

**REPUBLIC OF GHANA
GHANA DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE (ENGLISH)
(FOR WOMEN OF AGES 15 - 49)**

IDENTIFICATION																															
PLACE NAME _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																														
NAME OF HOUSEHOLD HEAD _____																															
E A NUMBER																															
STRUCTURE NUMBER.....																															
HOUSEHOLD NUMBER.....																															
REGION.....																															
URBAN/RURAL (urban=1, rural=2).....																															
NAME AND LINE NUMBER OF WOMAN _____																															
NAME AND LINE NUMBER OF HUSBAND _____																															
ENTER '98', IF NOT MARRIED AND '99' IF PARTNER IS NOT A MEMBER OF HOUSEHOLD																															
<p>FOR OFFICE USE LARGE CITY/MEDIUM CITY/SMALL CITY/TOWN/VILLAGE..... (large city=1, medium city=2, small city=3, town=4, village=5) large city 1,000,000 and over town 5,000 - 49,999 medium city 500,000 - 999,999 village < 5,000 small city 50,000 - 499,999</p>	<input style="width: 30px; height: 20px;" type="checkbox"/>																														

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
RESULT***	_____	_____	_____	RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
NEXT VISIT: DATE TIME	_____	_____	<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"><tr><td style="background-color: #cccccc;"></td></tr></table>		TOTAL NUMBER OF VISITS <input style="width: 30px; height: 20px;" type="text"/>					
<p>***RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED</p>										

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY		
_____	_____	_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

SECTION 1. RESPONDENT'S BACKGROUND

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 a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN A YEAR, CODE "00"	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	→105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO.....2	→111
108	What is the highest level of school you attended: primary, middle/jss, secondary or higher?	PRIMARY.....1 MIDDLE/JSS.....2 SSS/COMM./VOC/TECH.....3 POST SEC./NURSING/POLYTECH.....4 HIGHER5	
109	What is the highest (grade/form/year) you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR MIDDLE/JSS <input type="checkbox"/> SECONDARY /SSS OR HIGHER <input type="checkbox"/>		→112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all in any language?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
115	What is your religious denomination?	CATHOLIC01 ANGLICAN02 METHODIST03 PRESBYTERIAN.....04 PENTECOSTAL.....05 SPIRITUALIST.....06 OTHER CHRISTIAN07 MOSLEM08 TRADITIONAL09 NO RELIGION10 OTHER96	
116	To which ethnic group do you belong?	ASANTE01 AKWAPIM02 FANTI03 OTHER AKAN04 GA/ADANGBE05 EWE06 GUAN07 MOLE-DAGBANI08 GRUSSI09 GURMA10 HAUSA11 OTHER96	
117	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE	THE WOMAN INTERVIEWED IS A USUAL RESIDENT	→201
	THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT	<input type="checkbox"/>	
	<input type="checkbox"/> ↓		
118	Now I would like to ask about the place where you usually live. Do you usually live in a city, in a town, or in a village?	CITY1 TOWN2 VILLAGE3	
119	In which region is that located?	WESTERN01 CENTRAL02 GREATER ACCRA03 VOLTA04 EASTERN05 ASHANTI06 BRONG-AHAFO07 NORTHERN08 UPPER WEST09 UPPER EAST10 OUTSIDE GHANA11	
	IF USUAL RESIDENCE IS OUTSIDE GHANA, RECORD COUNTRY OF RESIDENCE		
	_____ (COUNTRY)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
126	Does your household have: Electricity? A functioning radio? A functioning television? A functioning refrigerator? A functioning video?	<table border="0"> <thead> <tr> <th></th> <th data-bbox="1207 204 1261 225">YES</th> <th data-bbox="1266 204 1295 225">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	VIDEO	1	2													
	YES	NO																															
ELECTRICITY.....	1	2																															
RADIO	1	2																															
TELEVISION.....	1	2																															
REFRIGERATOR.....	1	2																															
VIDEO	1	2																															
127	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																															
128	Could you describe the main material of the floor of your home?	<table border="0"> <tbody> <tr> <td colspan="2">NATURAL FLOOR</td> </tr> <tr> <td>EARTH/SAND.....</td> <td>11</td> </tr> <tr> <td>MUD MIXED WITH DUNG.....</td> <td>12</td> </tr> <tr> <td colspan="2">RUDIMENTARY FLOOR</td> </tr> <tr> <td>WOOD PLANKS.....</td> <td>21</td> </tr> <tr> <td>PALM/BAMBOO.....</td> <td>22</td> </tr> <tr> <td colspan="2">FINISHED FLOOR</td> </tr> <tr> <td>PARQUET OR POLISHED WOOD.....</td> <td>31</td> </tr> <tr> <td>LINOLEUM</td> <td>32</td> </tr> <tr> <td>CERAMIC TILES.....</td> <td>33</td> </tr> <tr> <td>CEMENT.....</td> <td>34</td> </tr> <tr> <td>CARPET.....</td> <td>35</td> </tr> <tr> <td>TERRAZO</td> <td>36</td> </tr> <tr> <td>OTHER</td> <td>96</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> </tr> </tbody> </table>	NATURAL FLOOR		EARTH/SAND.....	11	MUD MIXED WITH DUNG.....	12	RUDIMENTARY FLOOR		WOOD PLANKS.....	21	PALM/BAMBOO.....	22	FINISHED FLOOR		PARQUET OR POLISHED WOOD.....	31	LINOLEUM	32	CERAMIC TILES.....	33	CEMENT.....	34	CARPET.....	35	TERRAZO	36	OTHER	96		(SPECIFY)	
NATURAL FLOOR																																	
EARTH/SAND.....	11																																
MUD MIXED WITH DUNG.....	12																																
RUDIMENTARY FLOOR																																	
WOOD PLANKS.....	21																																
PALM/BAMBOO.....	22																																
FINISHED FLOOR																																	
PARQUET OR POLISHED WOOD.....	31																																
LINOLEUM	32																																
CERAMIC TILES.....	33																																
CEMENT.....	34																																
CARPET.....	35																																
TERRAZO	36																																
OTHER	96																																
	(SPECIFY)																																
129	Does any member of your household own: A bicycle? A motorcycle? A motor vehicle? A tractor? A horse/cart?	<table border="0"> <thead> <tr> <th></th> <th data-bbox="1207 895 1261 917">YES</th> <th data-bbox="1266 895 1295 917">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOR VEHICLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>HORSE/CART</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	MOTOR VEHICLE.....	1	2	TRACTOR	1	2	HORSE/CART	1	2													
	YES	NO																															
BICYCLE.....	1	2																															
MOTORCYCLE.....	1	2																															
MOTOR VEHICLE.....	1	2																															
TRACTOR	1	2																															
HORSE/CART	1	2																															

