

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

INTERIM EDHS

2003

WOMAN'S QUESTIONNAIRE

**DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL AND WILL
BE USED FOR SCIENTIFIC PURPOSES ONLY**

EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY 2003
WOMAN'S QUESTIONNAIRE

IDENTIFICATION									
<p>GOVERNORATE _____ KISM/MARQAZ _____</p> <p>PSU/ SEGMENT NO. _____ BUILDING NO. _____</p> <p>SHIAKHA/ VILLAGE _____ HOUSING UNIT NO. _____</p> <p>HOUSEHOLD NO. INSIDE SEGMENT. _____</p> <p>URBAN 1 RURAL 2</p> <p>LARGE CITY 1 SMALL CITY 2 TOWN 3 VILLAGE 4</p> <p>NOT SLUM AREA 1 SLUM AREA 2</p> <p>NAME OF HOUSEHOLD HEAD _____</p> <p>ADDRESS IN DETAIL _____</p> <p>NAME OF WOMAN _____</p> <p>LINE NUMBER OF WOMAN _____</p>	<p align="center">GOVERNORATE</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p align="center">PSU/SEGMENT NO</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p align="center">HOUSEHOLD NO URBAN/ RURAL</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p align="center">LOCALITY NOT SLUM/SLUM</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p align="center">LINE NUMBER</p> <div style="border: 1px solid black; width: 40px; 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>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
TEAM				TEAM					
INTERVIEWER				INTERVIEWER					
SUPERVISOR ASSISTANT				SUPERVISOR ASSISTANT					
SUPERVISOR				SUPERVISOR					
RESULT				RESULT					
NEXT VISIT: DATE				TOTAL VISITS					
TIME									
<p>RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NOT AT HOME</p> <p>3 POSTPONED</p> <p>4 REFUSED</p> <p>5 PARTIALLY COMPLETED</p> <p>6 INCAPACITATED/NOT ELIGIBLE</p> <p>7 OTHER _____ (SPECIFY)</p>									
NAME	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER					
DATE	/ / 2003	/ / 2003	/ / 2003	/ / 2003	/ / 2003				
SIGNATURE	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; 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. 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. We also may return later to interview you or other members of your household again.

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: _____

RESPONDENT AGREE TO INTERVIEW RESPONDENT DOES NOT AGREE TO INTERVIEW → 1102

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: GOVERNORATE'S CODE <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/ TEMPORARILY 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: GOVERNORATE'S CODE <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	

SECTION 2: REPRODUCTION

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

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		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
					How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?			
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?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE Is (NAME) living with you?	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
<input type="checkbox"/> 08 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 Go to 220	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> Go to 221	DAYS.....1 MONTHS...2 YEARS.....3 <input type="text"/>	YES 1 NO 2 NEXT BIRTH
<input type="checkbox"/> 09 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 Go to 220	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> Go to 221	DAYS.....1 MONTHS...2 YEARS.....3 <input type="text"/>	YES 1 NO 2 NEXT BIRTH
<input type="checkbox"/> 10 (NAME)	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 Go to 220	AGE IN YEARS <input type="text"/>	YES 1 NO 2 Go to 221	HOUSEHOLD LINE NUMBER <input type="text"/> Go to 221	DAYS.....1 MONTHS...2 YEARS.....3 <input type="text"/>	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 → ADD TO TABLE 2		
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED..... <input type="text"/> FOR EACH BIRTH SINCE JANUARY 1998: MONTH AND YEAR OF BIRTH IS RECORDED..... <input type="text"/> FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED..... <input type="text"/> FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED..... <input type="text"/> FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS..... <input type="text"/>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1998. IF NONE, RECORD "0" AND GO TO 226. <input type="text"/>								
225	FOR EACH BIRTH SINCE JANUARY 1998, ENTER "B" IN THE MONTH OF BIRTH IN COLUMN 2 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. ALSO ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 1998 (IF ANY) AT THE BOTTOM OF THE CALENDAR (1201).								
226	Are you pregnant now?					YES 1 NO 2 UNSURE 8	1 2 8	→ 230	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
227	How many months pregnant are you? RECORD IN COMPLETED MONTHS	MONTHS <input type="text"/> <input type="text"/>	
228	RECORD MONTHS PREGNANT IN COMPLETED MONTHS. ENTER "P" IN COLUMN 2 OF CALENDAR FOR THE TOTAL NUMBER OF COMPLETED PREGNANCY MONTHS, BEGINNING WITH 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	
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 1998.</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: SINCE THE OUTCOME OF THE PREGNANCY IS RECORDED IN THE MONTH THAT PREGNANCY ENDED, 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	When did your last menstrual period start?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/HAD HYSTERECTOMY .. 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	

