

**ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION
NATIONAL POPULATION COUNCIL**

***EGYPT DEMOGRAPHIC AND
HEALTH***

SURVEY 2000

WOMAN'S QUESTIONNAIRE

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2000
WOMAN'S QUESTIONNAIRE**

IDENTIFICATION	
GOVERNORATE _____ PSU/ SEGMENT NO. _____ KISM/ MARQAZ _____ BUILDING NO. _____ SHIAKHA/ VILLAGE _____ HOUSING UNIT NO. _____ HOUSEHOLD NO. _____ URBAN 1 RURAL 2 LARGE CITY 1 SMALL CITY 2 TOWN 3 VILLAGE 4 NAME OF HOUSEHOLD HEAD _____ ADDRESS IN DETAIL _____ NAME OF WOMAN _____ LINE NUMBER OF WOMAN _____	GOVERNORATE <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> PSU/ SEGMENT NO <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> HOUSEHOLD NO URBAN/ RURAL <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> LOCALITY LINE NUMBER <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>

INTERVIEWER VISITS				FINAL VISIT											
	1	2	3	DAY	MONTH	YEAR									
DATE				<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>								
TEAM						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
INTERVIEWER															
SUPERVISOR															
RESULT															
NEXT VISIT:	DATE			TOTAL VISITS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>											
	TIME														

RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ <p align="center">(SPECIFY)</p>	
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	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	/ / 2000	/ / 2000	/ / 2000	/ / 2000
SIGNATURE	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>

SECTION 1: RESPONDENT'S BACKGROUND

My name is _____ and I am working with Ministry of Health and Population. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in the survey. I would like to ask you about your health and the health of your children. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in the survey is voluntary and you can choose not to answer any of the questions. However, we hope that you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey.

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: / / 2000

RESPONDENT AGREE TO INTERVIEW RESPONDENT DOES NOT AGREE TO INTERVIEW → 1101

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO / GIZA 1 ALEXANDRIA 2 OTHER CITY / TOWN 3 VILLAGE 4 OUTSIDE EGYPT 5 (SPECIFY) OFFICE: CODE GOVERNORATE <input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR RECORD "00".	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR/ TEMPORARY STAYING.. 96	→ 105
104	Just before you moved here, did you live in Cairo, Giza, Alexandria, another city or town or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO / GIZA 1 ALEXANDRIA 2 OTHER CITY / TOWN 3 VILLAGE 4 OUTSIDE EGYPT 5 (SPECIFY) OFFICE: CODE GOVERNORATE <input type="text"/> <input type="text"/>	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND / OR 106 IF INCONSISTENT	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
108	Now I would like to ask you some questions about your marriage (s). How many times have you been married?	NUMBER OF TIMES MARRIED <input type="text"/>	
109	CHECK 108: MARRIED ONCE <input type="checkbox"/> MARRIED TWO TIMES OR MORE <input type="checkbox"/> In what month and year did you enter into a marriage contract with your husband? Now we would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	111
110	How old were you when you entered into a marriage contract with your first husband?	AGE IN COMPLETED YEARS.. <input type="text"/> <input type="text"/>	
111	CHECK 108: MARRIED ONCE <input type="checkbox"/> MARRIED TWO TIMES OR MORE <input type="checkbox"/> In what month and year did you start living with your husband? In what month and year did you start living with your first husband?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	113
112	How old were you when you started living together with your (first) husband?	AGE IN COMPLETED YEARS.. <input type="text"/> <input type="text"/>	
113	DETERMINE MONTHS MARRIED SINCE JANUARY 1995. ENTER "X" IN COLUMN 1 OF THE CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1995. FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WIDOWED, DIVORCED, OR SEPARATED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE.		
114	Have you ever attended school?	YES 1 NO 2	201
115	What is the highest level of school you attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6	
116	What is the highest grade which you successfully completed at that level?	GRADE <input type="text"/>	

211 NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET. COMPLETE 213-221 FOR EACH BIRTH. USE ADDITIONAL FORMS IF THERE ARE MORE THAN TEN BIRTHS. AFTER COMPLETING ALL BIRTHS, GO TO 222.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	RECORD SINGLE OR MULTIPLE STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.		RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR.' PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (WHEN YOU FIRST MARRIED /NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY
01 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 Go to 220	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 NEXT BIRTH
02 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 Go to 220	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 NEXT BIRTH
03 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 Go to 220	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 NEXT BIRTH
04 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 Go to 220	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 NEXT BIRTH
05 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 Go to 220	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 NEXT BIRTH
06 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 Go to 220	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 NEXT BIRTH
07 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 Go to 220	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 NEXT BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	RECORD SINGLE OR MULTIPLE STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	IF ALIVE		RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR.' PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (WHEN YOU FIRST MARRIED/NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY
08 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ Go to 220	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 ↓ NEXT BIRTH
09 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ Go to 220	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 ↓ NEXT BIRTH
10 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ Go to 220	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ Go to 221	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 ↓ GO TO 222
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? CORRECT THE BIRTH HISTORY IF NECESSARY.					YES 1 NO 2	1 2	→ ADD TO TABLE	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1995. IF NONE, RECORD "0" AND GO TO 226. <input type="checkbox"/>								
225	FOR EACH BIRTH SINCE JANUARY 1995, ENTER "B" IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. ALSO ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 1995 (IF ANY) AT THE BOTTOM OF THE CALENDAR. FOR EACH BIRTH ENTERED IN THE CALENDAR, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. (NOTE: THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE "B" CODE.								
226	Are you pregnant now?					YES 1 NO 2 UNSURE 8	1 2 8	→ 230	
227	How many months pregnant are you? RECORD IN COMPLETED MONTHS					MONTHS [][]			
228	RECORD NUMBER OF COMPLETED MONTHS. ENTER "P₈" IN COLUMN 2 OF CALENDAR FOR THE TOTAL NUMBER OF COMPLETED MONTHS, BEGINNING IN THE MONTH OF INTERVIEW.								
229	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?					THEN 1 LATER 2 NOT AT ALL 3	1 2 3		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
230	<p>Unfortunately many women have pregnancies that do not end in a live birth. Sometimes a baby is still born, that is, the baby is born who does not breathe or show any life. Other times women have a miscarriage or abortion early during a pregnancy. It is very important in our study to know about such pregnancies so health programs can be developed for women.</p> <p>USING THE INFORMATION IN THE CALENDAR, PROBE TO DETERMINE IF THE WOMAN HAD ANY STILL BIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY 1995.</p> <p>IF THE WOMAN REPORTS A PREGNANCY THAT DID NOT END IN A LIVE BIRTH, ASK ABOUT THE MONTH AND YEAR IN WHICH THE PREGNANCY ENDED.</p> <p>RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTCOME ON THAT DATE IN COLUMN 2 IN THE CALENDAR. ("S" FOR STILL BIRTH, "M" FOR MISCARRIAGE AND "A" FOR ABORTION).</p> <p>THEN ASK ABOUT THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY.</p> <p>(NOTE: THE DURATION OF THE PREGNANCY SHOULD BE RECORDED IN COMPLETED MONTHS. THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>ILLUSTRATIVE QUESTIONS</p> <p>TO IDENTIFY NON-LIVE BIRTH PREGNANCIES, ASK:</p> <ul style="list-style-type: none"> ● INTERVAL BETWEEN CURRENT PREGNANCY AND PRIOR BIRTH (LAST BIRTH): Did you have any pregnancy that ended in a still birth after the birth of (NAME OF LAST BIRTH) and before your current pregnancy? Or any pregnancy that ended in a miscarriage or abortion? ● INTERVAL BETWEEN LAST AND PRIOR BIRTH: Did you have any pregnancy that ended in a still birth between (NAME OF LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? ● INTERVAL BETWEEN NEXT-TO-LAST BIRTH AND PRIOR BIRTH: Did you have any pregnancy that ended in a still birth between (NAME OF NEXT-TO-LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? ● WOMEN WITH NO LIVE BIRTHS BUT WITH CURRENT PREGNANCY Before your current pregnancy, did you ever have any other pregnancy that ended in a still birth? Or any other pregnancy that ended in a miscarriage or abortion? ● WOMEN WITH NO LIVE BIRTHS AND NOT CURRENTLY PREGNANT Have you ever had a still birth? If YES: When did the last still birth occur? Have you ever had a miscarriage or abortion? If YES: When did the last miscarriage or abortion occur? ● FOR EACH PREGNANCY TERMINATION, ASK: How many months pregnant were you when the pregnancy ended? 		
231	<p>IN THE BOXES AT THE BOTTOM OF THE CALENDAR, FILL IN THE MONTH AND YEAR AND OUTCOME OF THE LAST PREGNANCY THAT TERMINATED IN A MISCARRIAGE, ABORTION OR STILL BIRTH PRIOR TO JANUARY 1995.</p>		
232	<p>When did your last menstrual period start?</p>	<p>DAYS AGO 1 <input type="checkbox"/></p> <p>WEEKS AGO 2 <input type="checkbox"/></p> <p>MONTHS AGO 3 <input type="checkbox"/></p> <p>YEARS AGO 4 <input type="checkbox"/></p> <p>IN MENOPAUSE/HAD HYSTERECTOMY .. 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	
233	<p>From one menstrual period until the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 301</p>
234	<p>Is this time just before the period begins, during her period, right after her period or half way between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED... 3</p> <p>HALF WAY BETWEEN PERIODS 4</p> <p>OTHER 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	