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
Now I would like to ask about all births you have had during your lifetime.							
201	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..... DAUGHTERS AT HOME.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
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..... DAUGHTERS ELSEWHERE.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Have you ever had 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..... GIRLS DEAD.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in total ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →223						

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	Was (NAME) born single or as a twin triplet, etc. RECORD SINGLE OR MULTIPLE BIRTH 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.	Is (NAME) living with you?	If LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	If DEAD: How old was he/she 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.

01 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
02 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
03 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
04 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
05 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3

212 What name was given to your next baby?	213 Was (NAME) born single or as a twin, triplet, etc. RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	220 IF DEAD: How old was he/she 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.
---	--	-----------------------------------	--	-------------------------------	--	--	---	---

06 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
07 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
08 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
09 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

212	213 Was (NAME) born single or as a twin triplet, etc. RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	220 IF DEAD: How old was he/she 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.
-----	---	-----------------------------------	--	-------------------------------	---	---	--	--

12 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
13 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
14 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO 221)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>

221 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ↓

NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.


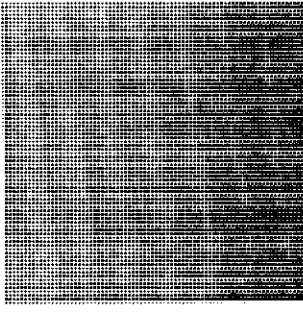
222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1990. IF NONE, RECORD 0.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→226
224	How many months pregnant are you?	MONTHS..... <input type="text"/> <input type="text"/> DK 98	
225	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 not want to become pregnant <u>at all</u> ?	THEN.....1 LATER2 NOT AT ALL3	
226	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.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
227	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	→301
228	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....6 (SPECIFY) DK.....8	

SECTION 3. CONTRACEPTION

301 Now I would like to talk about the various ways or methods that a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about?

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 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you and your partner ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07] IMPLANT Women can have a MORPLANT implant inserted under the skin of their upper arm.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
08] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
09] RHYTHM, PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED) → SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→324
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).	(ENTER WHAT WAS DONE)	
308	Now I would like to ask you about the time when you first did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→324
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→312A
311	Are you (or your partner) currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→312
311A	What was the last method used?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 INPLANT.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER96 (SPECIFY)	
311B	For how many months did you use the method continuously?	<input type="text"/>	
311C	Why did you stop using method?	WANT CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD WOMB REMOVED.....14 INCONVENIENT.....15 NOT MARRIED.....16 BECAME PREGNANT.....17 OTHER96 (SPECIFY) DK.....98	→324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 INPLANT.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96	318 323
312A	CIRCLE '06' FOR FEMALE STERILIZATION.	(SPECIFY)	
PILL 313	At the time you first started using the pill, did you consult a doctor, a nurse or a midwife for advice?	YES.....1 NO.....2 DK.....8	
314	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
315	May I see the package of pills you are using now? RECORD NAME OF BRAND. _____ (NAME OF BRAND)	PACKAGE SEEN.....1 BRAND NAME _____ PACKAGE NOT SEEN.....2	317
316	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME _____ DK.....98	
317	How much does one (packet/cycle) of pills cost you?	COST..... FREE.....9996 DK.....9998	
317A	Have you experienced any side effects from the use of the pill?	YES.....1 NO.....2	318
317B	What side effects have you experienced? CIRCLE ALL MENTIONED	DIZZINESS.....A WEIGHT GAIN.....B HEADACHES.....C EXCESSIVE BLEEDING.....D IRREGULAR CYCLE.....E PAINFUL PERIOD/CRAMPS.....F PALPITATION/IRREGULAR HEART BEAT.G OTHER (SPECIFY).....H NONE.....I	
318	CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> v Where did the sterilization take place? v Where did you obtain (METHOD) the last time? _____ (NAME OF SOURCE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/POLYCLINIC.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PHARMACY/CHEMIST/DRUG STORE.....22 PRIVATE DOCTOR /CLINIC.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 PRIVATE FP/PPAG CLINIC.....26 MATERNITY HOME.....27 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....96 DK.....98	321 321 321
319	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
320	Is it convenient or inconvenient to get there?	CONVENIENT.....1 INCONVENIENT.....2	
321	CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>		->323
322	In what month and year was the sterilization operation performed?	MONTH..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	->334
323	For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <input type="text"/> <input type="text"/> 8 YEARS OR LONGER.....96	->329
324	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	->326 ->330
325	What is the main reason why you do not intend to use a method?	WANT CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD WOMB REMOVED.....14 INCONVENIENT.....15 NOT MARRIED.....16 BECAME PREGNANT WHILE USING.....17 OTHER.....96 (SPECIFY) DK.....98	->330
326	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
327	When you (or your partner) use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 INPLANT.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98	->330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
328	Where can you get (METHOD MENTIONED IN 327)? (IF MORE THAN ONE, ASK FOR THE NEAREST)	PUBLIC SECTOR GOVERNMENT HOSPITAL/POLYCLINIC..11 GOVERNMENT HEALTH CENTER.....12 }>332 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 }>334 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL21 PHARMACY/CHEMIST/DRUG STORE....22 }>332 PRIVATE DOCTOR/CLINIC.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 }>334 PRIVATE FP/PPAG CLINIC26 MATERNITY HOME27 }>332 OTHER PRIVATE SECTOR SHOP.....31 }>332 CHURCH.....32 FRIENDS/RELATIVES.....33 }>334 OTHER _____ 96 DK.....98 }>330							
	(NAME OF SOURCE)								
329	CHECK 312: USING PERIODIC ABSTINENCE, WITHDRAWAL, OTHER TRADITIONAL METHOD	USING A MODERN METHOD	->334						
	<input type="checkbox"/>	<input type="checkbox"/>							
330	Do you know of a place where you can obtain a modern method of family planning?	YES.....1 NO.....2->334							
331	Where is that? (IF MORE THAN ONE ASK FOR THE NEAREST)	PUBLIC SECTOR GOVERNMENT HOSPITAL/POLYCLINIC..11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 }>334 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC.....21 PHARMACY/CHEMIST/DRUG STORE22 PRIVATE DOCTOR/CLINIC.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 }>334 PRIVATE FP/PPAG CLINIC26 MATERNITY HOME27 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 }>334 OTHER _____ 96							
	(NAME OF SOURCE)								
332	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table>				0		
0									
333	Is it convenient or inconvenient to get there?	CONVENIENT.....1 INCONVENIENT.....2							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
334	In the last month, have you heard or seen a message about family planning : on the radio? on television? in a newspaper? on poster/billboard? from community health nurse? from family planning worker? from friends/relatives?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER/BILLBOARD</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY HEALTH NURSE</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAMILY PLANNING WORKER</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER	1	2	POSTER/BILLBOARD	1	2	COMMUNITY HEALTH NURSE	1	2	FAMILY PLANNING WORKER	1	2	FRIENDS/RELATIVES	1	2	
	YES	NO																									
RADIO.....	1	2																									
TELEVISION.....	1	2																									
NEWSPAPER	1	2																									
POSTER/BILLBOARD	1	2																									
COMMUNITY HEALTH NURSE	1	2																									
FAMILY PLANNING WORKER	1	2																									
FRIENDS/RELATIVES	1	2																									
335	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8																									