SECTION 3: CONTRACEPTIVE KNOWLEDGE AND USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 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	IMPLANT A woman can have small rod(s) 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 → 344		
307	What have you used or done? CORRECT 303-304 (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"/> <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"/>	343
311	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	343
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	343
313	Which method are you using? (IF THE RESPONDENT MENTIONED MORE THAN ONE METHOD RECORD THE HIGHEST CODE)	PILL 1 IUD 2 INJECTABLES 3 IMPLANT 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	CHECK 313: In what month and year did you start using (CURRENT METHOD) continuously this time? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
314A	In what month and year was the sterilization performed?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	IN CURRENT MONTH IN COLUMN 2 IN CALENDAR, ENTER CODE THE 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 1998 IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1998.		
316	<p>CHECK 313:</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>USING IUD <input type="checkbox"/> → Where did you have the IUD inserted?</p> <p>USING IMPLANT <input type="checkbox"/> → Where did you have the Implant 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: SOURCE CODE <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><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>NO ONE Y</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
317	<p>CHECK 313 AND CALENDAR:</p> <p>CURRENTLY USING IUD <input type="checkbox"/></p>	<p>CURRENTLY USING PILL <input type="checkbox"/> →</p> <p>CURRENTLY USING INJECTABLE <input type="checkbox"/> →</p> <p>CURRENTLY USING IMPLANT <input type="checkbox"/> →</p> <p>CURRENTLY USING OTHER MODERN METHOD (5 - 8) <input type="checkbox"/> →</p> <p>CURRENTLY USING OTHER TRADITIONAL METHOD (9, L, G, X) <input type="checkbox"/> →</p>	<p>323</p> <p>327</p> <p>330</p> <p>332</p> <p>343</p>
318	<p>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 316) or did you buy it from somewhere else?</p>	<p>YES, SAME PLACE 1</p> <p>NO, SOMEWHERE ELSE 2</p>	<p>321</p>
319	<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"/><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 _____ (SPECIFY) X</p> <p>DON'T KNOW Z</p>	
320	<p>How much did it cost to buy the IUD from that place?</p>	<p>COST (IN POUNDS) <input type="checkbox"/><input type="checkbox"/></p> <p>FREE 95</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
341	At any other time, did a family planning or health worker tell you about side effects or problems you might have with (METHOD IN 313)?	YES 1 NO 2	→ 343
342	Were you told what to do if you experienced side effects or health problems?	YES 1 NO 2	
343	<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 1998</p> <p>PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 1998.</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 344.</p> <p>COLUMN 3 -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 3 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 3</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> <ul style="list-style-type: none"> - "How many months did it take you to get pregnant after you stopped using (method)"? <p>ENTER "0" IN EACH SUCH MONTH IN COLUMN 2.</p> <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>		
344	Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other staff as part of the preparation for marriage?	YES 1 NO 2	→ 347
345	Before you married (for the first time) did you have a premarital examination?	YES 1 NO 2	→ 347
346	Was family planning discussed during the premarital consultation?	YES 1 NO 2	
347	In the last 6 months have you heard seen, or received any information about family planning?	YES 1 NO 2	→ 401
348	What was the last source you got information from?	TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 PAMPHLET/BROCHURE 04 POSTER 05 MEDICAL PROVIDER 06 HUSBAND 07 OTHER RELATIVES 08 FRIENDS/NEIGHBORS 09 OTHER 96 (SPECIFY)	

SECTION 4: FERTILITY PREFERENCES AND ATTITUDES ABOUT FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p>	<p>DIVORCED/ WIDOWED/ SEPARATED <input type="checkbox"/></p>	→ 416
402	<p>CHECK 313:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p>	<p>SHE OR HE STERILIZED <input type="checkbox"/></p>	→ 416
403	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future: Would you like to have (a / another) child or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future: After the child you are expecting, 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>SHE CAN'T GET PREGNANT 3 → 416</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>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a / another) child?</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 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON / NOW 994 → 416</p> <p>SHE CAN'T GET PREGNANT 995 → 416</p> <p>OTHER (SPECIFY) 996 → 410</p> <p>DON'T KNOW 998 → 410</p>	
405	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>	<p>PREGNANT <input type="checkbox"/></p>	→ 411
406	<p>CHECK 312:</p> <p>NOT CURRENTLY USING/ NOT ASKED <input type="checkbox"/></p>	<p>CURRENTLY USING <input type="checkbox"/></p>	→ 416
407	<p>CHECK 403:</p> <p>WANTS ANOTHER SOON <input type="checkbox"/></p>	<p>WANTS NO MORE <input type="checkbox"/></p> <p>UNDECIDED/ UNSURE <input type="checkbox"/></p>	→ 409 → 410
408	<p>CHECK 404:</p> <p>WANTS ANOTHER AFTER 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></p>	<p>WANTS WITHIN 00-23 MONTHS OR 00 - 01 YEAR <input type="checkbox"/></p>	→ 411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
409	<p>CHECK 403:</p> <p> WANTS <input type="checkbox"/> WANTS NO <input type="checkbox"/> A / ANOTHER CHILD MORE CHILDREN </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> <hr/> <p>(RECORD ANSWER IN DETAIL)</p>	<p>FERTILITY-RELATED REASONS</p> <p> NOT HAVING SEX A INFREQUENT SEX B MENOPAUSAL / HYSTERECTOMY C SUBFECUND D INFECUND E POSTPARTUM AMENORRHEIC F BREASTFEEDING G FATALISTIC H </p> <p>OPPOSITION TO USE</p> <p> RESPONDENT OPPOSED I HUSBAND OPPOSED J OTHER OPPOSED K RELIGIOUS PROHIBITION L </p> <p>LACK OF KNOWLEDGE</p> <p> KNOWS NO METHOD M KNOWS NO SOURCE N </p> <p>METHOD RELATED REASONS</p> <p> HEALTH CONCERNS O FEAR OF SIDE EFFECTS P LACK OF ACCESS / TOO FAR Q COST TOO MUCH R INCONVENIENT TO USE S INTERFERES WITH BODY'S NORMAL PROCESSES T </p> <p> OTHER X (SPECIFY) </p> <p>DON'T KNOW Z</p>	
410	<p>CHECK 312:</p> <p> NOT CURRENTLY <input type="checkbox"/> CURRENTLY <input type="checkbox"/> USING/ NOT ASKED USING </p>		→ 416
411	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	→ 413