SECTION 3: CONTRACEPTIVE KNOWLEDGE AND USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKI
301	<p>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. Which ways or methods have you heard about?</p> <p>CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.</p> <p>THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.</p> <p>CIRCLE CODE 1 IF METHOD IS RECOGNIZED AND CODE 2 IF NOT RECOGNIZED.</p> <p>THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.</p>			
	METHOD	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?	
01	PILL A woman can take a pill every day.	YES 1 NO 2	YES 1 NO 2	
02	IUD A woman can have a loop or coil placed inside her by a doctor or a nurse.	YES 1 NO 2	YES 1 NO 2	
03	INJECTABLES A woman can have an injection by a doctor or a nurse which stops her from becoming pregnant for several months.	YES 1 NO 2	YES 1 NO 2	
04	NORPLANT A woman can have small rods placed in her arm by a doctor which stops her from becoming pregnant for several years.	YES 1 NO 2	YES 1 NO 2	
05	DIAPHRAGM, FOAM, JELLY A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES 1 NO 2	YES 1 NO 2	
06	CONDOM A man can use a rubber covering during sexual intercourse.	YES 1 NO 2	YES 1 NO 2	
07	FEMALE STERILIZATION A woman can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
08	MALE STERILIZATION A man can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had a husband who had an operation to avoid having children? YES 1 NO 2	
09	RHYTHM OR PERIODIC ABSTINENCE A couple can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES 1 NO 2	YES 1 NO 2	
10	WITHDRAWAL A man can be careful and pull out before ejaculation.	YES 1 NO 2	YES 1 NO 2	
11	PROLONGED BREASTFEEDING A woman can prolong the time that she breastfeeds her baby to delay the next pregnancy.	YES 1 NO 2	YES 1 NO 2	
12	Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES 1 NO 2	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
304	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	308
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	307
306	ENTER "0" IN COLUMN 2 OF CALENDAR IN EACH BLANK MONTH		401
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY)	_____ (SPECIFY)	
308	Now I would like to ask you about the first time you did something or used a method to avoid getting pregnant. How many living children did you have at that time if any? IF NONE, RECORD "00"	NUMBER OF CHILDREN <input type="text"/>	
309	CHECK 303 (FEMALE STERILIZATION): WOMAN NOT STERILIZED <input type="checkbox"/>	WOMAN STERILIZED <input type="checkbox"/>	313A
310	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>	353
311	CHECK 228: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	353
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	353
313	Which method are you using? RECORD ALL RESPONSES	PILL 1 IUD 2 INJECTABLES 3 NORPLANT 4 DIAPHRAGM/ FOAM/ JELLY 5 CONDOM 6 FEMALE STERILIZATION 7 MALE STERILIZATION 8 PERIODIC ABSTINENCE 9 WITHDRAWAL L PROLONGED BREASTFEEDING G OTHER X (SPECIFY)	314A
313A	CIRCLE "7" FOR FEMALE STERILIZATION.		
314	ASK FOR HIGHEST METHOD CODED IN Q 313: In what month and year did you begin this current segment of use of (METHOD)?	MONTH <input type="text"/> YEAR <input type="text"/>	
314A	In what month and year was the sterilization performed?		
315	IN CURRENT MONTH IN COLUMN 2 IN CALENDAR, ENTER CODE SHOWN TO THE LEFT OF THE CALENDAR FOR THE HIGHEST METHOD CIRCLED IN Q.313. THEN ENTER METHOD CODE IN EACH MONTH OF USE BACK TO THE DATE THE WOMAN BEGAN THE CURRENT SEGMENT OR TO JANUARY 1995 IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995. ILLUSTRATIVE QUESTIONS: - When did you start using (Method) continuously? - How long have you been using (Method) continuously?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316	<p>CHECK 313 AND RECORD CODE FOR CURRENT METHOD.</p> <p>IF MORE THAN ONE METHOD IS CIRCLED IN Q.313, RECORD THE CODE FOR THE METHOD THAT IS HIGHEST ON THE LIST.</p>	<p>PILL 1 → 320</p> <p>IUD 2</p> <p>INJECTABLES 3 → 320</p> <p>NORPLANT 4</p> <p>DIAPHRAGM/ FOAM/ JELLY 5 → 320</p> <p>CONDOM 6 → 320</p> <p>FEMALE STERILIZATION 7</p> <p>MALE STERILIZATION 8</p> <p>PERIODIC ABSTINENCE 9</p> <p>WITHDRAWAL L</p> <p>PROLONGED BREASTFEEDING G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
317	<p>CHECK 316 :</p> <p>USING IUD <input type="checkbox"/> → Where did you have the IUD inserted?</p> <p>USING NORPLANT <input type="checkbox"/> → Where did you have the Norplant inserted?</p> <p>SHE/ HE STERILIZED <input type="checkbox"/> → Where did the sterilization take place?</p> <p>USING PERIODIC ABSTINENCE, WITHDRAWAL, PROLONGED BREASTFEEDING OR OTHER METHOD <input type="checkbox"/> → Did you get advice from anyone about how to use (METHOD) at the time you began this current period of use?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>OFFICE: CODE SOURCE <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MCH CENTER 5</p> <p>MOBILE UNIT 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION.. 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NON-GOVERNMENTAL E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,).. K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	
318	<p>ENTER THE CODE FOR THE SOURCE RECORDED IN 317 IN COLUMN 3 OF THE CALENDAR. IF THE CURRENT SEGMENT OF USE BEGAN SINCE JANUARY 1995, THE SOURCE CODE SHOULD BE ENTERED IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN. WRITE THE ADDRESS OF THE SOURCE TO THE RIGHT OF COLUMN 3. IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995, NO CODE WILL BE ENTERED IN THE CALANDER IN COLUMN 3.</p>		
319	<p>CHECK 317:</p> <p>SOURCE CODES 1-9 , A-X <input type="checkbox"/> → 325</p> <p>SOURCE CODE "Y" <input type="checkbox"/> → 353</p>		

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
320	<p>CHECK 316 :</p> <p>USING PILL <input type="checkbox"/> → Where did you obtain the packet of pills you are using now (you used most recently)?</p> <p>USING INJECTABLES <input type="checkbox"/> → Where did you go for your last injection?</p> <p>USING CONDOM, DIAPHRAGM, FOAM OR JELLY <input type="checkbox"/> → From where did you obtain your most recent supply of (METHOD)?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED / GOT ADVICE ABOUT THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>OFFICE: CODE SOURCE <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MCH CENTER 5</p> <p>MOBILE UNIT 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION..... 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NON-GOVERNMENTAL E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,)... K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
321	<p>At the time that you began using (METHOD) during this current period of use, did you obtain / get advice about your (METHOD) at (SOURCE IN 320) or did you go to somewhere else?</p>	<p>YES, SAME PLACE 1</p> <p>NO, SOMEWHERE ELSE 2 → 323</p>	
322	<p>ENTER THE CODE FOR THE SOURCE RECORDED IN 320 IN COLUMN 3 OF THE CALENDAR. IF THE CURRENT SEGMENT OF USE BEGAN SINCE JANUARY 1995, THE SOURCE CODE SHOULD BE ENTERED IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN. WRITE THE ADDRESS OF THE SOURCE TO THE RIGHT OF COLUMN 3. IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995, NO CODE WILL BE ENTERED IN THE CALANDAR IN COLUMN 3 IN JANUARY 1995. GO TO 325 AFTER.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
323	<p>Where did you first obtain/ get advice about (METHOD) during your current period of use?</p> <p>WRITE THE NAME AND ADDRESS OF THE PLACE WHERE THE RESPONDENT HAD OBTAINED THE METHOD/ ADVICE. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>OFFICE: CODE SOURCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MCH CENTER 5</p> <p>MOBILE UNIT 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION.. 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NON-GOVERNMENTAL E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,)... K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
324	<p>ENTER THE CODE FOR THE SOURCE RECORDED IN 323 IN COLUMN 3 OF THE CALENDAR. IF THE CURRENT SEGMENT OF USE BEGAN SINCE JANUARY 1995, THE SOURCE CODE SHOULD BE ENTERED IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN. WRITE THE ADDRESS OF THE SOURCE TO THE RIGHT OF COLUMN 3. IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995, NO CODE WILL BE ENTERED IN COLUMN 3 IN THE CALENDAR.</p>		
325	<p>CHECK 317, 320, 323:</p> <p>METHOD OBTAINED AT PHARMACY <input type="checkbox"/> OTHER SOURCES / NOT ASKED <input type="checkbox"/> → 332</p>		
326	<p>Who usually goes to the pharmacy to obtain (CURRENT METHOD)?</p>	<p>RESPONDENT HERSELF 01 → 328</p> <p>HUSBAND 02</p> <p>CHILDREN 03</p> <p>OTHER FEMALE RELATIVE(S) 04</p> <p>OTHER MALE RELATIVE(S) 05</p> <p>FRIEND(S) 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
327	<p>During this current period of use, did you yourself ever go to the pharmacy to obtain/ get advice about (CURRENT METHOD)?</p>	<p>YES 1</p> <p>NO 2 → 332</p>	
328	<p>At any time when you went to the pharmacy during this current period of use to obtain/ get advice about (METHOD), did anyone tell or show you how to use the (METHOD)?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
329	At any time when you went to the pharmacy during this current period of use, were you told about side effects or health problems you might have with the method?	YES 1 NO 2	→ 331
330	Were you told what to do if you experienced side effects or health problems?	YES 1 NO 2	
331	Were you told about other methods of family planning which you could use?	YES 1 NO 2	
332	CHECK 317, 320, 323: METHOD OBTAINED AT <input type="checkbox"/> CLINICAL SOURCE ↓ PHARMACY / <input type="checkbox"/> OTHER SOURCES/ NOT ASKED		→ 336
333	At any time when you went to the (SOURCE IN 317, 320, 323) during this current period of use to (OBTAIN/ GET ADVICE ABOUT CURRENT METHOD), were you told about side effects or health problems you might have with the method?	YES 1 NO 2	→ 335
334	Were you told what to do if you experienced side effects or health problems?	YES 1 NO 2	
335	Were you told about other methods of family planning which you could use?	YES 1 NO 2	
336	CHECK 318 AND CALENDAR: CURRENTLY USING IUD <input type="checkbox"/> ↓ CURRENTLY USING PILL <input type="checkbox"/> CURRENTLY USING OTHER METHOD <input type="checkbox"/>		→ 342 → 349
337	I would like to ask about when you began using the IUD during this current period of use. First of all did you get the IUD at (SOURCE IN 317) or did you buy it from somewhere else?	YES, SAME PLACE 1 NO, SOMEWHERE ELSE 2	→ 340

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC																											
338	<p>From where did you buy the IUD?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE IUD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>OFFICE: CODE SOURCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MCH CENTER 5</p> <p>MOBILE UNIT 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION.. 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NON-GOVERNMENTAL E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.)... K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>																												
339	How much did it cost to buy the IUD from that place?	<p>COST (IN POUNDS) <input type="checkbox"/> <input type="checkbox"/></p> <p>FREE 95</p> <p>DON'T KNOW 98</p>																												
340	How much did it cost to have the IUD inserted (including all fees)?	<p>COST (IN POUNDS) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>FREE 995</p> <p>DON'T KNOW 998</p>																												
341	<p>Would you be willing to pay the following for an IUD (including all costs):</p> <p>(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 353.</p> <p>FOR AMOUNT MORE THAN 200 POUNDS, RECORD YES OR NO AND GO TO 353.)</p> <p>5 pounds?</p> <p>10 pounds?</p> <p>25 pounds?</p> <p>50 pounds?</p> <p>100 pounds?</p> <p>150 pounds?</p> <p>200 pounds?</p> <p>More than 200 pounds?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>5 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>10 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>25 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>50 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>100 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>150 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>200 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN 200 POUNDS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	5 POUNDS	1	2	10 POUNDS	1	2	25 POUNDS	1	2	50 POUNDS	1	2	100 POUNDS	1	2	150 POUNDS	1	2	200 POUNDS	1	2	MORE THAN 200 POUNDS	1	2	<p>→ 353</p> <p>→ 353</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
342	Now I would like to ask you some additional questions about this current segment of use of the pill. May I see the package of pills you are using now? RECORD NAME OF BRAND	PACKAGE SEEN 1 BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) PACKAGE NOT SEEN 2	→ 344
343	Do you know the brand name of the pill which you are using now? RECORD NAME OF BRAND	BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW 98	
344	How much does one cycle of pills cost?	POUNDS PIASTERS COST <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	
345	Would you be willing to pay the following for a cycle of pills? (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 346. AFTER ASKING ABOUT AMOUNT MORE THAN 5 POUNDS, RECORD YES OR NO AND GO TO 346.) 50 piasters? 75 piasters? 1 pound? 2 pounds? 5 pounds? More than 5 pounds?	YES NO 50 PIASTERS 1 2 75 PIASTERS 1 2 1 POUND 1 2 2 POUNDS 1 2 5 POUNDS 1 2 MORE THAN 5 POUNDS 1 2	→ 346 → 346
346	When was the last time you took a pill? IF LESS THAN 24 HOURS, WRITE "00".	DAYS AGO <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO 95	
347	CHECK 346: MORE THAN TWO DAYS AGO <input type="text"/>	TWO DAYS AGO OR LESS <input type="text"/>	→ 353
348	Why aren't you taking the pill these days?	HUSBAND AWAY 01 FORGOT 02 HEALTH REASONS 03 COST TOO MUCH 04 NO NEED TO TAKE DAILY 05 RAN OUT 06 MENSTRUATING 07 OTHER 96 (SPECIFY)	→ 353
349	CHECK CALENDAR AND RECORD SOURCE WHERE METHOD OBTAINED AT BEGINNING OF CURRENT SEGMENT: SOURCE CODES (1-9, A-L) <input type="text"/>	SOURCE CODES (X, Z) <input type="text"/>	→ 353
350	When you began using (METHOD IN 316) this time, how much did it cost you to obtain/ get advice about the method at (SOURCE RECORDED IN COLUMN 3 OF CALENDAR)?	POUNDS PIASTERS COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998	
351	CHECK 318: USING INJECTABLES <input type="text"/>	NOT USING INJECTABLES <input type="text"/>	→ 353