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 222:
 ONE OR MORE BIRTHS SINCE JAN. 1990 NO BIRTHS SINCE JAN. 1990 (SKIP TO 501)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE.
 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 more questions about the health of all your children born in the past three years.
 (We will talk about one child at a time.)

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------	----------------------	----------------------	----------------------

FROM Q. 212 AND Q. 216	LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
------------------------	---	---	---

403 At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did you want no (more) children at all?
 THEN.....1 (SKIP TO 405) <
 LATER.....2
 NO MORE.....3 (SKIP TO 405) <

404 How much longer would you like to have waited?
 RECORD IN MONTHS IF LESS THAN 2 YEARS
 MONTHS.....1
 YEARS.....2
 DK.....998

405 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.....B
 MIDWIFE.....C
 OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D
 TRADITIONAL BIRTH ATTENDANT.....E
 OTHER.....F (SPECIFY)
 NO ONE.....G (SKIP TO 409) <

406 Were you given an antenatal ID card for this pregnancy?
 YES.....1
 NO.....2
 DK.....8

407 How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?
 MONTHS.....
 DK.....98

408 How many antenatal visits did you have during this pregnancy?
 NO. OF VISITS.....
 DK.....98

409 When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?
 YES.....1
 NO.....2 (SKIP TO 411) <
 DK.....8

410 During this pregnancy how many times did you get this injection?
 TIMES.....
 DK.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 TBA'S HOME12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC...21 GVT. HEALTH CENTER....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MATERNITY HOME32 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 TBA'S HOME12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC...21 GVT. HEALTH CENTER....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MATERNITY HOME32 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 TBA'S HOME12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC...21 GVT. HEALTH CENTER....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MATERNITY HOME32 OTHER.....96 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....M	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....M	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....M
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 417B) ←	YES.....1 NO.....2 (SKIP TO 417B) ←	YES.....1 NO.....2 (SKIP TO 417B) ←
417A	How much did (NAME) weigh? ASK TO SEE THE WEIGHING CARD AND CORRECT WHERE NECESSARY	KILOGRAMS..... <input type="text"/> . <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> . <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> . <input type="text"/> DK.....98
417B	Did you receive postnatal care within six weeks after delivery of (NAME)?	YES.....1 NO.....2 (SKIP TO 418) ←	YES.....1 NO.....2 (SKIP TO 419) ←	YES.....1 NO.....2 (SKIP TO 419) ←
417C	Who provided the postnatal care? Anyone else? PROBE FOR ALL PERSONS CONSULTED.	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (specify)	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (specify)	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (specify)

	NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST BIRTH
418	Have you had your menstrual period since birth of (NAME)? YES1 (SKIP TO 420) <----- NO.....2 (SKIP TO 421) <-----		
419	Did you have your menstrual period between the birth of (NAME) and your next pregnancy? YES1 NO.....2 (SKIP TO 423) <-----		YES1 NO.....2 (SKIP TO 423) <-----
420	For how many months after the birth of (NAME) did you <u>not</u> have a menstrual period? MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
421	CHECK 223: RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 423)		
422	Have you resumed sexual relations since the birth of (NAME)? YES.....1 NO.....2 (SKIP TO 424) <-----		
423	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
424	Did you ever breastfeed (NAME)? YES.....1 (SKIP TO 426) <----- NO.....2	YES.....1 (SKIP TO 433) <----- NO.....2	YES.....1 (SKIP TO 433) <----- NO.....2
425	Why did you not breastfeed (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 OTHER.....96 (SPECIFY) (SKIP TO 435) <-----	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....96 (SPECIFY) (SKIP TO 435) <-----	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....96 (SPECIFY) (SKIP TO 435) <-----
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. IMMEDIATELY.....000 HOURS..... 1 DAYS..... 2		
427	CHECK 216: CHILD ALIVE? ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433)		
428	Are you still breast-feeding (NAME)? YES.....1 NO.....2 (SKIP TO 433) <-----		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																														
429	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>																																
430	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>																																
431	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Sugar water? Juice? Herbal tea? Baby formula? Fresh milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SUGAR WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HERBAL TEA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRESH MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TINNED/POWDERED MILK.</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER LIQUIDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLID/MUSHY FOOD.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	PLAIN WATER.....	1	2	SUGAR WATER.....	1	2	JUICE.....	1	2	HERBAL TEA.....	1	2	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK.	1	2	OTHER LIQUIDS.....	1	2	SOLID/MUSHY FOOD.....	1	2		
	YES	NO																																
PLAIN WATER.....	1	2																																
SUGAR WATER.....	1	2																																
JUICE.....	1	2																																
HERBAL TEA.....	1	2																																
BABY FORMULA.....	1	2																																
FRESH MILK.....	1	2																																
TINNED/POWDERED MILK.	1	2																																
OTHER LIQUIDS.....	1	2																																
SOLID/MUSHY FOOD.....	1	2																																
432	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 437)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 436)																															
433	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←																														
434	Why did you 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 CONTRACEPTION.....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 CONTRACEPTION.....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 CONTRACEPTION.....10 OTHER.....96 (SPECIFY)																														
435	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)																														
436	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←																														

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	<p>How many months old was (NAME) when you started giving the following on a regular basis?:</p> <p>Formula or milk other than breastmilk?</p> <p>Plain water? (water without any additive)</p> <p>Other liquids? (Koko, rice water, etc.)</p> <p>Any solid or mushy food? (Mearimix, mashed yam, mpotompoto, etc.)</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p>	<p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>(SKIP TO 440)</p>	<p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>(SKIP TO 440)</p>
438	<p>CHECK 216:</p> <p>CHILD ALIVE?</p>	<p>ALIVE <input type="checkbox"/></p> <p>DEAD <input type="checkbox"/></p> <p>(SKIP TO 440)</p>		
439	<p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>		
440	<p>GO BACK TO 403 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 441</p>			

SECTION 4B. IMMUNIZATION AND HEALTH

441 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>
----------------------------	----------------------	----------------------

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	NAME _____	NAME _____	NAME _____
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>

<p>442 Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?</p>	<p>YES, SEEN.....1 (SKIP TO 444)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 444)←</p> <p>NO CARD.....3</p>	<p>YES, SEEN.....1 (SKIP TO 444)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 444)←</p> <p>NO CARD.....3</p>	<p>YES, SEEN.....1 (SKIP TO 444)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 444)←</p> <p>NO CARD.....3</p>
--	--	--	--

<p>443 Did you ever have a vaccination card for (NAME)?</p>	<p>YES.....1 (SKIP TO 446)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 446)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 446)←</p> <p>NO.....2</p>
--	---	---	---

<p>444 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.</p>	<p>DAY MO YR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> </table>	BCG					P1					P2					P3					D1					D2					D3					MEA					<p>DAY MO YR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> </table>	BCG					P1					P2					P3					D1					D2					D3					MEA					<p>DAY MO YR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> </table>	BCG					P1					P2					P3					D1					D2					D3					MEA				
BCG																																																																																																																											
P1																																																																																																																											
P2																																																																																																																											
P3																																																																																																																											
D1																																																																																																																											
D2																																																																																																																											
D3																																																																																																																											
MEA																																																																																																																											
BCG																																																																																																																											
P1																																																																																																																											
P2																																																																																																																											
P3																																																																																																																											
D1																																																																																																																											
D2																																																																																																																											
D3																																																																																																																											
MEA																																																																																																																											
BCG																																																																																																																											
P1																																																																																																																											
P2																																																																																																																											
P3																																																																																																																											
D1																																																																																																																											
D2																																																																																																																											
D3																																																																																																																											
MEA																																																																																																																											

<p>445 Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ←</p> <p>NO.....2 DK.....8 (SKIP TO 448) ←</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ←</p> <p>NO.....2 DK.....8 (SKIP TO 448) ←</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ←</p> <p>NO.....2 DK.....8 (SKIP TO 448) ←</p>
---	--	--	--

<p>446 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?</p>	<p>YES.....1 NO.....2 (SKIP TO 448)← DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 448)← DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 448)← DK.....8</p>
--	---	---	---