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
412	<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>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 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>	
413	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>	→ 415
414	Which method would you prefer to use?	<p>PILL 1</p> <p>IUD 2</p> <p>INJECTABLES 3</p> <p>IMRPLANT 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>	→ 416

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
415	<p>What is the main reason that you think that you will not use a method at any time in the future?</p> <hr/> <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 24</p> <p>INFECUND 25</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>	
416	<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"/></p> <p>OTHER ANSWER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	→ 418
417	<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 to be a boy or a girl?</p>	<p>BOYS</p> <p>NUMBER WANTED <input type="text"/></p> <p>GIRLS</p> <p>NUMBER WANTED <input type="text"/></p> <p>DOES NOT MATTER, EITHER SEX</p> <p>NUMBER WANTED <input type="text"/></p> <p>OTHER ANSWER 96</p> <p>(SPECIFY)</p>	
418	<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>	→ 421

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
419	Would you consider it appropriate for a couple to use family planning after the first birth?	YES 1 NO 2 DON'T KNOW 8	
420	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	
421	Now I would like to ask about your opinion about family planning. Would you say that most, some, very few, or none of the couples use family planning in the reproductive ages living in this area?	MOST 1 SOME 2 VERY FEW 3 NONE 4 NOT SURE 8	
422	Do you think the number of couples using family planning in this area is increasing, decreasing or staying about the same?	INCREASING 1 DECREASING 2 STAY ABOUT THE SAME 3 NOT SURE 8	
422A	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> ↓ DIVORCED/ WIDOWED/ SEPARATED <input type="checkbox"/>		→ 428
423	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	
424	Have you visited any governmental health facility for any reason during the past six months?	YES 1 NO 2	→ 426
425	Did any staff member at this health facility speak to you about family planning methods?	YES 1 NO 2	
426	Have you visited a private doctor or clinic for any reason during the past six months?	YES 1 NO 2	→ 428
427	Did the doctor or any staff person there speak to you about family planning methods?	YES 1 NO 2	
428	CHECK 302: KNOWS PILL <input type="checkbox"/> ↓ DOESN'T KNOW PILL <input type="checkbox"/>		→ 501
429	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? (MENTIONED HER EXACT WORDS)	YES, KNOW BRAND 1 YES, BUT CAN'T NAME BRAND 2 NOT AWARE 8	

SECTION 5: PREGNANCY AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
501	CHECK 224: ONE OR MORE BIRTHS SINCE JANUARY 1998 <input type="checkbox"/>	NO BIRTHS SINCE JANUARY 1998 <input type="checkbox"/>			635
502	ENTER THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1998 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). 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.)				
503	LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>	
504	FROM Q. 212 AND Q. 216	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
505	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did not want (<u>more</u>) children at all?	THEN 1 (SKIP TO 507) ← LATER 2 NO MORE 3 (SKIP TO 507) ←	THEN 1 (SKIP TO 507) ← LATER 2 NO MORE 3 (SKIP TO 507) ←	THEN 1 (SKIP TO 507) ← LATER 2 NO MORE 3 (SKIP TO 507) ←	
506	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	
507	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? 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 513) ←	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 513) ←	HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 513) ←	
508	Where did you receive the antenatal care? 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)	
509	How many months pregnant were you when you first saw someone for an antenatal care for 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	
510	How many times did you receive antenatal care during this pregnancy?	NO. OF VISITS <input type="text"/> DON'T KNOW 98	NO. OF VISITS <input type="text"/> DON'T KNOW 98	NO. OF VISITS <input type="text"/> DON'T KNOW 98	

