify)
		DK	Does not know
		DTR	Decline to answer
COVID_VACC_EASY <i>(required)</i>	How easy was getting the COVID-19 vaccine for yourself? ¿Qué tan fácil fue obtener la vacuna contra el COVID-19 para usted? <i>Question relevant when: selected(\${COVID_VACC} , '1')</i>	1	Very difficult / Muy difícil
		2	Somewhat difficult / Algo difícil
		3	Somewhat easy / Algo fácil
		4	Very easy / Muy fácil
		-1	Does not know / No sabe
		-2	Decline to answer / Se negó a contestar
COVID_VACC_EASY_DIFF <i>(required)</i>	What made it difficult for you to get a COVID-19 vaccine? Interviewer: Do NOT read responses options out loud. ¿Qué le dificultó obtener la vacuna contra el COVID-19? <i>Question relevant when: selected(\${COVID_VACC_EASY} , '1') or selected(\${COVID_VACC_EASY} , '2')</i>	PHYS	I can't go on my own (I have a physical limitation) / No puedo ir sola (tengo una limitación física)
		FARW	It's too far away / Está demasiado lejos
		WHER	I don't know where to go to get vaccinated / No sé dónde ir a vacunarme
		ELIG	I'm not eligible to get a COVID-19 vaccine / No soy elegible para recibir la vacuna contra el COVID-19
		SIDE	I am concerned about side effects of the COVID-19 vaccine / Me preocupan los efectos secundarios de la vacuna contra el COVID-19
		MEDC	I have a medical reason that makes me concerned about getting vaccinated (e.g., I have a health concern unrelated to vaccination like diabetes) / Tengo un problema médico por el que me preocupa vacunarme (por ejemplo, tengo diabetes).
		MEDI	I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past) / Tengo un motivo médico que me impide vacunarme (por ejemplo, he tenido una alergia grave a las vacunas en el pasado)
		TRAN	I don't have transportation / No tengo transporte
		INCV	The hours of vaccination are inconvenient / El

Field	Question	Answer		
				horario de atención no es conveniente
		WAIT		The waiting time is too long / El tiempo de espera es demasiado largo
		APPT		It is difficult to find or make an appointment / Es difícil encontrar cita o hacer una cita
		CHLD		It is difficult to arrange for childcare / Es difícil organizar el cuidado de los niños
		TMOF		I don't have time off work / No tengo tiempo libre en el trabajo
		DOCS		I need documents or IDs / Necesito documentos o identificación
		OTH		Other reason (please specify)
		DK		Don't know
		DTR		Decline to respond
COVID_VACC_EASY_DIFFMAIN <i>(required)</i>	<p>Of these reasons, which is the main one?</p> <p>De estas razones, ¿cuál diría usted que es la razón principal que le dificultó obtener la vacuna?</p> <p><i>Question relevant when: (selected(\${COVID_VACC_EASY} , '1') or selected(\${COVID_VACC_EASY} , '2')) and not(selected(\${COVID_VACC_ACCESS_DIFF} , 'DK')) and not(selected(\${COVID_VACC_ACCESS_DIFF} , 'DTR'))</i></p>		1	I can't go on my own (I have a physical limitation) / No puedo ir sola (tengo una limitación física)
			2	It's too far away / Está demasiado lejos
			3	I don't know where to go to get vaccinated / No sé dónde ir a vacunarme
			4	I'm not eligible to get a COVID-19 vaccine / No soy elegible para recibir la vacuna contra el COVID-19
			5	I am concerned about side effects of the COVID-19 vaccine / Me preocupan los efectos secundarios de la vacuna contra el COVID-19
			6	I have a medical reason that makes me concerned about getting vaccinated (e.g., I have a health concern unrelated to vaccination like diabetes) / Tengo un problema médico por el que me preocupa vacunarme (por ejemplo, tengo diabetes).
			7	I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past) / Tengo un motivo médico que me impide vacunarme (por ejemplo, he tenido una alergia grave a las vacunas en el pasado)