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC																					
352	<p>Would you be willing to pay the following for the injectables (including all costs)?</p> <p>(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 353. AFTER ASKING ABOUT AMOUNT MORE THAN 20, RECORD YES OR NO AND GO TO 353.)</p> <p>2 pounds? 5 pounds? 10 pounds? 15 pounds? 20 pounds? More than 20 pounds?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>2 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>10 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>15 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>20 POUNDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN 20 POUNDS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	2 POUNDS	1	2	5 POUNDS	1	2	10 POUNDS	1	2	15 POUNDS	1	2	20 POUNDS	1	2	MORE THAN 20 POUNDS	1	2	<p>→ 353</p> <p>→ 353</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
353	<p>I would like to ask some questions about all of the (other) periods in the last few years during which you or your husband used a method to avoid getting pregnant.</p> <p>COLUMN 2 - SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 1995</p> <p>PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 1995.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>RECORD PERIODS OF USE AND NONUSE IN COLUMN 2 OF THE CALENDAR. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2 :</p> <ul style="list-style-type: none"> - When was the last time you used a method? Which method was that? - When did you start using that method? How long after the birth of (NAME)? - How long did you use the method then? <p>IF THERE ARE NO PRIOR SEGMENTS OF USE, GO TO 401.</p> <p>COLUMN 3 - SOURCE OF CONTRACEPTIVE METHOD SINCE JANUARY 1995</p> <p>ASK FOR THE SOURCE OF THE METHOD FOR EACH SEGMENT OF USE PRIOR TO THE CURRENT SEGMENT OF USE IN THE CALENDAR THAT BEGAN IN JANUARY 1995 OR LATER. RECORD THE CODE OF THE SOURCE IN COLUMN 3 IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN.</p> <p>FOR THE PILL, CONDOM, INJECTABLES AND DIAPHRAGM/ FAOM/ JELLY, THE SOURCE SHOULD BE THE PLACE FROM WHICH THE METHOD WAS OBTAINED AT THE TIME THE SEGMENT OF USE BEGAN.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 3</p> <p>FOR MODERN METHODS (CODES 1-8)</p> <ul style="list-style-type: none"> - Where did you obtain the (method) when you began using it that time? <p>IF PHARMACY/OTHER SOURCE (CODES I,X)</p> <ul style="list-style-type: none"> - Did you consult a doctor or a clinic, when you began using the (method) that time? <p>IF YES: Where did you consult?</p> <p>IF NO: RECORD CODE FOR PHARMACY (H) OR OTHER SOURCE AS APPROPRIATE.</p> <p>PROBE FOR THE EXACT ADDRESS OF EACH SOURCE. WRITE THE NAME TO THE RIGHT OF COLUMN 3 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE BEGAN.</p> <p>FOR TRADITIONAL METHODS (CODES 9,L-X)</p> <ul style="list-style-type: none"> - Did you seek advice about how to use (METHOD) when you began using it that time? <p>NUMBER OF CODES ENTERED IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2.</p> <p>COLUMN 4 -REASON FOR DISCONTINUATION</p> <p>FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD AND RECORD THE REASON FOR DISCONTINUATION IN COLUMN 4 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE WAS TERMINATED.</p> <p>IF A PREGNANCY FOLLOWED, ASK IF SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR WHETHER SHE DELIBERATELY STOPPED USING THE METHOD TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 4</p> <ul style="list-style-type: none"> -Why did you stop using the (method)? -Did you become pregnant while using (method), or did you stop to get pregnant, or stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>-“How many months did it take you to get pregnant after you stopped using (method)”?</p> <p>ENTER "0" IN EACH SUCH MONTH IN COLUMN 2.</p> <p>NUMBER OF CODES ENTERED IN COLUMN 4 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2.</p>		

SECTION 4: FERTILITY PREFERENCES AND ATTITUDES ABOUT FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC								
401	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>DIVORCED/ WIDOWED/ SEPARATED <input type="checkbox"/></p> <p style="text-align: right;">→ 417</p>									
402	<p>CHECK 313:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>SHE OR HE STERILIZED <input type="checkbox"/></p> <p style="text-align: right;">→ 405</p>									
403	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Now I have some questions about the future. Would you like to have (a / another) child or would you prefer not to have any (more) children?</p> <p>PREGNANT <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p>	<p>HAVE A (ANOTHER) CHILD 1</p> <p>NO MORE / NONE 2 → 405</p> <p>SAYS SHE CAN'T GET PREGNANT 3 → 417</p> <p>UNDECIDED OR DON'T KNOW 8 → 405</p>									
404	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>How long would you like to wait from now before the birth of (a / another) child?</p> <p>PREGNANT <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>SOON / NOW 994</p> <p>SAYS SHE CAN'T GET PREGNANT 995 → 417</p> <p>OTHER 996</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 998 → 411</p>									
405	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>PREGNANT <input type="checkbox"/></p> <p style="text-align: right;">→ 412</p>									
406	<p>CHECK 313:</p> <p>NOT CURRENTLY USING/ NOT ASKED <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>CURRENTLY USING <input type="checkbox"/></p> <p style="text-align: right;">→ 410</p>									
407	<p>CHECK 403:</p> <p>WANTS ANOTHER SOON <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>WANTS NO MORE <input type="checkbox"/> → 409</p> <p>UNDECIDED/ UNSURE <input type="checkbox"/> → 410</p>									
408	<p>CHECK 404:</p> <p>WANTS AFTER 24 OR MORE MONTHS OR 00-01 YEARS <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>WANTS WITHIN 00-23 MONTHS OR 00-01 YEARS <input type="checkbox"/></p> <p style="text-align: right;">→ 412</p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
409	<p>CHECK 403:</p> <p>WANTS A / ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE CHILDREN <input type="checkbox"/></p> <p>You have said that you do not want (a / another) child soon, but you are not using any method to delay a pregnancy. Can you tell me why? PROBE: Are there any other reasons?</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid a pregnancy. Can you tell me why? PROBE: Are there any other reasons?</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL / HYSTERECTOMY C</p> <p>SUBFECUND D</p> <p>INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHER OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS / TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES X</p> <p>OTHER _____ (SPECIFY) Z</p> <p>DON'T KNOW</p>	
410	<p>In the next few weeks, if you discovered that you were pregnant, would it be a big problem, a small problem or no problem at all for you?</p>	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM AT ALL 3</p>	
411	<p>CHECK 313:</p> <p>NOT CURRENTLY USING/ NOT ASKED <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		<p>→ 417</p>
412	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 414</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
413	<p>Where is that?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT WOULD GET THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MOBILE UNIT 5</p> <p>MCH CENTER 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION ... 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NGO's E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,) K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
414	Do you think you will use a method at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 416</p>
415	Which method would you prefer to use?	<p>PILL 1</p> <p>IUD 2</p> <p>INJECTABLES 3</p> <p>NORPLANT 4</p> <p>DIAPHRAGM/ FOAM/ JELLY 5</p> <p>CONDOM 6</p> <p>FEMALE STERILIZATION 7</p> <p>MALE STERILIZATION 8</p> <p>PERIODIC ABSTINENCE 9</p> <p>WITHDRAWAL L</p> <p>PROLONGED BREASTFEEDING G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>UNSURE Z</p>	<p>→ 417</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	IPIP TC
416	<p>What is the main reason that you think that you will not use a method at any time in the future?</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 21</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL / HYSTERECTOMY 23</p> <p>SUBFECUND / INFECUND 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHER OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS / TOO FAR 53</p> <p>COST TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
417	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILD (REN) <input type="checkbox"/></p> <p>NO LIVING CHILD (REN) <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>(RECORD SINGLE NUMBER OR OTHER ANSWER)</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 419</p>
418	<p>How many of these children would you like to be boys, how many would you like to be girls, and for how many would it not matter?</p>	<p>BOYS</p> <p>NUMBER WANTED <input type="text"/> <input type="text"/></p> <p>GIRLS</p> <p>NUMBER WANTED <input type="text"/> <input type="text"/></p> <p>DOES NOT MATTER, EITHER SEX</p> <p>NUMBER WANTED <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER _____ 96</p> <p>(SPECIFY)</p>	
419	<p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>NOT SURE / DON'T KNOW 8</p>	
420	<p>Would you consider it appropriate for a couple to use family planning after the first birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
421	Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?	YES 1 NO 2 DON'T KNOW 8	
422	In the past six months have you discussed family planning with your friends, neighbours or relatives?	YES 1 NO 2	→ 424
423	With whom? Anyone else? RECORD ALL MENTIONED	MOTHER A FATHER B SISTER (S) C BROTHER (S) D DAUGHTER E MOTHER-IN-LAW F FRIENDS / NEIGHBORS G OTHER X (SPECIFY)	
424	In the past six months did a health worker, a raida rifa, or anyone else visit you to talk about family planning? IF YES: Who visited you?	VISITED BY: HEALTH WORKER A RAIDA B OTHER X (SPECIFY) NO ONE VISITED Y	
425	Have you visited any governmental health facility for any reason during the past six months?	YES 1 NO 2	→ 427
426	Did any staff member at the health facility speak to you about family planning methods during any of your visits?	YES 1 NO 2	
427	Have you visited a private doctor or clinic for any reason during the past six months?	YES 1 NO 2	→ 428
428	Did the doctor or any staff person there speak to you about family planning methods during any of your visits?	YES 1 NO 2	
429	During the past six months have you heard about family planning? On television? On radio? In a newspaper or magazine? From a poster? From leaflets or brochures? From billboards or signboards? At a community meeting? From other sources?	YES NO ON TELEVISION 1 2 ON RADIO 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 LEAFLETS OR BROCHURES 1 2 BILLBOARDS OR SIGNBOARDS... 1 2 AT A COMMUNITY MEETING 1 2 OTHER 1 2 (SPECIFY)	
430	CHECK 302: KNOWS PILL <input type="checkbox"/> ↓ DOESN'T KNOW PILL <input type="checkbox"/>		→ 432
431	Are you aware there is a special brand of pill that is appropriate for a woman to use while breastfeeding? IF YES: What brand is that? _____	YES, KNOW BRAND 1 YES, BUT CAN'T NAME BRAND 2 NOT AWARE 8	
	(MENTIONED HER EXACT WORDS)		
432	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> ↓ DIVORCED/ WIDOWED/ SEPARATED <input type="checkbox"/>		→ 501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
433	Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
434	In the past six months have you discussed family planning with your husband?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
435	Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
436	Do you think your husband wants the same number of children you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE 2 FEWER 3 DON'T KNOW 8	