		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"/> ↓	ONCE <input type="checkbox"/> ↓ (SKIP TO 513)	MORE THAN ONCE / DK <input type="checkbox"/> ↓	ONCE <input type="checkbox"/> ↓ (SKIP TO 513)	MORE THAN ONCE / DK <input type="checkbox"/> ↓
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="text"/> DON'T KNOW 8		TIMES <input type="text"/> DON'T KNOW 8		TIMES <input type="text"/> 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 NAME _____		NEXT-TO-LAST BIRTH NAME _____		SECOND-FROM-LAST BIRTH 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	Did you seek this care because you thought there was a problem with the pregnancy?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ←																																																															
522	How many times during this pregnancy, did you see a doctor, nurse, midwife or other health worker?	TIMES <input type="text"/> DON'T KNOW 8	TIMES <input type="text"/> DON'T KNOW 8	TIMES <input type="text"/> DON'T KNOW 8	TIMES <input type="text"/> DON'T KNOW 8	TIMES <input type="text"/> DON'T KNOW 8	TIMES <input type="text"/> 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"/> <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	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																																																															
524	CHECK IF THE RESPONDENT HAD: Q 507: ANY ANTENATAL CARE Q 513: TETANUS INJECTION Q 518: OTHER CARE	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>ANY ANTENATAL CARE...</td><td>1</td><td>2</td></tr> <tr><td>TETANUS INJECTION.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER CARE</td><td>1</td><td>2</td></tr> </table>			YES	NO	ANY ANTENATAL CARE...	1	2	TETANUS INJECTION.....	1	2	OTHER CARE	1	2	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>ANY ANTENATAL CARE...</td><td>1</td><td>2</td></tr> <tr><td>TETANUS INJECTION.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER CARE</td><td>1</td><td>2</td></tr> </table>			YES	NO	ANY ANTENATAL CARE...	1	2	TETANUS INJECTION.....	1	2	OTHER CARE	1	2	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>ANY ANTENATAL CARE...</td><td>1</td><td>2</td></tr> <tr><td>TETANUS INJECTION.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER CARE</td><td>1</td><td>2</td></tr> </table>			YES	NO	ANY ANTENATAL CARE...	1	2	TETANUS INJECTION.....	1	2	OTHER CARE	1	2																											
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OTHER CARE	1	2																																																																				
525	CHECK Q 524:	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 given a maternal card? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>MATERNAL CARD</td><td>1</td><td>2</td></tr> <tr><td>WEIGHT</td><td>1</td><td>2</td></tr> <tr><td>HEIGHT</td><td>1</td><td>2</td></tr> <tr><td>BLOOD PRESSURE....</td><td>1</td><td>2</td></tr> <tr><td>URINE SAMPLE</td><td>1</td><td>2</td></tr> <tr><td>BLOOD SAMPLE</td><td>1</td><td>2</td></tr> </table>			YES	NO	MATERNAL CARD	1	2	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE....	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>MATERNAL CARD</td><td>1</td><td>2</td></tr> <tr><td>WEIGHT</td><td>1</td><td>2</td></tr> <tr><td>HEIGHT</td><td>1</td><td>2</td></tr> <tr><td>BLOOD PRESSURE....</td><td>1</td><td>2</td></tr> <tr><td>URINE SAMPLE</td><td>1</td><td>2</td></tr> <tr><td>BLOOD SAMPLE</td><td>1</td><td>2</td></tr> </table>			YES	NO	MATERNAL CARD	1	2	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE....	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>MATERNAL CARD</td><td>1</td><td>2</td></tr> <tr><td>WEIGHT</td><td>1</td><td>2</td></tr> <tr><td>HEIGHT</td><td>1</td><td>2</td></tr> <tr><td>BLOOD PRESSURE....</td><td>1</td><td>2</td></tr> <tr><td>URINE SAMPLE</td><td>1</td><td>2</td></tr> <tr><td>BLOOD SAMPLE</td><td>1</td><td>2</td></tr> </table>			YES	NO	MATERNAL CARD	1	2	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE....	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2
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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) ←																																																															
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	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																																																															