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
447	Please tell me if (NAME) (has) received any of the following vaccinations:			
	A BCG vaccination against tuberculosis, that is, an injection in the right shoulder that caused a scar?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	An injection against measles?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
448	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450)
449	GO BACK TO 442 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, SKIP TO 480.			
450	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....3 (SKIP TO 455)←	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
451	Was anything given to treat the fever?	YES.....1 NO.....2 (SKIP TO 453)← DK.....8	YES.....1 NO.....2 (SKIP TO 453)← DK.....8	YES.....1 NO.....2 (SKIP TO 453)← DK.....8
452	What was given to treat the fever? Anything else? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER _____ H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER _____ H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER _____ H (SPECIFY)
453	Did you seek advice or treatment for the fever?	YES.....1 NO.....2 (SKIP TO 455)←	YES.....1 NO.....2 (SKIP TO 455)←	YES.....1 NO.....2 (SKIP TO 455)←
454	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER _____ M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER _____ M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER _____ M (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 460)← DK.....8	YES.....1 NO.....2 (SKIP TO 460)← DK.....8	YES.....1 NO.....2 (SKIP TO 460)← DK.....8
456	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
457	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
458	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
459A	Was anything given to treat the cough?	YES.....1 NO.....2 (SKIP TO 459C)← DK.....8	YES.....1 NO.....2 (SKIP TO 459C)← DK.....8	YES.....1 NO.....2 (SKIP TO 459C)← DK.....8
459B	What was given to treat the cough? Anything else? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP...F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP...F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP...F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)
459C	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 460)←	YES.....1 NO.....2 (SKIP TO 460)←	YES.....1 NO.....2 (SKIP TO 460)←
459D	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.G PRIVATE DOCTOR/CLINIC....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.G PRIVATE DOCTOR/CLINIC....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.G PRIVATE DOCTOR/CLINIC....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)
460	Has (NAME) had diarrhoea in the last two weeks?	YES.....1 (SKIP TO 462)← NO.....2 DK.....8	YES.....1 (SKIP TO 462)← NO.....2 DK.....8	YES.....1 (SKIP TO 462)← NO.....2 DK.....8
461	GO BACK TO 442 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, SKIP TO 480			
462	Has (NAME) had diarrhoea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
463	For how many days (has the diarrhoea lasted/did the diarrhoea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>

	NAME _____	NAME _____	NAME _____	
	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	
464	Was there any blood in the stools? YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	
465	CHECK 424/428: LAST CHILD STILL BREASTFED? YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 468)			
466	During (NAME)'s diarrhoea, did you change the frequency of breastfeeding? YES.....1 NO.....2 (SKIP TO 468)←			
467	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ? INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3			
468	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhoea, or more, or less? SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	
469	Was anything given to treat the diarrhoea? YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	
470	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)
471	Did you seek advice or treatment for the diarrhoea? YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	
472	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST/CHEMIST..G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST/CHEMIST..G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST/CHEMIST..G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)
473	CHECK 470: ORS FLUID FROM PACKET MENTIONED? <input type="checkbox"/>	NO, ORS FLUID NOT MENTIONED YES, ORS FLUID MENTIONED ↓ (SKIP TO 475B)	NO, ORS FLUID NOT MENTIONED YES, ORS FLUID MENTIONED ↓ (SKIP TO 475B)	NO, ORS FLUID NOT MENTIONED YES, ORS FLUID MENTIONED ↓ (SKIP TO 475B)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
474	Was (NAME) given PHERMEROL when he/she had the diarrhoea?	YES.....1 (SKIP TO 475B)←2 NO.....2 DK.....8	YES.....1 (SKIP TO 475B)←2 NO.....2 DK.....8	YES.....1 (SKIP TO 475B)←2 NO.....2 DK.....8
475A	Was (NAME) given ORS when he/she had the diarrhoea?	YES.....1 (SKIP TO 476)←2 NO.....2 DK.....8	YES.....1 (SKIP TO 476)←2 NO.....2 DK.....8	YES.....1 (SKIP TO 476)←2 NO.....2 DK.....8
475B	For how many days was (NAME) given (PHERMEROL) (ORS)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
476	CHECK 470: RECOMMENDED HOME FLUID MENTIONED?	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 478)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 478)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 478)
477	Was (NAME) given a recommended home fluid made from eg. rice water, kenkey water when he/she had the diarrhoea?	YES.....1 (SKIP TO 479)←2 NO.....2 DK.....8	YES.....1 (SKIP TO 479)←2 NO.....2 DK.....8	YES.....1 (SKIP TO 479)←2 NO.....2 DK.....8
478	For how many days was (NAME) given the fluid made from eg. rice water, kenkey water? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
479	GO BACK TO 442 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 480			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
480	CHECK 470, 474 AND 475A (ALL COLUMNS):		
	ORS FLUID FROM PACKET GIVEN TO ANY CHILD <input type="checkbox"/>	ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 470, 474 AND 475A NOT ASKED <input type="checkbox"/>	→484
481	Have you ever heard of a special product called ORS which you can get for the treatment of diarrhoea?	YES.....1 NO.....2	→483
482	Have you ever seen a packet like this before? SHOW PACKET.	YES.....1 NO.....2	→487
483	Have you ever prepared a solution with one of these packets to treat diarrhoea in yourself or someone else? SHOW PACKET.	YES.....1 NO.....2	→486
484	The last time you prepared the ORS, did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	→486
485	How much water did you use to prepare ORS the last time you made it?	1½ LITER.....01 1 LITER.....02 1 1½ LITERS.....03 1 BEER BOTTLE.....04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER.....96 (SPECIFY) DK.....98	
486	Where can you get the ORS or PHERMEROL packet? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC....A GOVERNMENT HEALTH CENTER.....B GOVERNMENT HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PRIVATE HOSPITALF PHARMACY/DRUG STORE/CHEMIST...G PRIVATE CLINIC/DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	
487	CHECK 470 AND 477 (ALL COLUMNS):		
	HOME-MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/>	HOME-MADE FLUID NOT GIVEN TO ANY CHILD OR 470 AND 477 NOT ASKED <input type="checkbox"/>	→501
488	Where did you learn to prepare the recommended home fluid made from sugar, salt and water given to (NAME) when he/she had diarrhoea?	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC....11 GOVERNMENT HEALTH CENTER.....12 GOVERNMENT HEALTH POST.....13 MOBILE PUBLIC SECTOR.....14 COMMUNITY HEALTH WORKER.....15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL21 PHARMACY/DRUG STORE/CHEMIST...22 PRIVATE CLINIC/DOCTOR.....23 MOBILE CLINIC.....24 COMMUNITY HEALTH WORKER.....25 OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....31 SHOP.....32 OTHER.....96 (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→512
502	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 CONSENSUAL UNION.....2 WIDOWED.....3 DIVORCED.....4 SEPARATED.....5	→507
503	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband/partner?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98	
510	CHECK 508 AND 509:		
	YEAR AND AGE GIVEN?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	→513
	↓		

NO.