Field	Question	Answer	
		8	I don't have transportation / No tengo transporte
		9	The hours of vaccination are inconvenient / El horario de atención no es conveniente
		10	The waiting time is too long / El tiempo de espera es demasiado largo
		11	It is difficult to find or make an appointment / Es difícil encontrar cita o hacer una cita
		12	It is difficult to arrange for childcare / Es difícil organizar el cuidado de los niños
		13	I don't have time off work / No tengo tiempo libre en el trabajo
		14	I need documents or IDs / Necesito documentos o identificación
		995	Other reason
		-1	Don't know
		-2	Decline to respond
COVID_VACC_OTHSEV (required)	When you went to get vaccinated, did you or a member of your family receive other health services at the facility apart from vaccination? Cuando fue a que la vacunaran contra COVID-19, ¿usted o algún miembro de su familia recibió algún otro servicio de salud además de la vacunación? <i>Question relevant when: selected(\${COVID_VACC} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
COVID_VACC_ROUTINE (required)	Now that you have been vaccinated, are you more likely to seek routine medical care compared to before vaccination? Ahora que ya está vacunada, ¿estaría más dispuesta a buscar atención médica de rutina que antes de que estuviera vacunada? <i>Question relevant when: selected(\${COVID_VACC} , '1')</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
Eligible woman > Demographics			
DISTRICT (required)	In what district do you currently live? ¿En qué distrito vive actualmente?	1	Belize District
		2	Cayo District
		3	Corozal District
		4	Orange Walk
		5	Stann Creek
		6	Toledo
		995	Other, specify:
		-1	Don't know
		-2	Decline to respond
WOM_RES_YRS_TEXT (required)	How many years have you been living continuously in [calc_district_name]? ¿Cuántos años ha estado viviendo continuamente en [calc_district_name]? 0 = Less than one year -1 = 'Don't know' -2 = 'Decline to respond' <i>Question relevant when: not(selected(\${DISTRICT} , '-1')) and not(selected(\${DISTRICT} , '-2'))</i>		
WOM_RES_INT (required)	Just before you moved to [calc_district_name], did you live in Belize? Justo antes de mudarse a [calc_district_name], ¿vivía usted en Belice? <i>Question relevant when: \${WOM_RES_YRS_TEXT} >= 0 and \${WOM_RES_YRS_TEXT} < 10</i>	1	Yes
		0	No
		-1	Don't know
		-2	Decline to respond
WOM_RES_INTRA_WHERE (required)	Just before you moved to [calc_district_name], in what district did you live? Justo antes de mudarse a [calc_district_name], ¿en qué distrito vivió? <i>Question relevant when: selected(\${WOM_RES_INT} , '1')</i>	1	Belize District
		2	Cayo District
		3	Corozal District
		4	Orange Walk
		5	Stann Creek
		6	Toledo

Field	Question	995 Other, specify: Answer	
		-1	Don't know
		-2	Decline to respond
WOM_RES_INTER_WHERE <i>(required)</i>	Just before you moved to [calc_district_name], in what country did you live? Justo antes de mudarse a [calc_district_name], ¿en qué país vivió? <i>Question relevant when: selected(\${WOM_RES_INT} , '0')</i>	2	Costa Rica
		3	El Salvador
		4	Guatemala
		5	Honduras
		6	Mexico
		7	Nicaragua
		8	Panama
		995	Other, specify:
		-2	Don't know
		-3	Decline to respond
		ETHNI_INDIG <i>(required)</i>	With which of the following ethnic groups or Indigenous peoples do you identify? Note: Indigenous peoples refer to ethnic groups that preserve traditional cultures. ¿Con cuál de los siguientes grupos étnicos o pueblos indígenas le identifica? Nota: Los pueblos indígenas se refieren a grupos étnicos que preservan las culturas tradicionales. <i>(SELECT ALL THAT APPLY)</i>
EAST	East Indian		
GARI	Garifuna		
CHIN	Chinese / Taiwanese		
MAYA	Mayan (Mopan, Yucatec, Ketchi)		
CAUC	Caucasian		
MEST	Mestizo		
MENN	Mennonite		
OTH	Other (specify)		
DK	Don't know		
DTR	Decline to respond		
C_COMMENT	<i>Interviewer:</i> Enter your comments relevant to this survey. Do not include any data (name, date of birth) that identifies participants.		
End of survey			
note_end	END OF THE SURVEY. The interview is finished. If you believe you have reached this page in error, click the "back" button and check your answers as required.		
CONFIRM_END_SURVEY <i>(required)</i>	Are you sure you want to complete the survey? You will not be able to return to make changes.	1	Yes
		0	No