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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	In the first two months 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 538) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ←
535	How many days or weeks after the delivery did the first check take place?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
536	Who checked on your health for the first time?	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)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	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)
538	In the first two months after delivery, did you receive a Vitamin A dose (red/blue capsule)? 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
539	In the first two months after (NAME) is delivery, did a doctor, nurse or other health worker check on his / her health?	YES..... 1 NO..... 2 DON'T KNOW..... 8 (SKIP TO 541A) ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 (SKIP TO 544) ←	YES..... 1 NO..... 2 DON'T KNOW..... 8 (SKIP TO 544) ←
540	How many days or weeks after the delivery did the first check take place?	DAYS..... 1 <input type="text"/> <input type="text"/> WEEKS..... 2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998	DAYS..... 1 <input type="text"/> <input type="text"/> WEEKS..... 2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998 (SKIP TO 544)	DAYS..... 1 <input type="text"/> <input type="text"/> WEEKS..... 2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998 (SKIP TO 544)
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)		
541A	During the two weeks after the birth was a sample of blood taken from the baby's heel?	YES..... 1 NO..... 2 DON'T KNOW..... 8		
541B	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)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	Has your period returned since the birth of (NAME)?	YES..... 1 (SKIP TO 544) ← NO..... 2		
543	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (OR TO CURRENT PREGNANCY) (SKIP TO 545)			
544	For how many months after the birth of (NAME) did you not have a period?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD (OR UP TO THE NEXT PREGNANCY, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "O" IN COL.4 IN MONTH AFTER BIRTH.		
545	CHECK 226: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> ↓	PREGNANT OR UNSURE <input type="checkbox"/> ↓ (SKIP TO 547)	
546	Have you resumed sexual relations since the birth of (NAME)?	YES..... 1 NO..... 2 (SKIP TO 548) ←		
547	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
548	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 550) ←	YES..... 1 NO..... 2 (SKIP TO 550) ←	YES..... 1 NO..... 2 (SKIP TO 550) ←
549	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)
550	At the time you were pregnant with (NAME) or after you delivered, did anyone give you advice about family planning?	YES..... 1 NO..... 2 (SKIP TO 552) ←	YES..... 1 NO..... 2 (SKIP TO 552) ←	YES..... 1 NO..... 2 (SKIP TO 552) ←
551	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)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
552	Did you ever breastfeed (NAME)?	YES..... 1 (SKIP TO 554) ← NO..... 2	YES..... 1 (SKIP TO 554) ← NO..... 2	YES..... 1 (SKIP TO 554) ← NO..... 2
553	ENTER "N" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH. THEN GO TO 560			
554	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.	IMMEDIATELY000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
555	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 557) ←	YES..... 1 NO..... 2 (SKIP TO 557) ←	YES..... 1 NO..... 2 (SKIP TO 557) ←
556	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED	MILK (OTHER THAN BREAST MILK) A B PLAIN WATER C SUGARE OR GLUCOSE WATER D GRIPE WATER E SALT AND SUGAR SOLUTION F FRUIT JUICE G INFANT FORMULA H TEA/ INFUSIONS I HONEY X OTHER (SPECIFY)	MILK (OTHER THAN BREAST MILK) A B PLAIN WATER C SUGARE OR GLUCOSE WATER D GRIPE WATER E SALT AND SUGAR SOLUTION F FRUIT JUICE G INFANT FORMULA H TEA/ INFUSIONS X OTHER (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 FORMULA G TEA/ INFUSIONS H HONEY I OTHER X (SPECIFY)
557	CHECK 504 OR 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 559)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 559)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 559)
558	Are you still breastfeeding (NAME)?	YES..... 1 (SKIP TO 562) ← NO..... 2	YES..... 1 (SKIP TO 562) ← NO..... 2	YES..... 1 (SKIP TO 562) ← NO..... 2
559	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. THEN GO TO 560. IF LESS THAN A MONTH ENTER "0" IN THE MONTH AFTER BIRTH.		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
560	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)
561	CHECK 504 OR 216:	ALIVE DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 565) (SKIP TO 570)	ALIVE DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 565) (SKIP TO 570)	ALIVE DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 565) (SKIP TO 570)
562	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.			
563	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"/>
564	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"/>
565	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 NAME _____		NEXT-TO-LAST BIRTH NAME _____		SECOND-FROM-LAST BIRTH NAME _____	
566	At any time yesterday or last night was (NAME), given any of the following:						
		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?	EGGS/ FISH/ POULTRY	1 2	EGGS/ FISH/ POULTRY	1 2	EGGS/ FISH/ POULTRY	1 2
	Meat?	MEAT	1 2	MEAT	1 2	MEAT	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
567	CHECK 566: 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 569)	↓	↓ (SKIP TO 569)	↓	↓ (SKIP TO 569)
568	(Aside from breastfeeding and other liquids), how many times did (NAME) eat yesterday, (INCLUDING BOTH MEALS AND SNACKS)? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES	<input type="checkbox"/>	NUMBER OF TIMES	<input type="checkbox"/>	NUMBER OF TIMES	<input type="checkbox"/>
		DON'T KNOW	8	DON'T KNOW	8	DON'T KNOW	8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
569	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
	Plain water?	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"/>
	Liquids other than plain water or milk?	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"/>
	Sweet potatoes or other foods tubers?	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"/>
	Meat?	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"/>
	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"/>
570	RETURN TO 505 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 601.			