QUESTIONS AND FILTERS

CODING CATEGORIES

SKIP TO

511 CHECK CONSISTENCY OF 508 AND 509:

YEAR OF BIRTH (105)

PLUS +

AGE AT MARRIAGE (509)

=

CALCULATED TEAR OF MARRIAGE

IF NECESSARY, CALCULATE YEAR OF BIRTH

CURRENT YEAR 9 3

MINUS -

CURRENT AGE (106)

=

CALCULATED TEAR OF BIRTH

IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508) ?

YES

→(SKIP TO 513)

NO

→PROBE AND CORRECT 508 AND 509.

512 IF NEVER IN UNION:
Have you ever had sexual intercourse?

YES.....1

NO.....2→517

513 Now I would like to talk to you about some aspects of your sexual life in order to get a better understanding of family planning and fertility.

How many times did you have sexual intercourse in the last four weeks?

TIMES.....

514 How many times in a month do you usually have sexual intercourse?

TIMES.....

515 When was the last time you had sexual intercourse?

DAYS AGO.....1

WEEKS AGO.....2

MONTHS AGO.....3

YEARS AGO.....4

BEFORE LAST BIRTH.....996

516 How old were you when you first had sexual intercourse?

AGE.....

FIRST TIME WHEN MARRIED.....96

517 PRESENCE OF OTHERS AT THIS POINT.

	YES	NO
CHILDREN UNDER 10.....	1	2
HUSBAND.....	1	2
OTHER MALES.....	1	2
OTHER FEMALES.....	1	2

SECTION 6A. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p>CHECK 312:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p> <p align="center">v</p>		->607
602	<p>CHECK 502:</p> <p>CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/ NOT LIVING TOGETHER <input type="checkbox"/></p> <p align="center">v</p>		->614
603	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p align="center">v</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) CHILD1 NO MORE/NONE2 CANNOT GET PREGNANT.....3 UNDECIDED OR DK8</p>	->610
604	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p align="center">v</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>(RECORD IN MONTHS IF LESS THAN 2 YEARS)</p>	<p>MONTHS.....1 <input type="text"/><input type="text"/></p> <p>YEARS.....2 <input type="text"/><input type="text"/></p> <p>NOW994</p> <p>CANNOT GET PREGNANT995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DK.....998</p>	->610
605	<p>CHECK 216 AND 223:</p> <p>HAS LIVING CHILD(REN) OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="center">v</p>		->610
606	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p align="center">v</p> <p>How old would you like your youngest child to be when your next child is born?</p> <p>How old would you like the child you are expecting to be when your next child is born?</p>	<p>AGE OF CHILD</p> <p>YEARS..... <input type="text"/><input type="text"/></p> <p>DK98</p>	->610
607	<p>Given your present circumstances, if you had to do it over again, do you think (you/your husband/partner) would make the same decision to have an operation not to have any more children?</p>	<p>YES.....1 NO.....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
608	Do you regret that (you/your husband/partner) had the operation not to have any (more) children?	YES.....1 NO.....2	→614				
609	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD...1 PARTNER WANTS ANOTHER CHILD.....2 BOTH PARTNERS WANT ANOTHER CHILD .3 SIDE EFFECTS.....4 OTHER REASON.....6 (SPECIFY)	→614				
610	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8					
611	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3					
612	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2					
613	Do you think your husband/partner wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8					
614	How long should a couple wait before starting sexual intercourse after the birth of a baby? (RECORD IN MONTHS IF LESS THAN 2 YEARS)	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
615	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2					
616	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2	→617				
616B	Who do you think should decide on which method to use?	SELF.....01 SPOUSE.....02 BOTH OF US.....03 HEALTH PROFESSIONAL.....04 RELATIVE.....05 FRIEND.....06 OTHER.....96 (SPECIFY)					
617	CHECK 216: HAS LIVING CHILD(REN) <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD ONE NUMBER OR OTHER ANSWER. IF "NONE" CIRCLE 96 AND RECORD RESPONSE..	NUMBER..... <table border="1"><tr><td></td><td></td></tr></table> OTHER ANSWER.....96 (SPECIFY)			→619		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
618	<p>How many of those children would be sons? And how many would be daughters?</p>	<p style="text-align: center;">BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>UP TO GOD.....999995</p> <p>OTHER ANSWER.....999996</p>	
619	<p>What do you think is the best number of months or years between the birth of one child and the birth of the next child?</p> <p>RECORD MONTHS IF LESS THAN 2 YEARS</p>	<p>MONTHS.....1 <input type="text"/> <input type="text"/></p> <p>YEARS.....2 <input type="text"/> <input type="text"/></p> <p>OTHER.....996 (SPECIFY)</p>	