SECTION 5: PREGNANCY AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
501	<p>CHECK 224:</p> <p align="center">ONE OR MORE BIRTHS <input type="checkbox"/> SINCE JANUARY 1995</p>	<p align="center">NO BIRTHS SINCE <input type="checkbox"/> JANUARY 1995</p>			635
502	<p>ENTER THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1995 IN THE TABLE. BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).</p> <p>Now I would like to ask you some questions about the health of all your children born in the past 5 years. (We will talk about one child at a time.)</p>				
503	<p>LINE NUMBER FROM Q. 212</p>	<p><input type="checkbox"/><input type="checkbox"/></p>	<p><input type="checkbox"/><input type="checkbox"/></p>	<p><input type="checkbox"/><input type="checkbox"/></p>	
504	<p>FROM Q. 212 AND Q. 218</p>	<p>LAST BIRTH</p> <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p>	
505	<p>At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did not want (more) children at all?</p>	<p>THEN 1 } (SKIP TO 507) ←</p> <p>LATER 2 } NO MORE 8 } (SKIP TO 507) ←</p>	<p>THEN 1 } (SKIP TO 507) ←</p> <p>LATER 2 } NO MORE 8 } (SKIP TO 507) ←</p>	<p>THEN 1 } (SKIP TO 507) ←</p> <p>LATER 2 } NO MORE 8 } (SKIP TO 507) ←</p>	
506	<p>How much longer would you like to have waited?</p>	<p>MONTHS 1 <input type="checkbox"/><input type="checkbox"/></p> <p>YEARS 2 <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 998</p>	<p>MONTHS 1 <input type="checkbox"/><input type="checkbox"/></p> <p>YEARS 2 <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 998</p>	<p>MONTHS 1 <input type="checkbox"/><input type="checkbox"/></p> <p>YEARS 2 <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 998</p>	
507	<p>When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>RECORD ALL PERSONS SEEN</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>DAYA C</p> <p>OTHER X (SPECIFY)</p> <p>NO ONE Y (SKIP TO 513) ←</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>DAYA C</p> <p>OTHER X (SPECIFY)</p> <p>NO ONE Y (SKIP TO 513) ←</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>DAYA C</p> <p>OTHER X (SPECIFY)</p> <p>NO ONE Y (SKIP TO 513) ←</p>	
508	<p>Where did you receive the antenatal care?</p> <p>RECORD ALL PLACES</p>	<p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL A</p> <p>GVT. HEALTH UNIT B</p> <p>MCH CENTER C</p> <p>PRIVATE SECTOR</p> <p>PVT. HOSPITAL/CLINIC. D</p> <p>PVT. DOCTOR E</p> <p>OTHER X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL A</p> <p>GVT. HEALTH UNIT B</p> <p>MCH CENTER C</p> <p>PRIVATE SECTOR</p> <p>PVT. HOSPITAL/CLINIC. D</p> <p>PVT. DOCTOR E</p> <p>OTHER X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL A</p> <p>GVT. HEALTH UNIT B</p> <p>MCH CENTER C</p> <p>PRIVATE SECTOR</p> <p>PVT. HOSPITAL/CLINIC. D</p> <p>PVT. DOCTOR E</p> <p>OTHER X (SPECIFY)</p>	
509	<p>How many months pregnant were you when you first saw someone for an antenatal care for this pregnancy?</p>	<p>MONTHS <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 98</p>	
510	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NO. OF VISITS <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF VISITS <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF VISITS <input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 98</p>	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	CHECK 510: NUMBER OF RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> ↓ (SKIP TO 513)	MORE THAN ONCE / DK <input type="checkbox"/> ↓ (SKIP TO 513)	ONCE <input type="checkbox"/> ↓ (SKIP TO 513)
512	How many months pregnant were you when you last saw someone for an antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
513	When you were pregnant with (NAME), were you given any injection in the arm to prevent the baby from getting tetanus, that is, convulsion after birth?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 518) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 518) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 518) ←
514	During this pregnancy, How many times did you get this injection?	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8
515	Where did you receive the tetanus injection (s)? RECORD ALL PLACES	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. D PVT. DOCTOR E OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. D PVT. DOCTOR E OTHER _____ X (SPECIFY) (SKIP TO 518)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. D PVT. DOCTOR E OTHER _____ X (SPECIFY) (SKIP TO 518)
516	When you received the tetanus toxoid injection, did anyone tell you that you should go for (other) antenatal care?	YES 1 NO 2 DON'T KNOW 8		
517	At that time, did anyone talk to you about family planning?	YES 1 NO 2 DON'T KNOW 8		
518	When you were pregnant with (NAME), did you see a doctor, nurse or other health worker for any other reason (other than for an antenatal checkup or a tetanus injection)? IF YES: Whom did you see? Anyone else? RECORD ALL PERSONS SEEN	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 524) ←	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 524) ←	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 524) ←
519	Where did you go to see the doctor (nurse and / or health worker)? RECORD ALL PLACES	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. D PVT. DOCTOR E OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. D PVT. DOCTOR E OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC.. D PVT. DOCTOR E OTHER _____ X (SPECIFY)