SECTION 6: IMMUNIZATION AND HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO																																																																																																																																																																																																																																				
601	ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1998 IN THE TABLE. 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).																																																																																																																																																																																																																																								
602	LINE NUMBER FROM Q. 212	<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>			<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>			<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>																																																																																																																																																																																																																																	
603	<p align="center">FROM Q. 212</p> <p align="center">FROM Q. 216</p>	<p align="center">LAST BIRTH</p> <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p align="center">GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 635</p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p align="center">GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634</p>	<p align="center">SECOND-FROM-LAST BIRTH</p> <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p align="center">GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634</p>																																																																																																																																																																																																																																					
604	<p>Do you have a birth certificate for (NAME)?</p> <p>IF YES: May I see it?</p> <p>CHECK THE CERTIFICATE AND INDICATE WHETHER VACCINATION DATES ARE RECORDED ON THE CERTIFICATE OR NOT</p>	<p>YES, SEEN AND VACCINATION DATES RECORDED..... 1</p> <p>(SKIP TO 606) ←</p> <p>YES, SEEN BUT NO VACCINATION DATES RECORDED..... 2</p> <p>YES, BUT NOT SEEN 3</p> <p>(SKIP TO 608) ←</p> <p>NO CERTIFICATE..... 4</p>	<p>YES, SEEN AND VACCINATION DATES RECORDED..... 1</p> <p>(SKIP TO 606) ←</p> <p>YES, SEEN BUT NO VACCINATION DATES RECORDED..... 2</p> <p>YES, BUT NOT SEEN 3</p> <p>(SKIP TO 608) ←</p> <p>NO CERTIFICATE..... 4</p>	<p>YES, SEEN AND VACCINATION DATES RECORDED..... 1</p> <p>(SKIP TO 606) ←</p> <p>YES, SEEN BUT NO VACCINATION DATES RECORDED..... 2</p> <p>YES, BUT NOT SEEN 3</p> <p>(SKIP TO 608) ←</p> <p>NO CERTIFICATE..... 4</p>																																																																																																																																																																																																																																					
605	<p>Did you ever have a birth certificate for (NAME)?</p> <p>IF YES: Did the certificate include a vaccination record?</p>	<p>YES, HAD CERTIFICATE WITH RECORD..... 1</p> <p>YES, CERTIFICATE, BUT NO RECORD..... 2</p> <p>NO CERTIFICATE..... 3</p> <p>(SKIP TO 608) ←</p>	<p>YES, HAD CERTIFICATE WITH RECORD..... 1</p> <p>YES, CERTIFICATE, BUT NO RECORD..... 2</p> <p>NO CERTIFICATE..... 3</p> <p>(SKIP TO 608) ←</p>	<p>YES, HAD CERTIFICATE WITH RECORD..... 1</p> <p>YES, CERTIFICATE, BUT NO RECORD..... 2</p> <p>NO CERTIFICATE..... 3</p> <p>(SKIP TO 608) ←</p>																																																																																																																																																																																																																																					
606	<p>(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE.</p> <p>(2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.</p> <p>BCG</p> <p>POLIO 1</p> <p>POLIO 2</p> <p>POLIO 3</p> <p>ACTIVATED POLIO</p> <p>DPT 1</p> <p>DPT 2</p> <p>DPT 3</p> <p>ACTIVATED DPT</p> <p>MEASLES</p> <p>HEPATITS B1</p> <p>HEPATITS B2</p> <p>HEPATITS B3</p> <p>VITAMIN A</p> <p>POLIO 0 (ZERO)</p> <p>POLIO 4</p> <p>MMR</p> <p>OTHER (SPECIFY)</p>	<table border="1" style="width: 100%; text-align: center;"> <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>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>AD</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO.	YEAR	BCG				P1				P2				P3				AP				D1				D2				D3				AD				MEA				H1				H2				H3				VA				P0				P4				MMR				OTH				<table border="1" style="width: 100%; text-align: center;"> <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>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>AD</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO.	YEAR	BCG				P1				P2				P3				AP				D1				D2				D3				AD				MEA				H1				H2				H3				VA				P0				P4				MMR				OTH				<table border="1" style="width: 100%; text-align: center;"> <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>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>AD</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO.	YEAR	BCG				P1				P2				P3				AP				D1				D2				D3				AD				MEA				H1				H2				H3				VA				P0				P4				MMR				OTH				
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607	Has (NAME) received any vaccination that is not recorded on the certificate? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, HEPATITIS B1-B3 AND MMR. (IN CASE OF POLIO, DPT, HEPATITIS PROBE CAREFULLY TO BE SURE THAT THE CHULD RECEIVED THE VACCINATIONS IN FRONT OF THE VACCINATIONS WITH NO RECORD)	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) ←																																																																																																																																																																																																																																				
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
611	Has (NAME) received any vaccinations that are not recorded on this health card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, HEPATITIS B1-B3 AND MMR. (IN CASE OF POLIO, DPT, HEPATITIS PROBE CAREFULLY TO BE SURE THAT THE CHULD RECEIVED THE VACCINATIONS IN FRONT OF THE VACCINATIONS WITH NO RECORD)	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) ←
612	CHECK 604 AND 608:	NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN <input type="checkbox"/> CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 615	NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN <input type="checkbox"/> CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 615	NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN <input type="checkbox"/> CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 615
613	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←
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? Polio vaccine, that is drops in the mouth? IF YES: How many times? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX. A DPT injection? IF YES: How many times? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX. An injection against measles at nine months? An injection against hepatitis? IF YES: How many times? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX. An MMR injection, that is an injection against measles, mumps and rubella and taken at one-half year?	YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/>	YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/>	YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="checkbox"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
615	Did (NAME) receive a vitamin A blue capsule that is taken at 9 and 18 months? SHOW CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←
616	At anytime when you took your child for these immunizations, did anyone talk to you about family planning?	YES 1 NO 2 STILL YOUNG/ DIDN'T GO ... 3 (SKIP TO 618) ← DON'T KNOW/ UNSURE 8		
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 two 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 two 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

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/ she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
626	When (NAME) had diarrhea, was he/ she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/ she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	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)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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) ←
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 627, ALL COLUMNS:			
	NO CHILD RECEIVED ORS	<input type="checkbox"/>	ANY CHILD RECEIVED ORS	<input type="checkbox"/> → 636
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		
636	Now I would like to ask about your opinion about how many pregnant women living in this area receive antenatal care. Would you say that most, some, very few, or none of pregnant women go for antenatal care?	MOST 1 SOME 2 VERY FEW 3 NONE 4 NOR SURE 8		
637	Do you think the number of women in this area receiving antenatal care is increasing, decreasing or staying about the same?	INCREASING 1 DECREASING 2 STAY ABOUT THE SAME 3 NOR SURE 8		
638	In the last 6 months have you heard, seen, or received any information about the warning or danger signs women should be aware of in order to have a safe pregnancy?	YES 1 NO 2 → 701		
639	What was the last source you got information from?	TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 PAMPHLET/BROCHURE 04 POSTER 05 MEDICAL PROVIDER 06 HUSBAND 07 OTHER RELATIVE 08 FRIENDS/NEIGHBORS 09 OTHER 96 (SPECIFY)		