SECTION 6B. MATERNAL MORTALITY

Now I would like to ask you some questions about all female children born to your mother.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
620	How many daughters did your mother ever give birth to including yourself and those who are now dead?	DAUGHTERS <input type="text"/> <input type="text"/> IF 01, SKIP TO 701
621	How many of these daughters born to your mother ever reached age 15? CHECK THAT FEMALE RESPONDENT INCLUDES HERSELF AS ONE OF THE DAUGHTERS.	REACHED AGE 15..... <input type="text"/> <input type="text"/> IF 01, SKIP TO 701
622	How many of these daughters who reached age 15 are alive now?	ALIVE <input type="text"/> <input type="text"/>
623	How many of these daughters who reached age 15 are dead? CHECK THAT SUM OF Q622 AND Q623 IS EQUAL TO Q621.	DEAD <input type="text"/> <input type="text"/> IF 00, SKIP TO 701
624	How many of these dead daughters died during pregnancy?	DURING PREGNANCY <input type="text"/> <input type="text"/>
625	How many of these dead daughters died during childbirth?	DURING CHILDBIRTH..... <input type="text"/> <input type="text"/>
626	How many of these dead daughters died during the six weeks after the end of a pregnancy?	AFTER PREGNANCY <input type="text"/> <input type="text"/>
627	SUM ANSWERS TO Q624, Q625 AND Q626.	SUM MATERNAL DEATHS..... <input type="text"/> <input type="text"/>

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 501:</p> <p>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		708
702	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES.....1</p> <p>NO.....2</p>	705
703	<p>What was the highest level of school he attended: primary, middle/jss, secondary or higher?</p>	<p>PRIMARY1</p> <p>MIDDLE/JSS.....2</p> <p>SSS/COMM/VOC/TECH3</p> <p>POST SEC./NURSING/POLYTECH.....4</p> <p>HIGHER5</p> <p>DK.....8</p>	705
704	<p>What was the highest (grade/form/year) he completed at that level?</p>	<p>GRADE..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>	
705	<p>What kind of work does (did) your (last) husband/partner mainly do?</p> <p>IF DK, RECORD RESPONSE AND SKIP TO 708</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	TO BE CODED BY EDITOR
706	<p>CHECK 705:</p> <p>MAINLY WORKS (WORKED) IN FARMING <input type="checkbox"/></p> <p>DOES (DID) NOT WORK MAINLT IN FARMING <input type="checkbox"/></p>		708
707	<p>(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?</p>	<p>HIS/FAMILY LAND.....1</p> <p>RENTED LAND.....2</p> <p>SOMEONE ELSE'S LAND.....3</p>	
708	<p>Apart from your own housework, are you currently working?</p>	<p>YES.....1</p> <p>NO.....2</p>	710
709	<p>As you know, some women take up jobs for which they are paid in cash or in kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>Are you currently doing any of these things or any other work?</p>	<p>YES.....1</p> <p>NO.....2</p>	721
710	<p>What is your occupation, that is, what kind of work do you do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	TO BE CODED BY EDITOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
711	In your current work, do you work for a member of your family, for someone else, or are you self-employed? PROBE: FOR GOVERNMENT WORKER	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3 FOR GOVERNMENT4	
712	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	
713	Do you do this work at home or away from home?	HOME.....1 AWAY.....2	
714	CHECK 215/216/218: HAS WOMAN A CHILD BORN SINCE JAN. 1988 AND LIVING AT HOME?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→721
715	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	→721
716	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBOURS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 CRECHE/NURSERY.....08 OTHER.....96 (SPECIFY)	

SECTION 7B. AIDS KNOWLEDGE AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
721	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	729
722	From which sources of information or persons have you heard about AIDS in the last month? CIRCLE ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D MOSQUES/CHURCHES.....E FRIENDS/RELATIVES.....F SCHOOLS.....G SLOGANS/MUSIC.....H PAMPHLETS/POSTERS.....I COMMUNITY MEETINGS.....J OTHER.....K (SPECIFY) NONE.....L	
723	How is AIDS transmitted? CIRCLE ALL MENTIONED.	NEEDLES/BLADES/SKIN WOUND.....A MOTHER TO CHILD.....B SEXUAL INTERCOURSE.....C TRANSFUSION OF INFECTED BLOOD...D OTHER.....E (SPECIFY) DON'T KNOW.....F	
724	Do you think that you can get AIDS from shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? sexual intercourse with someone with AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the saliva, urine or stool of someone who has AIDS? mosquito, flea or bedbug bites? not using a condom?	YES NO HANDSHAKING.....1 2 HUGGING.....1 2 KISSING.....1 2 SEXUAL INTERCOURSE.....1 2 SHARING CLOTHES.....1 2 SHARING EATING UTENSILS.....1 2 STEPPING ON URINE/STOOL....1 2 MOSQUITO/FLEA/BEDBUG BITES.1 2 NOT USING A CONDOM.....1 2	
725	Is it possible for a healthy looking person to have the AIDS virus?	YES.....1 NO.....2 DK.....8	
726	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DK.....8	
727	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE FREE MEDICAL TREATMENT..1 HELP RELATIVES PROVIDE CARE....2 ISOLATE/QUARANTINE.....3 SHOULD NOT BE INVOLVED.....4 OTHER.....6 (SPECIFY)	
728	If your relative is suffering from AIDS, who would you prefer to care for him/her?	RELATIVES.....1 FRIENDS.....2 GOVERNMENT ORGANISATION.....3 RELIGIOUS ORG/MISSION.....4 NOBODY/ABANDON.....5 OTHER.....6 (SPECIFY)	

Now I would like to talk to you about other diseases apart from AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
729	Have you heard of other diseases apart from AIDS which could be transmitted through sexual intercourse?	YES.....1 NO.....2	→737
730	Name the diseases. Any other? CIRCLE AS MANY AS MENTIONED.	GONORRHEA.....A SYPHILIS.....B HERPES.....C HEPATITIS.....D OTHER.....E (SPECIFY)	
731	CHECK 730 FOR DISEASES MENTIONED AND ASK Q 732 - Q 736 WHERE APPROPRIATE.		
732	Where can one go to treat gonorrhoea? CIRCLE ALL MENTIONED	PUBLIC SECTOR GOV'T. HOSP./CLINIC.....A GOV'T. HEALTH CENTRE.....B GOV'T. HEALTH POST.....C MOBILE CLINIC.....D C'MMTY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....F PHARMACY/DRUGGIST/CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I C'MMTY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L SPIRITUALIST.....M OTHER.....N (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
733	<p>Where can one go to treat syphilis?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOV'T. HOSP./CLINIC.....A GOV'T. HEALTH CENTRE.....B GOV'T. HEALTH POST.....C MOBILE CLINIC.....D C'MMTY HEALTH WORKER.....E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....F PHARMACY/DRUGGIST/CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I C'MMTY HEALTH WORKER.....J</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....K TRADITIONAL PRACTITIONER.....L SPIRITUALIST.....M OTHER _____ N (SPECIFY)</p>
734	<p>Where can one go to treat herpes?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOV'T. HOSP./CLINIC.....A GOV'T. HEALTH CENTRE.....B GOV'T. HEALTH POST.....C MOBILE CLINIC.....D C'MMTY HEALTH WORKER.....E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....F PHARMACY/DRUGGIST/CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I C'MMTY HEALTH WORKER.....J</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....K TRADITIONAL PRACTITIONER.....L SPIRITUALIST.....M OTHER _____ N (SPECIFY)</p>

NO.

QUESTIONS AND FILTERS

CODING CATEGORIES

735

Where can one go to treat hepatitis?

CIRCLE ALL MENTIONED

PUBLIC SECTOR

- GOV'T. HOSP./CLINIC.....A
- GOV'T. HEALTH CENTRE.....B
- GOV'T. HEALTH POST.....C
- MOBILE CLINIC.....D
- C'MMTY HEALTH WORKER.....E

MEDICAL PRIVATE SECTOR

- PRIVATE HOSPITAL.....F
- PHARMACY/DRUGGIST/CHEMIST.....G
- PRIVATE DOCTOR/CLINIC.....H
- MOBILE CLINIC.....I
- C'MMTY HEALTH WORKER.....J

OTHER PRIVATE SECTOR

- SHOP.....K
- TRADITIONAL PRACTITIONER.....L
- SPIRITUALIST.....M
- OTHER _____ N

(SPECIFY)

736

Where can one go to treat?
(NAME OF DISEASE RECORDED ON THE "OTHER SPECIFY"
LINE OF Q 730).

CIRCLE ALL MENTIONED

PUBLIC SECTOR

- GOV'T. HOSP./CLINIC.....A
- GOV'T. HEALTH CENTRE.....B
- GOV'T. HEALTH POST.....C
- MOBILE CLINIC.....D
- C'MMTY HEALTH WORKER.....E

MEDICAL PRIVATE SECTOR

- PRIVATE HOSPITAL.....F
- PHARMACY/DRUGGIST/CHEMIST.....G
- PRIVATE DOCTOR/CLINIC.....H
- MOBILE CLINIC.....I
- C'MMTY HEALTH WORKER.....J

OTHER PRIVATE SECTOR

- SHOP.....K
- TRADITIONAL PRACTITIONER.....L
- SPIRITUALIST.....M
- OTHER _____ N

(SPECIFY)

737

RECORD THE TIME

HOUR.....

MINUTES.....

SECTION 8. LANGUAGE INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	WHAT IS THE RESPONDENT'S OWN LANGUAGE?	TWI.....01 FANTI02 GA-ADANGBE.....03 EWE04 NZEMA05 DAGBANI06 HAUSA07 ENGLISH08 OTHER96 (SPECIFY)	
802	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW?	TWI.....01 FANTI02 GA-ADANGBE.....03 EWE.....04 NZEMA.....05 DAGBANI.....06 HAUSA.....07 ENGLISH.....08 OTHER96 (SPECIFY)	
803	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU?	NONE OF THE INTERVIEW1 A SMALL PORTION2 MOST OF THE INTERVIEW3 ALL OF THE INTERVIEW4	→901
804	IF AN INTERPRETER WAS USED, INDICATE THE SEX AND APPROXIMATE AGE OF THE INTERPRETER.	ADULT FEMALE1 TEENAGE FEMALE2 ADULT MALE3 TEENAGE MALE4 CHILD5	

SECTION 9. HEIGHT, WEIGHT AND ARM CIRCUMFERENCE

901	CHECK 222:		NO BIRTHS SINCE JAN. 1990	END
	ONE OR MORE BIRTHS SINCE JAN. 1990	<input type="checkbox"/>	<input type="checkbox"/>	

INTERVIEWER: IN 902 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1990 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1990. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1990 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1990, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.212		<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>
903 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
904 DATE OF BIRTH FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>
905 BCG SCAR ON TOP OF SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906 HEIGHT (in centimeters)	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>
907 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
908 WEIGHT (in kilograms)	<input style="width:40px; height:20px;" type="text"/>	0 <input style="width:40px; height:20px;" type="text"/>	0 <input style="width:40px; height:20px;" type="text"/>	0 <input style="width:40px; height:20px;" type="text"/>
909 LEFT UPPER ARM CIRCUMFERENCE (in MM)	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>	<input style="width:40px; height:20px;" type="text"/>
910 DATE WEIGHED AND MEASURED	DAY..... <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>	DAY..... <input style="width:20px; height:20px;" type="text"/> MONTH.... <input style="width:20px; height:20px;" type="text"/> YEAR.... <input style="width:20px; height:20px;" type="text"/>
911 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)

912 NAME OF MEASURER: _____ <input style="width:40px; height:20px;" type="text"/>	NAME OF ASSISTANT: _____ <input style="width:40px; height:20px;" type="text"/>
--	--

INTERVIEWER'S OBSERVATIONS

(To be filled in after completing interview)

Comments About Respondent: _____

Comments on Specific Questions: _____

Any Other Comments: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor : _____ Date: _____