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
520	CHECK Q 507: HAD ANTENATAL CARE	NO ANTENATAL CARE <input type="checkbox"/> ↓	HAD ANTENATAL CARE <input type="checkbox"/> ↓ (SKIP TO 526)	NO ANTENATAL CARE <input type="checkbox"/> ↓	HAD ANTENATAL CARE <input type="checkbox"/> ↓ (SKIP TO 526)	NO ANTENATAL CARE <input type="checkbox"/> ↓	HAD ANTENATAL CARE <input type="checkbox"/> ↓ (SKIP TO 526)
521	At any time did you seek this care because you thought there was a problem with the pregnancy?	YES 1 NO 2 SKIP TO 525 ←	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
522	How many times during this pregnancy, did you see a doctor, nurse, midwife or other health worker?	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8
523	How many months pregnant were you when you last saw a health worker during this pregnancy?	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
524	CHECK IF THE RESPONDENT HAD: Q 507: ANTENATAL CARE Q 513: TETANUS INJECTION Q 518: OTHER CARE	YES NO ANTENATL CARE 1 2 TETANUS INJECTION.... 1 2 OTHER CARE 1 2		YES NO ANTENATL CARE 1 2 TETANUS INJECTION.... 1 2 OTHER CARE 1 2		YES NO ANTENATL CARE 1 2 TETANUS INJECTION.... 1 2 OTHER CARE 1 2	
525	CHECK Q 520:	AT LEAST ONE "YES" RESPONSE <input type="checkbox"/> ↓	ALL RESPONSES "NO" <input type="checkbox"/> ↓ (SKIP TO 529)	AT LEAST ONE "YES" RESPONSE <input type="checkbox"/> ↓	ALL RESPONSES "NO" <input type="checkbox"/> ↓ (SKIP TO 529)	AT LEAST ONE "YES" RESPONSE <input type="checkbox"/> ↓	ALL RESPONSES "NO" <input type="checkbox"/> ↓ (SKIP TO 529)
526	During the time that you were pregnant with (NAME), were any of the following done: Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE.. 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2		YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE.. 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2		YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE.. 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2	
527	Were you told about the signs of pregnancy complications?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ←
528	Were you told about where to go if you had any of those complications?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
529	During this pregnancy were you given or did you buy iron tablets or iron syrup?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	During the whole pregnancy, for how many days did you take the tablets or syrup?	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
531	Where did you give birth to (NAME)?	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC. 31 OTHER 96 (SPECIFY)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC. 31 OTHER 96 (SPECIFY)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC. 31 OTHER 96 (SPECIFY)
532	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C RELATIVES/ FRIENDS D OTHER X (SPECIFY) NO ONE Y (SKIP TO 534) ←	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C RELATIVES/ FRIENDS D OTHER X (SPECIFY) NO ONE Y (SKIP TO 534) ←	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C RELATIVES/ FRIENDS D OTHER X (SPECIFY) NO ONE Y (SKIP TO 534) ←
533	Was (name) delivered normal or caeserean?	NORMAL 1 CAESEREAN 2	NORMAL 1 CAESEREAN 2	NORMAL 1 CAESEREAN 2
534	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it threatened your life? A high fever with bad smelling vaginal discharge? Convulsions not caused by fever?	YES NO LABOR MORE THAN 12 HOURS..... 1 2 EXCESSIVE BLEEDING..... 1 2 FEVER WITH BAD SMELLING DISCHARGE..... 1 2 CONVULSIONS..... 1 2	YES NO LABOR MORE THAN 12 HOURS..... 1 2 EXCESSIVE BLEEDING..... 1 2 FEVER WITH BAD SMELLING DISCHARGE..... 1 2 CONVULSIONS..... 1 2	YES NO LABOR MORE THAN 12 HOURS..... 1 2 EXCESSIVE BLEEDING..... 1 2 FEVER WITH BAD SMELLING DISCHARGE..... 1 2 CONVULSIONS..... 1 2
535	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE ... 2 AVERAGE 3 SMALLER THAN AVERAGE... 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE ... 2 AVERAGE 3 SMALLER THAN AVERAGE... 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE ... 2 AVERAGE 3 SMALLER THAN AVERAGE... 4 VERY SMALL 5 DON'T KNOW 8
536	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD OR OTHER RECORD IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL ... 2 <input type="text"/> DON'T KNOW 9998	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL ... 2 <input type="text"/> DON'T KNOW 9998	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL ... 2 <input type="text"/> DON'T KNOW 9998
538	After (NAME) was born, did a doctor, nurse or other health worker or the daya check on your health?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 542) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 542) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 542) ←
539	How many days or weeks after the delivery did the first check take place?	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> DON'T KNOW 998
540	Who checked on your health for the first time? Anyone else?	HEALTH PROFESSIONAL DOCTOR 1 NURSE / MIDWIFE 2 OTHER PERSON DAYA 3 RELATIVES/ FRIENDS 4 OTHER 6 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR 1 NURSE / MIDWIFE 2 OTHER PERSON DAYA 3 RELATIVES/ FRIENDS 4 OTHER 6 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR 1 NURSE / MIDWIFE 2 OTHER PERSON DAYA 3 RELATIVES/ FRIENDS 4 OTHER 6 (SPECIFY)
541	Where did this first check take place?	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER 96 (SPECIFY)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER 96 (SPECIFY)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER 96 (SPECIFY)
542	In the first two months after delivery, did you receive a Vitamin A dose? SHOW CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
543	CHECK 528: ASSISTED AT DELIVERY BY DOCTOR OR NURSE/ MIDWIFE	ASSISTED BY DOCTOR/ NURSE/ MIDWIFE <input type="checkbox"/> ASSISTED BY DAYA/ OTHER <input type="checkbox"/> (SKIP TO 547) ↓	ASSISTED BY DOCTOR/ NURSE/ MIDWIFE <input type="checkbox"/> ASSISTED BY DAYA/ OTHER <input type="checkbox"/> (SKIP TO 547) ↓	ASSISTED BY DOCTOR/ NURSE/ MIDWIFE <input type="checkbox"/> ASSISTED BY DAYA/ OTHER <input type="checkbox"/> (SKIP TO 547) ↓
544	In the first two months after delivery, did a doctor, nurse or other health worker check on his / her health?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 547) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 549) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 549) ←
545	How many days or weeks after the delivery did the first check take place?	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> DON'T KNOW 998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
546	Has your period returned since the birth of (NAME)?	YES..... 1 (SKIP TO 548) ← NO..... 2		
547	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (OR TO CURRENT PREGNANCY) (SKIP TO 549)			
548	For how many months after the birth of (NAME) did you not have a period?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "O" IN COL.5 IN MONTH AFTER BIRTH.		
549	CHECK 226: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> ↓	PREGNANT OR UNSURE <input type="checkbox"/> ↓ (SKIP TO 551)	
550	Have you resumed sexual relations since the birth of (NAME)?	YES..... 1 NO..... 2 (SKIP TO 552) ←		
551	How long after birth of (NAME) did you not have sexual relations? Record Period in Days if Less Than Month And in Months Otherwise	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
552	At the time you were pregnant with (NAME) or after you delivered, did anyone give you advice about breastfeeding?	YES..... 1 NO..... 2 (SKIP TO 554) ←	YES..... 1 NO..... 2 (SKIP TO 554) ←	YES..... 1 NO..... 2 (SKIP TO 554) ←
553	Who gave you this advice? RECORD ALL MENTIONED	HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER _____ X (SPECIFY)	HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER _____ X (SPECIFY)	HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER _____ X (SPECIFY)
554	Did you ever breastfeed (NAME)?	YES..... 1 (SKIP TO 556) ← NO..... 2	YES..... 1 (SKIP TO 556) ← NO..... 2	YES..... 1 (SKIP TO 556) ← NO..... 2
555	ENTER "N" IN COL.6 OF CALENDAR IN MONTH AFTER BIRTH. THEN GO TO 562			
556	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
557	Within the first three days after delivery, before your milk began flowing regularly was (NAME) given anything to drink other than breast milk?	YES..... 1 NO..... 2 (SKIP TO 559) ←	YES..... 1 NO..... 2 (SKIP TO 559) ←	YES..... 1 NO..... 2 (SKIP TO 559) ←
558	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGARE OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORNULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGARE OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORNULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGARE OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORNULA G TEA/INFUSIONS H HONEY I OTHER X (SPECIFY)
559	CHECK 504 OR 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 561)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 561)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 561)
560	Are you still breastfeeding (NAME)?	YES..... 1 (SKIP TO 564) ← NO..... 2	YES..... 1 (SKIP TO 564) ← NO..... 2	YES..... 1 (SKIP TO 564) ← NO..... 2
561	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.8 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. THEN GO TO 562. IF LESS THAN A MONTH ENTER "0" IN THE MONTH AFTER BIRTH.		
562	Why did you (never / stop) breastfeeding (NAME)?	MOTHER ILL/WEAK..... 01 CHILD ILL/WEAK..... 02 CHILD DIED..... 03 NIPPLE/BREAST PROBLEM 04 INSUFFICIENT MILK..... 05 MOTHER WORKING..... 06 CHILD REFUSED..... 07 WEANING AGE..... 08 BECAME PREGNANT..... 09 STARTED USING CONTRACEPTIVE..... 10 OTHER..... 96 (SPECIFY)	MOTHER ILL/WEAK..... 01 CHILD ILL/WEAK..... 02 CHILD DIED..... 03 NIPPLE/BREAST PROBLEM 04 INSUFFICIENT MILK..... 05 MOTHER WORKING..... 06 CHILD REFUSED..... 07 WEANING AGE..... 08 BECAME PREGNANT..... 09 STARTED USING CONTRACEPTIVE..... 10 OTHER..... 96 (SPECIFY)	MOTHER ILL/WEAK..... 01 CHILD ILL/WEAK..... 02 CHILD DIED..... 03 NIPPLE/BREAST PROBLEM 04 INSUFFICIENT MILK..... 05 MOTHER WORKING..... 06 CHILD REFUSED..... 07 WEANING AGE..... 08 BECAME PREGNANT..... 09 STARTED USING CONTRACEPTIVE..... 10 OTHER..... 96 (SPECIFY)
563	CHECK 504 OR 216:	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 567) (SKIP TO 571)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 567) (SKIP TO 571)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 567) (SKIP TO 571)
564	ENTER "X" IN COL.8 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
565	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS.. <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS.. <input type="text"/> <input type="text"/>
566	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS.... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS.. <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS.. <input type="text"/> <input type="text"/>
567	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
568	At any time yesterday or last night was (NAME), given any of the following:						
			YES NO	YES NO	YES NO	YES NO	YES NO
	Plain water?	PLAIN WATER	1 2	PLAIN WATER	1 2	PLAIN WATER	1 2
	Sugar water?	SUGAR WATER	1 2	SUGAR WATER	1 2	SUGAR WATER	1 2
	Juice?	JUICE	1 2	JUICE	1 2	JUICE	1 2
	Herbal tea?	HERBAL TEA	1 2	HERBAL TEA	1 2	HERBAL TEA	1 2
	Baby formula?	BABY FORMULA	1 2	BABY FORMULA	1 2	BABY FORMULA	1 2
	Fresh milk?	FRESH MILK	1 2	FRESH MILK	1 2	FRESH MILK	1 2
	Tinned or powdered milk?	TINNED/ POWDERED MILK ...	1 2	TINNED/ POWDERED MILK ...	1 2	TINNED/ POWDERED MILK ...	1 2
	Any other liquid?	OTHER LIQUID	1 2	OTHER LIQUID	1 2	OTHER LIQUID	1 2
	Fruit?	FRUIT	1 2	FRUIT	1 2	FRUIT	1 2
	Porridge, bread, rice, macaroni, or other food made from grains?	FOOD MADE FROM GRAIN	1 2	FOOD MADE FROM GRAIN	1 2	FOOD MADE FROM GRAIN	1 2
	Sweet potatoes or other food made from tubers?	FOOD MADE FROM TUBERS	1 2	FOOD MADE FROM TUBERS	1 2	FOOD MADE FROM TUBERS	1 2
	Eggs, fish, or poultry meat?	EGGS/ FISH/ POULTRY	1 2	EGGS/ FISH/ POULTRY	1 2	EGGS/ FISH/ POULTRY	1 2
	Any other solid or semi-solid food?	OTHER SOLID/ SEMI-SOLID FOOD ...	1 2	OTHER SOLID/ SEMI-SOLID FOOD ...	1 2	OTHER SOLID/ SEMI-SOLID FOOD ...	1 2
569	CHECK 568:						
	FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/>	"NO" TO ALL <input type="checkbox"/>	"YES" TO ONE OR MORE <input type="checkbox"/>	"NO" TO ALL <input type="checkbox"/>	"YES" TO ONE OR MORE <input type="checkbox"/>	"NO" TO ALL <input type="checkbox"/>
		↓	(SKIP TO 571)	↓	(SKIP TO 571)	↓	(SKIP TO 571)
570	In total, how many times was (NAME) fed any solid or semi-solid food yesterday or last night?	NUMBER OF TIMES <input type="checkbox"/>	DON'T KNOW 8	NUMBER OF TIMES <input type="checkbox"/>	DON'T KNOW 8	NUMBER OF TIMES <input type="checkbox"/>	DON'T KNOW 8
	IF 7 OR MORE TIMES, RECORD '7'.						
571	On how many days during the past seven days was (NAME) given any of the following:	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS
	Plain water?	PLAIN WATER <input type="checkbox"/>	PLAIN WATER <input type="checkbox"/>	PLAIN WATER <input type="checkbox"/>	PLAIN WATER <input type="checkbox"/>	PLAIN WATER <input type="checkbox"/>	PLAIN WATER <input type="checkbox"/>
	Any kind of milk (other than breastmilk)?	MILK <input type="checkbox"/>	MILK <input type="checkbox"/>	MILK <input type="checkbox"/>	MILK <input type="checkbox"/>	MILK <input type="checkbox"/>	MILK <input type="checkbox"/>
	Liquids other than plain water or milk?	OTHER LIQUID <input type="checkbox"/>	OTHER LIQUID <input type="checkbox"/>	OTHER LIQUID <input type="checkbox"/>	OTHER LIQUID <input type="checkbox"/>	OTHER LIQUID <input type="checkbox"/>	OTHER LIQUID <input type="checkbox"/>
	Food made from grains like porridge, bread, rice and macaroni?	FOODS FROM GRAINS <input type="checkbox"/>	FOODS FROM GRAINS <input type="checkbox"/>	FOODS FROM GRAINS <input type="checkbox"/>	FOODS FROM GRAINS <input type="checkbox"/>	FOODS FROM GRAINS <input type="checkbox"/>	FOODS FROM GRAINS <input type="checkbox"/>
	Sweet potatoes or other foods tubers?	FOODS FROM TUBERS <input type="checkbox"/>	FOODS FROM TUBERS <input type="checkbox"/>	FOODS FROM TUBERS <input type="checkbox"/>	FOODS FROM TUBERS <input type="checkbox"/>	FOODS FROM TUBERS <input type="checkbox"/>	FOODS FROM TUBERS <input type="checkbox"/>
	Eggs, fish, or poultry?	EGGS/ FISH/ POULTRY <input type="checkbox"/>	EGGS/ FISH/ POULTRY <input type="checkbox"/>	EGGS/ FISH/ POULTRY <input type="checkbox"/>	EGGS/ FISH/ POULTRY <input type="checkbox"/>	EGGS/ FISH/ POULTRY <input type="checkbox"/>	EGGS/ FISH/ POULTRY <input type="checkbox"/>
	Meat?	MEAT <input type="checkbox"/>	MEAT <input type="checkbox"/>	MEAT <input type="checkbox"/>	MEAT <input type="checkbox"/>	MEAT <input type="checkbox"/>	MEAT <input type="checkbox"/>
	Fruit?	FRUIT <input type="checkbox"/>	FRUIT <input type="checkbox"/>	FRUIT <input type="checkbox"/>	FRUIT <input type="checkbox"/>	FRUIT <input type="checkbox"/>	FRUIT <input type="checkbox"/>
	Any other solid or semi-solid food?	OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/>	OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/>	OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/>	OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/>	OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/>	OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/>
572	RETURN TO 505 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 601.						

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																																																																																																																																																																																
607	Has (NAME) received any vaccination that is not recorded on the certificate? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, AND/ OR HEPATITIS, (1-3) vaccine (s).	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO 2 DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO 2 DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO 2 DON'T KNOW 8																																																																																																																																																																																																
608	Do you have a health card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN 1 (SKIP TO 610) ← YES, NOT SEEN 2 (SKIP TO 612) ← NO HEALTH CARD 3	YES, SEEN 1 (SKIP TO 610) ← YES, NOT SEEN 2 (SKIP TO 612) ← NO HEALTH CARD 3	YES, SEEN 1 (SKIP TO 610) ← YES, NOT SEEN 2 (SKIP TO 612) ← NO HEALTH CARD 3																																																																																																																																																																																																
609	Did you ever have a health card for (NAME)?	YES 1 NO 2 (SKIP TO 612) ←	YES 1 NO 2 (SKIP TO 612) ←	YES 1 NO 2 (SKIP TO 612) ←																																																																																																																																																																																																
610	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.	<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO.</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>DPT1</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>DPT2</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>DPT3</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>ADPT</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO.	YEAR	BCG				P1				DPT1				H1				P2				DPT2				H2				P3				DPT3				H3				P4				MEA				AP				ADPT				VA				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO.</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>DPT1</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>DPT2</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>DPT3</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>ADPT</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO.	YEAR	BCG				P1				DPT1				H1				P2				DPT2				H2				P3				DPT3				H3				P4				MEA				AP				ADPT				VA				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO.</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>PT1</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>PT2</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>PT3</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>ADPT</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO.	YEAR	BCG				P1				PT1				H1				P2				PT2				H2				P3				PT3				H3				P4				MEA				AP				ADPT				VA			
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611	Has (NAME) received any vaccinations that are not recorded on this health card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, AND/OR HEPATITIS 1-3 VACCINE (S)	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO 2 DON'T KNOW 8 (SKIP TO 615) ←	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO 2 DON'T KNOW 8 (SKIP TO 615) ←	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO 2 DON'T KNOW 8 (SKIP TO 615) ←																																																																																																																																																																																																

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
612	CHECK 804 AND 808:	NEITHER CERTIFICATE NOR HEALTH CARD SEEN <input type="checkbox"/>	CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 815	NEITHER CERTIFICATE NOR HEALTH CARD SEEN <input type="checkbox"/>	CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 815	NEITHER CERTIFICATE NOR HEALTH CARD SEEN <input type="checkbox"/>	CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 815
613	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←
614	Please tell me if (NAME) (has) received any of the following vaccinations:						
	A BCG vaccination against tuberculosis, that is, injection in the left shoulder that caused a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	Polio vaccine, that is drops in the mouth?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	IF YES: How many times?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
	When was the first polio vaccination received, just after birth or later?	AFTER BIRTH 1 LATER 2	AFTER BIRTH 1 LATER 2	AFTER BIRTH 1 LATER 2	AFTER BIRTH 1 LATER 2	AFTER BIRTH 1 LATER 2	AFTER BIRTH 1 LATER 2
	A DPT injection?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	IF YES: How many times?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
	An injection against measles at nine months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	An injection against hepatitis?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	IF YES: How many times?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
615	Did (NAME) receive a vitamin A dose during the past six months? SHOW CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 818) ←
616	At anytime when you took your child for these immunizations, did anyone talk to you about family planning?	YES 1 NO 2 DON'T KNOW/ UNSURE 8					

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
617	Did anyone talk to you about any other health services (nutrition / antenatal care)?	YES 1 NO 2 DON'T KNOW/ UNSURE 8		
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
619	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 624) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 624) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 624) ←
620	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
621	Did you seek advice or treatment for the cough?	YES 1 NO 2 (SKIP TO 623) ←	YES 1 NO 2 (SKIP TO 623) ←	YES 1 NO 2 (SKIP TO 623) ←
622	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY)
623	Was (NAME) given antibiotic to treat the cough?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
624	Has (NAME) had diarrhea in the last two weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 633) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 633) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 633) ←
625	Now I would like to know how much (NAME) was offered to drink during the diarrhea, was he/she offered less than usual to drink? IF LESS, PROBE: Was he/ she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
626	When (NAME) had diarrhea, was he/ she offered to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/ she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
627	Was (NAME) given a fluid made from a special packet called mahloul moalget el-gaffaf to drink?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
628	Did anyone advice you to give (NAME) mahloul moalget el gafaf when (he/she) had diarrhea that time? IF YES: Who? RECORD ALL MENTIONED.	PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER C TRADITIONAL PRACTITIONER D HUSBAND E OTHER RELATIVE/FRIEND... F OTHER _____ X (SPECIFY) NO ONE Y	PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER C TRADITIONAL PRACTITIONER D HUSBAND E OTHER RELATIVE/FRIEND... F OTHER _____ X (SPECIFY) NO ONE Y	PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER C TRADITIONAL PRACTITIONER D HUSBAND E OTHER RELATIVE/FRIEND... F OTHER _____ X (SPECIFY) NO ONE Y
629	Was he/she given anything (else) to treat the diarrhea?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 631) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 631) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 631) ←
630	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	HOMEMADE SUGAR, SALT AND WATER SOLUTION A ANTIBIOTIC (PILL OR SYRUP) B OTHER PILL OR SYRUP C INJECTION (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION A ANTIBIOTIC (PILL OR SYRUP) B OTHER PILL OR SYRUP C INJECTION (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION A ANTIBIOTIC (PILL OR SYRUP) B OTHER PILL OR SYRUP C INJECTION (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)
631	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 633) ←	YES 1 NO 2 (SKIP TO 633) ←	YES 1 NO 2 (SKIP TO 633) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
632	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY)
633	GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 634.			
634	CHECK 827, ALL COLUMNS:			
	NO CHILD RECEIVED ORS	<input type="checkbox"/>	ANY CHILD RECEIVED ORS	<input type="checkbox"/> → 701
635	Have you ever heard of a special product called mahloul moalget el-gaffaf you can get for the treatment of diarrhea?	YES	1	
		NO	2	

SECTION 7: CHILDREN'S EDUCATION AND LABOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
701	<p align="center">CHECK 216 AND 217:</p> <p align="center">ONE OR MORE LIVING CHILDREN BETWEEN 6 - 15 YEARS <input type="checkbox"/></p>	<p align="center">NO LIVING CHILDREN BETWEEN 6 - 15 YEARS <input type="checkbox"/></p>			729
702	<p>ENTER THE LINE NUMBER OF EACH LIVING CHILD BETWEEN THE AGES 6 - 15 YEARS OLD. BEGIN WITH THE YOUNGEST CHILD. ASK THE QUESTIONS FOR EVERY CHILD. IF THERE ARE MORE THAN 3 CHILDREN BETWEEN THESE AGES, USE AN ADDITIONAL QUESTIONNAIRE.</p> <p>Now I would like to ask you some questions about the education of your children who are between the ages 6 and 15 years of age. we will talk about one child at a time.</p>				
703	<p align="center">RECORD LINE NUMBER AND NAME FROM Q 212</p>	<p align="center">YOUNGEST CHILD AGE 6 - 15</p> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	<p align="center">SECOND YOUNGEST CHILD AGE 6 - 15</p> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	<p align="center">THIRD YOUNGEST CHILD AGE 6 - 15</p> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	
704	<p>Has (NAME) ever attended school?</p>	<p>YES 1</p> <p>(SKIP TO 706) ←</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 720) ←</p>	<p>YES 1</p> <p>(SKIP TO 706) ←</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 720) ←</p>	<p>YES 1</p> <p>(SKIP TO 706) ←</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 720) ←</p>	
705	<p>What are the most important reasons (NAME) has never attended school?</p> <p align="center">RECORD UP TO 3 REASONS MENTIONED</p>	<p>CHILD SICK / WEAK / HANDICAPPED A</p> <p>CHILD TOO YOUNG B</p> <p>NEAREST SCHOOL TOO FAR C</p> <p>SCHOOL OF POOR QUALITY D</p> <p>CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN E</p> <p>TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS F</p> <p>TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER G</p> <p>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY COSTS OF SCHOOLING H</p> <p>SCHOOL NOT IMPORTANT I</p> <p>CHILD IS NOT INTERESTED J</p> <p>CHILD GOT MARRIED K</p> <p>TRADITION/ CUSTOM L</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p align="center">(SKIP TO 720)</p>	<p>CHILD SICK / WEAK / HANDICAPPED A</p> <p>CHILD TOO YOUNG B</p> <p>NEAREST SCHOOL TOO FAR C</p> <p>SCHOOL OF POOR QUALITY D</p> <p>CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN E</p> <p>TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS F</p> <p>TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER G</p> <p>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY COSTS OF SCHOOLING H</p> <p>SCHOOL NOT IMPORTANT I</p> <p>CHILD IS NOT INTERESTED K</p> <p>CHILD GOT MARRIED L</p> <p>TRADITION/ CUSTOM X</p> <p align="center">(SPECIFY)</p> <p align="center">(SKIP TO 720)</p>	<p>CHILD SICK / WEAK / HANDICAPPED A</p> <p>CHILD TOO YOUNG B</p> <p>NEAREST SCHOOL TOO FAR C</p> <p>SCHOOL OF POOR QUALITY D</p> <p>CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN E</p> <p>TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS F</p> <p>TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER G</p> <p>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY COSTS OF SCHOOLING H</p> <p>SCHOOL NOT IMPORTANT I</p> <p>CHILD IS NOT INTERESTED K</p> <p>CHILD GOT MARRIED L</p> <p>TRADITION/ CUSTOM X</p> <p align="center">(SPECIFY)</p> <p align="center">(SKIP TO 720)</p>	
706	<p>At what age did (NAME) first start going to school?</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

		YOUNGEST CHILD AGE 6 - 15 NAME _____	SECOND YOUNGEST CHILD AGE 6 - 15 NAME _____	THIRD YOUNGEST CHILD AGE 6 - 15 NAME _____
707	Has (NAME) ever repeated a grade of school?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
708	Is (NAME) currently attending school?	YES 1 NO 2 (SKIP TO 710) ←	YES 1 NO 2 (SKIP TO 710) ←	YES 1 NO 2 (SKIP TO 710) ←
709	During the current school year what level and grade is (NAME) attending?	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 713)	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 713)	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 713)
710	What is the highest level of school (NAME) has attended? What is the highest grade that (NAME) has completed at that level?	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>
711	At what age did (NAME) stop going to school?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98
712	What are the most important reasons (NAME) stopped attending school? RECORD UP TO 3 REASONS MENTIONED	CHILD SICK / WEAK / HANDICAPPED A CHILD FAILED / REPEAT A YEAR B NEAREST SCHOOL TOO FAR C SCHOOL OF POOR QUALITY D CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN..... E TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS F TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER G SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY SCHOOL COSTS H SCHOOL NOT IMPORTANT I CHILD IS NOT INTERESTED J CHILD GOT MARRIED K CHILD HAD ENOUGH EDUCATION L TRADITION/ CUSTOM..... M OTHER X (SPECIFY) (SKIP TO 720)	CHILD SICK / WEAK / HANDICAPPED A CHILD FAILED / REPEAT A YEAR B NEAREST SCHOOL TOO FAR C SCHOOL OF POOR QUALITY D CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN..... E TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS F TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER G SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY SCHOOL COSTS H SCHOOL NOT IMPORTANT I CHILD IS NOT INTERESTED J CHILD GOT MARRIED K CHILD HAD ENOUGH EDUCATION L TRADITION/ CUSTOM..... M OTHER X (SPECIFY) (SKIP TO 720)	CHILD SICK / WEAK / HANDICAPPED A CHILD FAILED / REPEAT A YEAR B NEAREST SCHOOL TOO FAR C SCHOOL OF POOR QUALITY D CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN..... E TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS F TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER G SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY SCHOOL COSTS H SCHOOL NOT IMPORTANT I CHILD IS NOT INTERESTED J CHILD GOT MARRIED K CHILD HAD ENOUGH EDUCATION L TRADITION/ CUSTOM..... M OTHER X (SPECIFY) (SKIP TO 720)

		YOUNGEST CHILD AGE 6 - 15 NAME _____	SECOND YOUNGEST CHILD AGE 6 - 15 NAME _____	THIRD YOUNGEST CHILD AGE 6 - 15 NAME _____
713	CHECK 212 AND 218:	LIVING WITH MOTHER <input type="checkbox"/> NOT LIVING WITH MOTHER <input type="checkbox"/> (SKIP TO 720)	LIVING WITH MOTHER <input type="checkbox"/> NOT LIVING WITH MOTHER <input type="checkbox"/> (SKIP TO 720)	LIVING WITH MOTHER <input type="checkbox"/> NOT LIVING WITH MOTHER <input type="checkbox"/> (SKIP TO 720)
714	How many days in the past 2 weeks has (NAME)'s school been open?	NO. OF DAYS..... <input type="text"/>	NO. OF DAYS..... <input type="text"/>	NO. OF DAYS.... <input type="text"/>
715	How many days in the past 2 weeks has (NAME) attended school?	NO. OF DAYS..... <input type="text"/>	NO. OF DAYS..... <input type="text"/>	NO. OF DAYS.... <input type="text"/>
716	CHECK 714 AND 715:	714 AND 715 ARE THE SAME 1 (SKIP TO 718) ← ANSWER 714 > 715 2	714 AND 715 ARE THE SAME 1 (SKIP TO 718) ← ANSWER 714 > 715 2	714 AND 715 ARE THE SAME 1 (SKIP TO 718) ← ANSWER 714 > 715 2
717	What is the main reason (NAME) was absent from school in the last 2 weeks?	ILLNESS 01 BAD WEATHER 02 ABUSE BY TEACHERS 03 CHILD DIDN'T WANT TO GO 04 CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN 05 TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS 06 TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	ILLNESS 01 BAD WEATHER 02 ABUSE BY TEACHERS 03 CHILD DIDN'T WANT TO GO 04 CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN 05 TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS 06 TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	ILLNESS 01 BAD WEATHER 02 ABUSE BY TEACHERS.. 03 CHILD DIDN'T WANT TO GO 04 CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN 05 TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS 06 TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER 07 OTHER 96 (SPECIFY) DON'T KNOW 98
718	Does (NAME) attend a public, private secular or religious school?	PUBLIC 1 PRIVATE SECULAR 2 RELIGIOUS 3	PUBLIC 1 PRIVATE SECULAR 2 RELIGIOUS 3	PUBLIC 1 2 PRIVATE SECULAR 3 RELIGIOUS

		YOUNGEST CHILD AGE 6 - 15 NAME _____	SECOND YOUNGEST CHILD AGE 6 - 15 NAME _____	THIRD YOUNGEST CHILD AGE 6 - 15 NAME _____
719	<p>How much did your household spend on each of these school expenditure for (NAME) during this school year:</p> <p>Registration and tuition fees per year, for (NAME)?</p> <p>Uniform, Clothing, Shoes, Bags bought for child to wear at school per year, for (NAME)?</p> <p>Textbooks, Exercise books, Note books, Pens per year for (NAME)?</p> <p>Tutoring and other money paid to teachers for special classes for (NAME)?</p> <p>Any other expenses per year (transportation, incidentals and entertainment) for (NAME)?</p> <p>IF NOTHING IS SPENT ENTER "0000"</p>	<p>REG. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>UNIF. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>BOOKS <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>TEACH. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>OTHER <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>_____</p> <p>(SPECIFY)</p>	<p>REG. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>UNIF. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>BOOKS <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>TEACH. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>OTHER <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>_____</p> <p>(SPECIFY)</p>	<p>REG. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>UNIF. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>BOOKS <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>TEACH. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>OTHER <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW..... 9998</p> <p>_____</p> <p>(SPECIFY)</p>
720	Has (NAME) ever done any kind of work for pay (cash or kind)?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
721	Is (NAME) currently doing any kind of work for pay (cash or kind)?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 724) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 724) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 724) ←</p>
722	What is the kind of this work which (NAME) (EVER) do it? RECORD ANSWER IN DETAIL	<p>_____ <input type="text"/><input type="text"/></p> <p>_____</p> <p>_____</p>	<p>_____ <input type="text"/><input type="text"/></p> <p>_____</p> <p>_____</p>	<p>_____ <input type="text"/><input type="text"/></p> <p>_____</p> <p>_____</p>
723	On average for how many hours a week does he/ she do this work? IF LESS THAN ONE HOUR RECORD "00"	<p>NO. OF HOURS.. <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF HOURS.. <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF HOURS.. <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>
724	Is (NAME) regularly engaged in unpaid family work (on the farm,etc)?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 726) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 726) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 726) ←</p>
725	On average for how many hours a week does he/ she do this works? IF LESS THAN ONE HOUR RECORD "00"	<p>NO. OF HOURS.. <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF HOURS.. <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF HOURS.. <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>
726	Does (NAME) regularly help in household chores at home (e.g cooking, cleaning, caring for children, for animals, etc)?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 728) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 728) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 728) ←</p>

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO	
	<p style="text-align: center;">YOUNGEST CHILD AGE 6 - 15</p> <p>NAME _____</p>	<p style="text-align: center;">SECOND YOUNGEST CHILD AGE 6 - 15</p> <p>NAME _____</p>	<p style="text-align: center;">THIRD YOUNGEST CHILD AGE 6 - 15</p> <p>NAME _____</p>			
727	<p>On average for how many hours a week does he/ she do this work?</p> <p>IF LESS THAN ONE HOUR RECORD "00"</p>	<p>NO. OF HOURS.. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF HOURS.. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NO. OF HOURS.. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
728	GO BACK TO 704 FOR THE NEXT CHILD IF THERE ARE NO MORE CHILDREN BETWEEN THE AGES 6 AND 15 SKIP TO 729 .					
729	<p>If parents have one son and one daughter and can send only one child to the university, which child should they send?</p>	<p>SON 1</p> <p>DAUGHTER 2</p> <p>DEPEND ON THE CHILDREN'S CAPABILITIES... 3</p> <p>NOT SURE 8</p>				

SECTION 8: FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	<p>Now I would like to talk to you about a different topic which is female circumcision.</p> <p>CHECK 214 AND 218:</p> <p align="center"> HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/> </p> <p align="center">↓</p>		809
802	<p>Have any of your daughters been circumcised?</p> <p>IF YES: How many?</p>	<p>NUMBER CIRCUMCISED <input type="text"/> <input type="text"/></p> <p>NO DAUGHTERS CIRCUMCISED 95</p>	807
803	<p>Which of your daughters was circumcised the latest?</p> <p align="center">_____</p> <p align="center">(DAUGHTER'S NAME)</p> <p>CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER.</p>	<p>DAUGHTER'S LINE NUMBER</p> <p>FROM Q212 <input type="text"/> <input type="text"/></p>	
804	<p>How old was she when she was circumcised?</p>	<p>AGE IN COMPLETED YEARS.. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
805	<p>Who performed the circumcision?</p> <p>IF DOCTOR, PROBE: Was the doctor male or female?</p>	<p>MALE DOCTOR 01</p> <p>FEMALE DOCTOR 02</p> <p>TRAINED NURSE / MIDWIFE 03</p> <p>DAYA 04</p> <p>BARBER 05</p> <p>GHAGARIA 06</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
806	<p>Where was the circumcision performed?</p>	<p>AT HOME 1</p> <p>PRIVATE HOSPITAL / CLINIC 2</p> <p>GOVERNMENT HOSPITAL / CLINIC ... 3</p> <p>RELATIVE / NEIGHBOR'S HOUSE ... 4</p> <p>BARBER'S KIOSK 5</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>	
807	<p>Do you intend to have any (other) of your daughters circumcised?</p>	<p>YES 1</p> <p>NO 2</p> <p>ALL HER DAUGHTERS CIRCUMCISED.. 3</p> <p>DON'T KNOW 8</p>	809
808	<p>Why don't you intend to have your daughter (s) circumcised?</p> <p>Any other reasons?</p> <p align="center">RECORD ALL REASONS MENTIONED</p>	<p>DON'T BELIEVE IN / ACCEPT IT A</p> <p>AFRAID OF COMPLICATIONS B</p> <p>AGAINST RELIGION C</p> <p>BETTER MARRIAGE PROSPECTS ... D</p> <p>GREATER PLEASURE FOR HUSBAND.. E</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC																		
809	<p>During the past year, have you heard or seen anything about female circumcision:</p> <p>On television? On radio? In newspaper or magazine? At community meeting? At the mosque or church?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER / MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY MEETING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOSQUE / CHURCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	TELEVISION	1	2	RADIO	1	2	NEWSPAPER / MAGAZINE	1	2	COMMUNITY MEETING	1	2	MOSQUE / CHURCH	1	2	
	YES	NO																			
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RADIO	1	2																			
NEWSPAPER / MAGAZINE	1	2																			
COMMUNITY MEETING	1	2																			
MOSQUE / CHURCH	1	2																			
810	<p>During the past year have you discussed female circumcision with your relatives, friends or neighbours?</p>	<p>YES 1</p> <p>NO 2</p>																			
811	<p>Has your opinion about female circumcision changed during the past year?</p> <p>IF YES: Are you more likely or less likely to approve of circumcision now?</p>	<p>YES, MORE LIKELY TO APPROVE 1</p> <p>YES, LESS LIKELY TO APPROVE 2</p> <p>NO, OPINION SAME 3</p>																			
812	<p>What benefits do girls themselves get if they undergo this genital cutting?</p> <p>PROBE: Anything else?</p> <p style="text-align: center;">RECORD ALL MENTIONED</p>	<p>CLEANLINESS / HYGIENE A</p> <p>SOCIAL ACCEPTANCE B</p> <p>BETTER MARRIAGE PROSPECTS C</p> <p>PRESERVE VIRGINITY / PREVENT PREMARITAL SEX D</p> <p>MORE SEXUAL PLEASURE FOR THE MAN E</p> <p>RELIGIOUS APPROVAL F</p> <p>TRADITIONS G</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO BENEFITS Y</p>																			
813	<p>What benefits do girls themselves get if they do not undergo this genital cutting?</p> <p>PROBE: Anything else?</p> <p style="text-align: center;">RECORD ALL MENTIONED</p>	<p>FEWER MEDICAL PROBLEMS A</p> <p>AVOIDING PAIN B</p> <p>MORE SEXUAL PLEASURE FOR HER.. C</p> <p>MORE SEXUAL PLEASURE FOR THE MAN D</p> <p>FOLLOWS RELIGION E</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO BENEFITS Y</p>																			
814	<p>Do you think that this practice should be continued, or should it be discontinued?</p>	<p>CONTINUED 1</p> <p>DISCONTINUED 2</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 8</p>																			
815	<p>Do you think that men want this practice to be continued, or discontinued?</p>	<p>CONTINUED 1</p> <p>DISCONTINUED 2</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 8</p>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TC
816	<p>I will read you some statements. Please tell me if you agree or disagree?</p> <p>Circumcision is an important part of religious tradition.</p> <p>A husband will prefer his wife to be circumcised.</p> <p>Circumcision can cause severe complications, which may lead to the girl's death.</p> <p>Circumcision prevents adultery.</p> <p>Circumcision may cause a woman to have problems in becoming pregnant.</p> <p>Circumcision lessens sexual satisfaction for a couple.</p> <p>Childbirth is more difficult for a woman who has been Circumcised?</p>				
			AGREE	DIS- AGREE	DK
		IMPORTANT PART OF RELIGIOUS TRADITION	1	2	8
		HUSBAND PREFER	1	2	8
		CAN LEAD TO GIRL'S DEATH	1	2	8
		PREVENTS ADULTERY ...	1	2	8
		CAUSE PROBLEMS IN GETTING PREGNANT	1	2	8
		LESSENS SEXUAL SATISFACTION	1	2	8
		CHILDBIRTH MORE DIFFICULT	1	2	8

SECTION 9: HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	<p>CHECK 107</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>DIVORCED / SEPARATED <input type="checkbox"/></p> <p>WIDOWED <input type="checkbox"/></p> <p align="center">(SKIP TO 903)</p>	<p>→ 904</p>	
902	<p>RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD "00".</p>	<p>HUSBAND'S LINE NUMBER .. <input type="text"/></p>	
903	<p>Now I would like to ask some questions about your (last) husband. How old was your (last) husband on his most recent birthday?</p>	<p>AGE IN COMPLETED YEARS.. <input type="text"/></p>	
904	<p>In what month and year was your (last) husband born? COMPARE AND CORRECT 903 AND / OR 904 IF INCONSISTENT.</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
905	<p>Before you got married was your (last) husband related to you in anyway through blood or marriage?</p>	<p>YES 1</p> <p>NO 2</p>	→ 907
906	<p>What type of relationship was it?</p>	<p>FIRST COUSIN ON FATHER'SSIDE 1</p> <p>FIRST COUSIN ON MOTHER'SSIDE 2</p> <p>SECOND COUSIN ON FATHER'SSIDE 3</p> <p>SECOND COUSIN ON MOTHER'SSIDE 4</p> <p>OTHER BLOOD RELATIVE 5</p> <p>OTHER RELATIVE BY MARRIAGE 6</p>	
907	<p>Did your (last) husband ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	→ 910
908	<p>What was the highest level of school he attended?</p>	<p>PRIMARY 1</p> <p>PREPARATORY 2</p> <p>SECONDARY 3</p> <p>UPPER INTERMEDIATE 4</p> <p>UNIVERSITY 5</p> <p>MORE THAN UNIVERSITY 6</p> <p>DON'T KNOW 8</p>	→ 910
909	<p>What was the highest grade which he completed at that level?</p>	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
910	<p>CHECK 107</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>WIDOWED / DIVORCED / SEPARATED <input type="checkbox"/></p> <p style="text-align: right;">→ 919</p>	
911	<p>Is your husband currently employed?</p> <p>IF NO: Is he retired or unemployed?</p>	<p>YES 1</p> <p>NO, RETIRED 2</p> <p>NO, UNEMPLOYED 3</p>	
912	<p>CHECK 107</p> <p>HUSBAND CURRENTLY EMPLOYED <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>HUSBAND RETIRED OR UNEMPLOYED <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>What kind of work does your husband mainly do? In the last job he had, what kind of work did your husband mainly do?</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>RECORD ANSWER IN DETAIL</p>	
913	<p>Does (did) your (last) husband work for a member of his family, for someone else, or is he self – employed?</p>	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>FOR HIMSELF 3 → 915</p>	
914	<p>Does (did) he earn a regular wage or salary?</p>	<p>YES 1</p> <p>NO 2</p>	
915	<p>CHECK 910</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p> <p style="text-align: right;">→ 917</p>	
916	<p>(Does / Did) your husband mainly work on his own land or family land, or (does / did) he rent land, or (does / did) he work on someone else's land?</p>	<p>HIS / FAMILY LAND 1</p> <p>RENTED LAND 2</p> <p>SOMEONE ELSE'S LAND 3</p>	
917	<p>Does your husband currently smoke cigarettes or tobacco?</p>	<p>YES 1</p> <p>NO 2 → 919</p>	
918	<p>On average during a day, how many times does your husband smoke?</p>	<p>TIMES <input type="text"/> <input type="text"/></p> <p>NOT SURE 98</p>	
919	<p>Do you yourself currently smoke cigarettes or tobacco?</p>	<p>YES 1</p> <p>NO 2 → 1001</p>	
920	<p>On average during a day, how many times do you smoke?</p>	<p>TIMES <input type="text"/> <input type="text"/></p> <p>NOT SURE 98</p>	