SECTION 7 INFECTIOUS DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	Now I would like to talk about something else. Have you ever heard about AIDS disease?	YES 1 NO 2	→ 705
702	From where did you last see or hear about HIV/AIDS?	TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 MEDICAL PROVIDER 04 HUSBAND 05 OTHER RELATIVES 06 FRIENDS/NEIGHBORS 07 OTHER 96 (SPECIFY)	
703	Do you know of ways in which a person can be infected with the virus causing AIDS?	YES 1 NO 2	→ 705
704	Please name me at least two ways in which a person can be infected with AIDS. RECORD ALL WAYS OF INFECTION THE RESPONDENT NAMES	SEXUAL RELATIONS A HOMOSEXUAL SEX B CONTACT WITH BLOOD FROM INFECTED PERSON THROUGH: TRANSFUSION C UNCLEAN NEEDLES D OTHER (E.G. RAZORS) E CASUAL PHYSICAL CONTACT WITH INFECTED PERSON (E.G., SHAKING HANDS/SHARING FOOD/DRINK) F MOTHER-TO-CHILD TRANSMISSION G MOSQUITO/OTHER INSECT BITE H OTHER X (SPECIFY)	
705	Have you ever heard about Hepatitis C?	YES 1 NO 2	→ 709
706	From where did you last see or hear about the Hepatitis C virus?	TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 MEDICAL PROVIDER 04 HUSBAND 05 OTHER RELATIVES 06 FRIENDS/NEIGHBORS 07 OTHER 96 (SPECIFY)	
707	Do you know of ways in which a person can be infected with the Hepatitis C virus?	YES 1 NO 2	→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Please name me at least two ways in which a person can be infected with the Hepatitis C virus. RECORD ALL WAYS OF INFECTION THE RESPONDENT NAMES.	SEXUAL RELATIONS..... A HOMOSEXUAL SEX..... B CONTACT WITH BLOOD FROM INFECTED PERSON THROUGH: TRANSFUSION..... C UNCLEAN NEEDLES..... D OTHER (E.G. RAZORS)..... E CASUAL PHYSICAL CONTACT WITH INFECTED PERSON (E.G., SHAKING HANDS/SHARING FOOD/DRINK)..... F MOTHER-TO-CHILD TRANSMISSION..... G MOSQUITO/OTHER INSECT BITE..... H OTHER _____ X (SPECIFY)	
709	In the last 6 months have you heard, seen, or received any information about what people should do to be sure that injection are given safely?	YES 1 NO 2	801
710	What did you hear?	USE ONLY SURING (NEEDLE) IN SEALED PACKET..... A DO NOT SHARE SYRINGE (NEEDLE)..... B BOIL/STERILIZE SYRINGE (NEEDLE) BEFORE EUSING..... C OTHER _____ X (SPECIFY)	
711	What was the last source you got information from?	TELEVISION..... 01 RADIO..... 02 NEWSPAPER/MAGAZINE..... 03 PAMPHLET/BROCHURE..... 04 POSTER..... 05 MEDICAL PROVIDER..... 06 HUSBAND..... 07 OTHER RELATIVES..... 08 FRIENDS/NEIGHBORS..... 09 OTHER _____ 96 (SPECIFY)	

SECTION 8: FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Did you ever hear about female circumcision?	YES 1 NO 2	901
802	Are you yourself circumcised?	YES 1 NO 2	
803	CHECK 214 AND 216: HAS ONE LIVING DAUGHTERS <input type="checkbox"/> (GO TO 804) HAS MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> (GO TO 804A) HAS NO LIVING DAUGHTER <input type="checkbox"/> → 807		
804	Has your daughter been circumcised? IF YES, RECORD 01 IN THE BOXES. IF NO, CIRCLE 95.	NUMBER CIRCUMISED <input type="text"/> <input type="text"/> NO DAUGHTERS CIRCUMCISED 95	
804A	How many of your daughters have been circumcised? RECORD NUMBER IN THE BOXES. IF NONE, CIRCLE 95.		
805	Do you intend to have your daughter/any (other) of your daughters circumcised?	YES 1 → 807 NO 2 ALL HER DAUGHTERS CIRCUMCISED.. 3 → 807 DON'T KNOW 8	
806	Why don't you intend to have your daughter (s) circumcised? Any other reasons? RECORD ALL REASONS MENTIONED	DON'T BELIEVE IN / ACCEPT IT A AFRAID OF COMPLICATIONS B AGAINST RELIGION C BETTER MARRIAGE PROSPECTS IF NOT CIRCUMCISED..... D GREATER PLEASURE FOR HUSBAND.. E OTHER X (SPECIFY)	
807	Do you think that this practice should be continued or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 OTHER 6 (SPECIFY) DON'T KNOW 8	
808	During the past year, have you heard or seen anything about female circumcision: On television? On radio? In a newspaper or magazine? At a community meeting? At the mosque or church?	YES NO TELEVISION 1 2 RADIO 1 2 NEWSPAPER / MAGAZINE 1 2 COMMUNITY MEETING 1 2 MOSQUE / CHURCH 1 2	
809	During the past year have you discussed female circumcision with your relatives, friends or neighbours?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
810	<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>	<p style="text-align: right;">AGREE DIS- AGREE DK</p> <p>IMPORTANT PART OF RELIGIOUS TRADITION 1 2 8</p> <p>HUSBAND PREFER 1 2 8</p> <p>CAN LEAD TO GIRL'S DEATH 1 2 8</p> <p>PREVENTS ADULTERY 1 2 8</p> <p>CAUSE PROBLEMS IN GETTING PREGNANT 1 2 8</p> <p>LESSENS SEXUAL SATISFACTION 1 2 8</p> <p>CHILDBIRTH MORE DIFFICULT 1 2 8</p>		