SECTION 10: WOMAN'S WORK AND DECISION MAKING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1001	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>Before you married (for the first time) did you ever do any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	
1002	<p>Are you currently doing any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1004
1003	<p>Have you done any work in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1013
1004	<p>What is your occupation, that is, what kind of work do you mainly do?</p> <p align="center">RECORD ANSWER IN DETAIL.</p>	<p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	
1005	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	
1006	<p>CHECK 1004:</p> <p align="center">WORKS IN AGRICULTURE <input type="checkbox"/></p> <p align="center">↓</p>	<p align="center">DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p> <p align="center">→ 1008</p>	
1007	<p>Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?</p>	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
1008	<p>Do you usually work throughout the year, or do you work seasonally, or only once in a while?</p>	<p>THROUGHOUT THE YEAR 1</p> <p>SEASONALLY / PART OF THE YEAR ... 2</p> <p>ONCE IN A WHILE 3</p>	
1009	<p>Are you paid in cash or do you earn both cash kind or are you not paid at all?</p>	<p>CASH 1</p> <p>CASH AND KIND 2</p> <p>IN KIND ONLY 3</p> <p>NOTPAID AT ALL 4</p>	→ 1012
1010	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else?</p> <p>WIDOWED / DIVORCED / SEPARATED <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, someone else or you and someone else jointly?</p>	<p>RESPONDENT DECIDES 1</p> <p>HUSBAND DECIDES 2</p> <p>JOINTLY WITH HUSBAND 3</p> <p>SOMEONE ELSE DECIDES 4</p> <p>JOINTLY WITH SOMEONE ELSE 5</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
1011	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE / HER INCOME IS SAVED 6																															
1012	Do you usually work at home or away from home?	HOME 1 AWAY 2																															
1013	Who in your family usually has the final on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family, friends, or relatives? What food should be cooked each day?	<table border="1"> <thead> <tr> <th>RESPON- DENT</th> <th>HUSB- AND</th> <th>RESP. & HUSB. JOINTLY</th> <th>SOME- ONE ELSE</th> <th>RESP. & SOME. JOINTLY</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>	RESPON- DENT	HUSB- AND	RESP. & HUSB. JOINTLY	SOME- ONE ELSE	RESP. & SOME. JOINTLY	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
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1014	<p>CHECK 218:</p> <p>HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/></p> <p>HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/> → 1016</p>																																
1015	When your child (one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL ASK: if (your child/ your children) belame seriously ill, could you belme by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DON'T KNOW 8																															
1016	Many factors can keep a woman from getting medical advice or treatment for themselves, When you are sick and want to get medical advice or treatment, would you consider each of the following to be a big problem, small problem or no problem for you? Knowing where to go? Getting permission to go? Getting money for treatment? Not having health facility nearby? Having to find transport? Not wanting to go alone? Concern there may not be a female provider?	<table border="1"> <thead> <tr> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	BIG PROBLEM	NOT A BIG PROBLEM	1	2	1	2	1	2	1	2	1	2	1	2	1	2															
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TC
1017	<p>CHECK 112 AND 113:</p> <p style="text-align: center;"> PRIMARY OR LESS <input type="checkbox"/> PREPARATORY OR HIGHER <input type="checkbox"/> </p> <p style="text-align: center;">↓ → 1020</p>		
1018	<p>Have you ever participated in a literacy program or any other program that involved learning to read or write (not including primary school)?</p>	<p>YES 1</p> <p>NO 2</p>	
1019	<p>Now I would like you to read out loud as much of this card as you can.</p> <p style="text-align: center;">SHOW CARD TO RESPONDENT .</p>	<p>CAN'T READ AT ALL 1 → 1021</p> <p>ABLE TO READ ONLY PART OF SENTENCES ON CARD 2</p> <p>ABLE TO READ ALL OF CARD 3</p>	
1020	<p>Do you usually read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
1021	<p>Do you usually listen to the radio almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
1022	<p>Do you usually watch television almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
1023	<p>RECORD THE TIME.</p>	<p>HOUR <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>	

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1101 – 1102 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

1101	DEGREE OF COOPERATION.	<table style="width: 100%; border: none;"> <tr> <td style="padding-left: 10px;">POOR</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="padding-left: 10px;">FAIR</td> <td style="text-align: right;">2</td> </tr> <tr> <td style="padding-left: 10px;">GOOD</td> <td style="text-align: right;">3</td> </tr> <tr> <td style="padding-left: 10px;">VERY GOOD</td> <td style="text-align: right;">4</td> </tr> </table>	POOR	1	FAIR	2	GOOD	3	VERY GOOD	4
POOR	1									
FAIR	2									
GOOD	3									
VERY GOOD	4									
1102	INTERVIEWER'S COMMENTS: <hr/> <hr/> <hr/>									
1103	FIELD EDITOR'S COMMENTS: <hr/> <hr/> <hr/>									
1104	SUPERVISOR'S COMMENTS: <hr/> <hr/> <hr/>									
1105	OFFICE EDITOR'S COMMENTS: <hr/> <hr/> <hr/>									

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX
 OR COLUMNS 1 AND 2 ALL MONTHS SHOULD BE FILLED IN.

CHILD'S NAME/
 METHOD SOURCE
 ADDRESS

FORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: MARRIAGE

- X MARRIED
- 0 NOT MARRIED

COLUMN 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- M MISCARRIAGE
- A ABORTION
- S STILL BIRTH
- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 NORPLANT
- 5 DIAPHRAGM / FAOM / JELLY
- 6 CONDOM
- 7 FEMALE STERILIZATION
- 8 MALE STERILIZATION
- 9 PERIODIC ABSTINENCE
- L WITHDRAWAL
- G PROLONGED BREASTFEEDING
- X OTHER _____

(SPECIFY)

COLUMN 3: SOURCE OF METHOD

- 1 URBAN HOSPITAL
- 2 URBAN HEALTH UNIT
- 3 RURAL HOSPITAL
- 4 RURAL HEALTH UNIT
- 5 MCH CENTER
- 6 MOBILE UNITS
- 7 OTHER MINISTRY OF HEALTH UNIT
- 8 TEACHING HOSPITAL
- 9 HEALTH INSURANCE ORGANIZATION
- A CURATIVE CARE ORGANIZATION
- B OTHER GOVERNMENTAL
- C EGYPT FAMILY PLANNING ASSOCIATION
- D CSI PROJECT
- E OTHER NON-GOVERNMENTAL ORGANIZATION CLINIC
- F PRIVATE HOSPITAL / CLINIC
- G PRIVATE DOCTOR
- H PHARMACY
- I MOSQUE HEALTH UNIT
- J CHURCH HEALTH UNIT
- K OTHER VENDOR
- L FRIENDS OR RELATIVES
- X OTHER _____

(SPECIFY)

- Y NO ONE
- Z DON'T KNOW

COLUMN 4: DISCONTINUATION OF CONTRACEPTIVE USE

- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS / TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- U UNABLE TO GET PREGNANT / MENOPAUSE
- D MARITAL DISSOLUTION / SEPARATION
- I INFREQUENT SEX / HUSBAND AWAY
- X OTHER _____

(SPECIFY)

- Z DON'T KNOW

COLUMN 5: POST PARTUM AMENORRHEA

- X PERIOD DID NOT RETURN
- 0 LESS THAN ONE MONTH

COLUMN 6: BREAST FEEDING

- X BREAST FEEDING
- 0 LESS THAN ONE MONTH
- N NEVER BREASTFED

		1	2	3	4	5	6		
JUN	01			01				01	JUN
MAY	02			02				02	MAY
APR	03			03				03	APR
MAR	04			04				04	MAR
FEB	05			05				05	FEB
JAN	06			06				06	JAN
DEC	07			07				07	DEC
NOV	08			08				08	NOV
OCT	09			09				09	OCT
SEP	10			10				10	SEP
AUG	11	1		11				11	AUG
JUL	12	9		12				12	JUL
JUN	13	9		13				13	JUN
MAY	14	9		14				14	MAY
APR	15			15				15	APR
MAR	16			16				16	MAR
FEB	17			17				17	FEB
JAN	18			18				18	JAN
DEC	19			19				19	DEC
NOV	20			20				20	NOV
OCT	21			21				21	OCT
SEP	22			22				22	SEP
AUG	23	1		23				23	AUG
JUL	24	9		24				24	JUL
JUN	25	9		25				25	JUN
MAY	26	8		26				26	MAY
APR	27			27				27	APR
MAR	28			28				28	MAR
FEB	29			29				29	FEB
JAN	30			30				30	JAN
DEC	31			31				31	DEC
NOV	32			32				32	NOV
OCT	33			33				33	OCT
SEP	34			34				34	SEP
AUG	35	1		35				35	AUG
JUL	36	9		36				36	JUL
JUN	37	9		37				37	JUN
MAY	38	7		38				38	MAY
APR	39			39				39	APR
MAR	40			40				40	MAR
FEB	41			41				41	FEB
JAN	42			42				42	JAN
DEC	43			43				43	DEC
NOV	44			44				44	NOV
OCT	45			45				45	OCT
SEP	46			46				46	SEP
AUG	47	1		47				47	AUG
JUL	48	9		48				48	JUL
JUN	49	9		49				49	JUN
MAY	50	6		50				50	MAY
APR	51			51				51	APR
MAR	52			52				52	MAR
FEB	53			53				53	FEB
JAN	54			54				54	JAN
DEC	55			55				55	DEC
NOV	56			56				56	NOV
OCT	57			57				57	OCT
SEP	58			58				58	SEP
AUG	59	1		59				59	AUG
JUL	60	9		60				60	JUL
JUN	61	9		61				61	JUN
MAY	62	5		62				62	MAY
APR	63			63				63	APR
MAR	64			64				64	MAR
FEB	65			65				65	FEB
JAN	66			66				66	JAN

MONTH YEAR OUTCOME OF PREGNANCY

DATE AND OUTCOME OF THE LAST PREGNANCY THAT TERMINATED IN A MISCARRIAGE, ABORTION OR STILL BIRTH PRIOR TO JANUARY 1994. IF NO, RECORD "00" IN MONTH AND

BIRTH DATE: LAST CHILD BORN
 PRIOR TO JANUARY 1995

NAME:

MONTH YEAR