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 align="center">(SKIP TO 903)</p>	<p>WIDOWED <input type="checkbox"/></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?</p> <p>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>	<p>→ 907</p>
906	<p>What type of relationship was it?</p>	<p>FIRST COUSIN ON FATHER'S SIDE 1</p> <p>FIRST COUSIN ON MOTHER'S SIDE 2</p> <p>SECOND COUSIN ON FATHER'S SIDE 3</p> <p>SECOND COUSIN ON MOTHER'S SIDE 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>	<p>→ 910</p>
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>	<p>→ 910</p>
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>	
910	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p>	<p>WIDOWED / DIVORCED / SEPARATED <input type="checkbox"/></p>	<p>→ 1001</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
911	Is your husband currently employed? IF NO: Is he retired or unemployed?	YES 1 NO, RETIRED 2 NO, UNEMPLOYED 3	
912	CHECK 911: HUSBAND CURRENTLY EMPLOYED <input type="checkbox"/> HUSBAND RETIRED OR UNEMPLOYED <input type="checkbox"/> What kind of work does your husband mainly do? In the last job he had, what kind of work did your husband mainly do?	 RECORD ANSWER IN DETAIL	
913	Does (did) your (last) husband work for a member of his family, for someone else, or is (was) he self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 FOR HIMSELF 3	→ 915
914	Does (did) he earn a regular wage or salary?	YES 1 NO 2	
915	CHECK 912: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 1001
916	(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?	HIS / FAMILY LAND 1 RENTED LAND 2 SOMEONE ELSE'S LAND 3	

SECTION 10: WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1001	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. Before you married (for the first time) did you ever do any of these things or any other work?	YES 1 NO 2	
1002	Are you currently doing any of these things or any other work?	YES 1 NO 2	→ 1004
1003	Have you done any work in the last 12 months?	YES 1 NO 2	→ 1010
1004	What is your occupation, that is, what kind of work do you mainly do? RECORD ANSWER IN DETAIL.	_____ <input type="checkbox"/> <input type="checkbox"/> _____	
1005	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
1006	CHECK 1004: WORKS IN AGRICULTURE <input type="checkbox"/>	DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	→ 1008
1007	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
1008	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
1009	Are you paid in cash, in both cash and kind, in kind only or are you not paid at all?	CASH 1 CASH AND KIND 2 IN KIND ONLY 3 NOTPAID AT ALL 4	
1010	CHECK 114 AND 115: PRIMARY OR LESS <input type="checkbox"/>	PREPARATORY OR HIGHER <input type="checkbox"/>	→ 1013
1011	Have you ever participated in a literacy program or any other program that involved learning to read or write (not including primary school)?	YES 1 NO 2	
1012	Now I would like you to read out loudly as much of this card as you can. SHOW CARD TO RESPONDENT.	CAN'T READ AT ALL 1 ABLE TO READ ONLY PART OF SENTENCES ON CARD 2 ABLE TO READ ALL OF CARD 3	→ 1014
1013	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?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
1014	Do you usually listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
1015	Do you usually watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4					
1016	THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS. WE MAY RETURN TO INTERVIEW YOU HOUSEHOLD IN THE FUTURE AND WE HOPE YOU WILL AGREE TO PARTICIPATE AGAIN AT THAT TIME.						
1017	RECORD THE TIME.	HOUR <table border="1" data-bbox="1235 459 1352 512"> <tr> <td></td> <td></td> </tr> </table> MINUTES <table border="1" data-bbox="1235 519 1352 572"> <tr> <td></td> <td></td> </tr> </table>					

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.	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:

1. ONLY ONE CODE SHOULD APPEAR IN ANY BOX
2. FOR COLUMNS 1 AND 2 ALL MONTHS SHOULD
3. BE FILLED IN.

CHILD'S NAME / METHOD

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: MARRIAGE

- X MARRIED
- 0 NOT MARRIED

COLUMN 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE

- 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: 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 4: POST PARTUM AMENORRHEA

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

COLUMN 5: BREAST FEEDING

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

		1		2		3		4		5			
	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
2	AUG	11				11						11	AUG
0	JUL	12				12						12	JUL
0	JUN	13				13						13	JUN
2	MAY	14				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
2	AUG	23				23						23	AUG
0	JUL	24				24						24	JUL
0	JUN	25				25						25	JUN
1	MAY	26				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
2	AUG	35				35						35	AUG
0	JUL	36				36						36	JUL
0	JUN	37				37						37	JUN
0	MAY	38				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
1	AUG	47				47						47	AUG
9	JUL	48				48						48	JUL
9	JUN	49				49						49	JUN
9	MAY	50				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
1	AUG	59				59						59	AUG
9	JUL	60				60						60	JUL
9	JUN	61				61						61	JUN
8	MAY	62				62						62	MAY
	APR	63				63						63	APR
	MAR	64				64						64	MAR
	FEB	65				65						65	FEB
	JAN	66				66						66	JAN

1201 LAST CHILD BORN PRIOR TO JANUARY 1998.

MONTH YEAR

NAME: