

**DEMOGRAPHIC AND HEALTH SURVEYS  
INDIVIDUAL QUESTIONNAIRE**

CONFIDENTIAL

JORDAN  
DEPARTMENT OF STATISTICS

IDENTIFICATION																													
1. GOVERNORATE.....	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																												
2. DISTRICT.....																													
3. LOCALITY.....																													
4. STRATUM NUMBER.....																													
5. ULTIMATE AREA BLOCK.....																													
6. CLUSTER NUMBER.....																													
7. HOUSEHOLD NUMBER.....																													

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
INTERVIEWER'S NAME	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
DATE	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
RESULT***	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
				INT'R CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
				RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
SUPERVISOR	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>						
<p>***RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">1 COMPLETED</td> <td style="width: 50%;">4 REFUSED</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 OTHER _____</td> </tr> </table> <p align="right">(SPECIFY)</p>					1 COMPLETED	4 REFUSED	2 NOT AT HOME	5 PARTLY COMPLETED	3 POSTPONED	6 OTHER _____
1 COMPLETED	4 REFUSED									
2 NOT AT HOME	5 PARTLY COMPLETED									
3 POSTPONED	6 OTHER _____									

LINE NUMBER OF ELIGIBLE WOMAN 

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 SERIAL NUMBER OF EL. WMN. 

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NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY
DATE	_____	_____	_____
	_____	_____	_____

TICK HERE IF CONTINUATION SHEET USED 

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SECTION 1. RESPONDENT'S BACKGROUND AND HOUSEHOLD CHARACTERISTICS

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, where did you live?	CITY.....1 TOWN.....2 VILLAGE.....3	
103	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	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
105	Have you ever attended school?	YES.....1 NO.....2	→109
106	What is the highest level of schooling you attended?	PRIMARY.....1 PREPARATORY.....2 SECONDARY.....3 INSTITUTE.....4 UNIVERSITY.....5 HIGHER STUDIES.....6	
107	What is the highest grade you completed?	GRADE..... <input type="text"/>	
108	CHECK 106: PRIMARY OR LESS <input type="checkbox"/> ↓	PREPARATORY OR HIGHER <input type="checkbox"/>	→110
109	Can you read and understand any written material easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→111
110	Do you read a newspaper or magazine?	RARELY.....1 SOMETIMES.....2 FREQUENTLY.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	Do you usually listen to the radio?	RARELY.....1 SOMETIMES.....2 FREQUENTLY.....3	
112	Do you usually watch television?	RARELY.....1 SOMETIMES.....2 FREQUENTLY.....3	
113	What is the main source of water your household uses?	PIPED INTO RESIDENCE.....1 PIPED INTO YARD OR PLOT.....2 PUBLIC TAP.....3 RIVER, SPRING, DAM.....4 TANKER TRUCK.....5 WELL.....6 OTHER.....7 (SPECIFY)	
114	What kind of toilet facility does your household have?	PRIVATE SEPTIC LATRINE.....1 SHARED SEPTIC LATRINE.....2 OTHER.....3 (SPECIFY) NO FACILITIES.....4	
115	What type of sewage system do you have in your house?	PUBLIC NETWORK.....1 DUG HOLE.....2 OTHER.....3 (SPECIFY) NO SEWAGE.....4	
116	How many rooms in your house are used for sleeping?	ROOMS.....	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
117	BUILDING TYPE (RECORD OBSERVATION.)	CUTSTONE.....1 CUTSTONE+CONCRETE.....2 CONCRETE.....3 BRICK.....4 MUDBRICK.....5 ZINC/METAL.....6 OTHER.....7 (SPECIFY)																									
118	Does your house have:  Electricity? A radio? A television? A refrigerator? A video? A telephone? An air conditioner?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>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> <tr> <td>TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONER.....</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	TELEPHONE.....	1	2	AIR CONDITIONER.....	1	2	
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AIR CONDITIONER.....	1	2																									
119	Does any member of your household own:  CIRCLE ALL APPLICABLE RESPONSES	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>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>PRIVATE CAR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMERCIAL CAR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PICKUP.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MODE OF TRANSPORT....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	PRIVATE CAR.....	1	2	COMMERCIAL CAR.....	1	2	PICKUP.....	1	2	OTHER MODE OF TRANSPORT....	1	2				
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PICKUP.....	1	2																									
OTHER MODE OF TRANSPORT....	1	2																									
120	What is your religion?	ISLAM.....1 CHRISTIAN.....2 OTHER.....3 (SPECIFY)																									

SECTION 2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO			
201	Are you now married, divorced separated or widowed?	MARRIED.....1 DIVORCED.....2 WIDOWED.....3 SEPARATED.....4				
202	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2				
203	In what month and year did you and your (first) husband begin living together (consummate your marriage)?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98				
204	At what age did you and your first husband begin to live together (consummate your marriage)?	AGE..... <input type="text"/> <input type="text"/>				
205	What is (was) the type of relationship between you and your (first) husband?	FIRST COUSIN FROM FATHER'S SIDE.....1 FIRST COUSIN FROM MOTHER'S SIDE.....2 SECOND COUSIN.....3 OTHER RELATION.....4 NO RELATION.....5				
206	DETERMINE MONTHS MARRIED SINCE JANUARY 1985. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER "0" FOR EACH MONTH NOT MARRIED SINCE JANUARY 1985.  FOR DIVORCED/WIDOWED/SEPARATED WOMEN OR WOMEN MARRIED MORE THAN ONCE: PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION.					
207	CHECK 201:	CURRENTLY MARRIED/ SEPARATED	<input type="checkbox"/> ↓	DIVORCED/ WIDOWED	<input type="checkbox"/>	→301
208	Does your husband usually live with you in this household?	YES.....1 NO.....2	→211			
209	In the last month were you and your husband living together all of the time, or were you apart some of the time, or apart all of the time?	TOGETHER ALL THE TIME.....1 APART SOME OF THE TIME.....2 APART ALL OF THE TIME.....3	→301 →211			
210	How many days was he away in the last month?	DAYS..... <input type="text"/> <input type="text"/>	→301			
211	Did he ever come to visit you in the last month?	YES.....1 NO.....2				

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→ 304
302	Do you have any sons or daughters to whom you have given birth who are now living with you?  How many sons live with you? And how many daughters live with you?	YES.....1 NO.....2  SONS AT HOME..... DAUGHTERS AT HOME..... IF NONE ENTER '00'.	→ 303
303	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?  How many sons are alive but do not live with you? And how many daughters are alive but do not live with you?	YES.....1 NO.....2  SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... IF NONE ENTER '00'.	→ 304
304	Have you ever given birth to a boy or a girl who was born alive but later died? IF "NO", PROBE: Any (other) baby who cried or showed any sign of life but only survived a few hours or days?  In all, how many boys have died? And how many girls have died?	YES.....1 NO.....2  BOYS DEAD..... GIRLS DEAD..... IF NONE ENTER '00'.	→ 305
305	SUM ANSWERS TO 302, 303, AND 304, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL..... IF NONE ENTER '00'.	
306	CHECK 305:  Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct?	YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 301-306	
307	CHECK 305:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 322

308 How I would like to talk to you about: all of your births from all marriages, whether still alive or not, starting with the first one you had.

(RECORD NAMES OF ALL THE BIRTHS IN 309. RECORD TWINS ON SEPARATE LINES).

309	310	311	312	313	314	315	316	317
What name was given to your (first,next) baby?	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 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
02 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
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04 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
05 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
06 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>



309	310	311	312	313	314	315	316	317
What name was given to your next baby?	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?	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.

07 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <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"/>	YES...1 NO....2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
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10 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <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"/>	YES...1 NO....2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
12 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 317	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 NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>

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13   <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 317	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
14   <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 317	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
15   <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 317	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>

318	COMPARE 305 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)  CHECK: FOR EACH LIVE 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 LESS THAN 2 YEARS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
319	CHECK 312 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1985. IF NONE, ENTER 0 AND GO TO 321.		<input type="checkbox"/>
320	FOR EACH BIRTH SINCE JANUARY 1985 ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS.		
321	AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1985, IF APPLICABLE.		
322	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	325
323	How many months pregnant are you?  ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT	MONTHS..... <input type="text"/>	
324	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 NOT AT ALL.....2 LATER.....3	
325	Have you ever had a pregnancy that did not end as a live birth; either miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	331
326	When did the last such pregnancy occurred?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
327	CHECK 326:  DATE LAST PREGNANCY ENDED SINCE JANUARY 1985 <input type="text"/>	BEFORE JANUARY 1985 <input type="text"/>	331
328	How many months pregnant were you when the pregnancy ended?  ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <input type="text"/>	
329	Did you ever have any other such pregnancies?	YES.....1 NO.....2	331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																
330	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES. ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.																																		
331	When did your last menstrual period start?	DAYS AGO.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO.....3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO.....4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> BEFORE LAST BIRTH.....994 NEVER MENSTRUATED.....995 IN MENOPAUSE.....996																																	
332	Between the first day of a woman's period and the first day of her <u>next</u> period, when do you think she has 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 AT ANY TIME.....5 OTHER _____ 6 (SPECIFY) DK.....8																																	

SECTION 4: CONTRACEPTION

401 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about?

CIRCLE CODE 1 IN 402 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 402, ASK 403-404 BEFORE PROCEEDING TO THE NEXT METHOD.

	402 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	403 Have you ever used (METHOD)?	404 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] FOAM/JELLY/SPONGE/DIAPHRAGM 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

	402 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	403 Have you ever used (METHOD)?	404 Do you know where a person could go to get (METHOD)?
06] FEMALE STERILIZATION/TUBAL LIGATION Women 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
07] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your husband ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
08] PERIODIC ABSTINENCE/RHYTHM 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
09] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10] PROLONGED BREASTFEEDING AS A METHOD OF CONTRACEPTION Women can breastfeed for longer period to avoid getting pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11] ANY OTHER METHODS?	YES/SPONT.....1		
1 _____ (SPECIFY)	NO.....3	YES.....1 NO.....2	
2 _____ (SPECIFY)		YES.....1 NO.....2	
3 _____ (SPECIFY)		YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
405	CHECK 403: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	<input type="checkbox"/> → SKIP TO 408P
406	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	→408
407	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH →441		
408	What have you used or done? CORRECT 403-405.		
408P	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 PROLONGED BREASTFEEDING.....10 OTHER _____ 11 (SPECIFY)	→410
409	Where did you go to get this method the first time?	GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER _____ 08 (SPECIFY) DK.....98	
410	How many living children did you have at that time, if any? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
411	CHECK 322: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	433
412	CHECK 403: WOMAN/HUSBAND NOT STERILIZED <input type="checkbox"/>	WOMAN/HUSBAND STERILIZED <input type="checkbox"/>	414P
413	FOR MARRIED/SEPARATED WOMEN CHECK 201: Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2 NOT CURRENTLY MARRIED.....3	433
414	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 PROLONGED BREASTFEEDING.....10 OTHER.....11 (SPECIFY)	421 425 423 428
414P	CIRCLE '06' FOR FEMALE STERILIZATION OR '07' FOR MALE STERILIZATION.		
415	At the time you first started using the pill, did you consult a doctor or a nurse ?	YES.....1 NO.....2 DK.....8	
416	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
417	May I see the package of pills you are using now? (RECORD NAME OF BRAND.)	PACKAGE SEEN.....1 BRAND NAME <input type="checkbox"/> <input type="checkbox"/> PACKAGE NOT SEEN.....2	419



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
418	Do you know the brand name of the pills you are now using?  (RECORD NAME OF BRAND.)	BRAND NAME _____ <input type="text"/> <input type="text"/> DK.....98	
419	How much does one packet (cycle) of pills cost you?	COST..... JD <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DK.....998	
420	If you miss taking a pill one day, how many pills do you take the next day?	ONE.....1 TWO.....2 OTHER.....3 (SPECIFY)	→425
421	Did you get the IUD at the place where you had it inserted or did you get it somewhere else?	YES, SAME PLACE.....1 NO, SOMEWHERE ELSE.....2	
422	How much did it cost to have the IUD inserted?	COST IUD ..... JD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Insertion..... JD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Total..... JD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	→425
423	In what month and year was the sterilization operation performed to you or your husband?	DATE MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	
424	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO DATE OF OPERATION OR TO JANUARY 1985 IF OPERATION OCCURRED BEFORE 1985		→425P

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
425	Where did you obtain (METHOD) the last time? _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER _____ 08 (SPECIFY)	→428				
425P	Where did the sterilization take place? _____ (NAME OF PLACE)	DK.....98					
426	How long does it take to travel from your home to this place?	MINUTES.....1 <table border="1" data-bbox="1257 516 1326 611"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> HOURS.....2 DK.....998					
427	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2					
428	What is the main reason you decided to use (CURRENT METHOD FROM 414) rather than some other method of family planning?	RECOMMENDATION OF FAMILY PLANNING WORKER.....01 RECOMMENDATION OF DOCTOR/NURSE.....02 RECOMMENDATION OF FRIEND/RELATIVE.....03 SIDE EFFECTS OF OTHER METHODS..04 CONVENIENT TO USE.....05 ACCESS/AVAILABILITY.....06 COST.....07 WANTED PERMANENT METHOD.....08 HUSBAND PREFERRED.....09 WANTED MORE EFFECTIVE METHOD...10 OTHER _____ 11 (SPECIFY) DK.....98					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
429	Are you having any problems in using (CURRENT METHOD)?	YES.....1 NO.....2	→431
430	What is the main problem?	HUSBAND DISAPPROVES.....01 SIDE EFFECTS.....02 HEALTH CONCERNS.....03 ACCESS/AVAILABILITY.....04 COST.....05 INCONVENIENT TO USE.....06 STERILIZED, WANTS CHILDREN.....07 OTHER _____ 08 (SPECIFY) DK.....98	
431	CHECK 414 AND 423:	STERILIZED BEFORE JANUARY 1985 <input type="checkbox"/> STERILIZED SINCE JANUARY 1985 <input type="checkbox"/>	→449 →433
432	ENTER METHOD CODE FROM 414 IN CURRENT MONTH IN COL.1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.	ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?	
433	I would like to ask some questions about all of the (other) periods in the last few years during which you or your husband used a method to avoid getting pregnant.	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1985.	
		USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.	
		IN EACH MONTH, ENTER CODE FOR METHOD OR "0" FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.	
		NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1.	
		ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT OR BECAUSE OF OTHER REASONS. IF SHE GETS PREGNANT AFTER STOPPING, ASK HOW MANY MONTHS AFTER STOPPING DID SHE BECAME PREGNANT.	
		ILLUSTRATIVE QUESTIONS: COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then?	
		COLUMN 2: -Why did you stop using the (METHOD)? -Did you become pregnant while using (METHOD), or did you stop to get pregnant?	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
434	CHECK CALENDAR:  METHOD USED IN MONTH OF JANUARY 1985  <input type="checkbox"/>	NO METHOD USED IN MONTH OF JANUARY 1985  <input type="checkbox"/>	436
435	I see that you were using (METHOD) in January 1985. When did you start using (METHOD) that time?  (THIS DATE SHOULD NOT PRECEDE SIX MONTHS BEFORE THE DATE OF BIRTH OF ANY CHILD BORN BEFORE JANUARY 1985).	MONTH..... YEAR.....	440
436	I see that you were not using any method of contraception in January 1985. Did you ever use a method before that?	YES.....1 NO.....2	440
437	CHECK 312:  HAD BIRTH BEFORE JANUARY 1985  <input type="checkbox"/>	NO BIRTH BEFORE JANUARY 1985  <input type="checkbox"/>	439
438	Did you use a method between the birth of (NAME OF LAST CHILD BORN BEFORE JANUARY 1985) and January 1985?	YES.....1 NO.....2	440
439	When did you stop using a method the last time prior to January 1985?	MONTH..... YEAR.....	
440	CHECK 413 AND 414:  NOT CURRENTLY USING A METHOD  <input type="checkbox"/>	CURRENTLY USING A METHOD  <input type="checkbox"/>	449
441	CHECK 201 FOR CURRENTLY MARRIED AND SEPARATED WOMAN:  Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES, NEXT YEAR.....1 YES, AFTER NEXT YEAR.....2 NO.....3 WIDOWED/DIVORCED.....4 DK.....8	443 445

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
442	What is the main reason you do not intend to use a method?  RECORD VERBATIM  _____ _____ _____ _____	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 HUSBAND OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 ACCESS/AVAILABILITY.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT TO USE.....15 OTHER _____ 16 (SPECIFY) DK.....98	445
443	When you 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 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 PROLONGED BREASTFEEDING.....10 OTHER _____ 11 (SPECIFY) DK.....98	445

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
444	Where can you get (METHOD MENTIONED IN 443)?  _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER _____08 (SPECIFY)  DK.....98	→446       →449				
445	Do you know of a place where you can obtain a method of family planning?  IF "YES":  _____ (NAME OF PLACE)	YES.....1 NO.....2  GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER _____08 (SPECIFY)	→449       →449				
446	How long does it take to travel from your home to this place?	MINUTES.....1 HOURS.....2 DK.....998	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
447	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2					
448	Was there anything you may dislike about the services you (your husband) would receive from that place?  IF "YES": What is it? RECORD MAIN PROBLEM.  _____	TOO EXPENSIVE.....1 WAIT TOO LONG.....2 STAFF DISCOURTEOUS.....3 MALE STAFF.....4 DESIRED METHOD UNAVAILABLE.....5 OTHER _____6 (SPECIFY) NO COMPLAINTS.....7					
449	Is it acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8					

SECTION 5. BREASTFEEDING AND HEALTH

501 CHECK 319 :  
 ONE OR MORE LIVE BIRTHS SINCE JANUARY 1985   
 NO LIVE BIRTHS SINCE JANUARY 1985  (SKIP TO 545)

502 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1985 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 children you had in the past five years. (We will talk about one child at a time.)

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
SURVIVAL STATUS FROM Q. 313	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
503 At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no more</u> children at all?	THEN.....1 (SKIP TO 505)←	THEN.....1 (SKIP TO 505)←	THEN.....1 (SKIP TO 505)←
	LATER.....2	LATER.....2	LATER.....2
	NO MORE.....3 (SKIP TO 505)←	NO MORE.....3 (SKIP TO 505)←	NO MORE.....3 (SKIP TO 505)←
504 How much longer would you like to have waited?	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>
	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>
	DK.....998	DK.....998	DK.....998
505 When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES, Whom did you see? Anyone else?	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY) NO ONE.....1 (SKIP TO 511)←	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY) NO ONE.....1 (SKIP TO 511)←	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY) NO ONE.....1 (SKIP TO 511)←
506 Where did you see this person the first time?	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME _____	NAME _____	NAME _____
507 Why did you chose to go there?	LESS COSTLY.....1 CONVENIENT.....2 BETTER RELATIONSHIP WITH SERVICE PROVIDER.....3 TECHNICAL COMPETENCE.....4 OTHER.....5 (SPECIFY)	LESS COSTLY.....1 CONVENIENT.....2 BETTER RELATIONSHIP WITH SERVICE PROVIDER.....3 TECHNICAL COMPETENCE.....4 OTHER.....5 (SPECIFY)	LESS COSTLY.....1 CONVENIENT.....2 BETTER RELATIONSHIP WITH SERVICE PROVIDER.....3 TECHNICAL COMPETENCE.....4 OTHER.....5 (SPECIFY)
508 Was the visit a regular check-up, because of illness related to the pregnancy, or because of illness unrelated to the pregnancy?	REGULAR CHECKUP.....1 ILLNESS RELATED TO THE PREGNANCY.....2 ILLNESS UNRELATED TO THE PREGNANCY.....3	REGULAR CHECKUP.....1 ILLNESS RELATED TO THE PREGNANCY.....2 ILLNESS UNRELATED TO THE PREGNANCY.....3	REGULAR CHECKUP.....1 ILLNESS RELATED TO THE PREGNANCY.....2 ILLNESS UNRELATED TO THE PREGNANCY.....3
509 How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
510 How many antenatal visits did you have during that pregnancy?	TIMES..... <input type="text"/> DK.....98	TIMES..... <input type="text"/> DK.....98	TIMES..... <input type="text"/> DK.....98
511 When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus?	YES.....1 NO.....2 (SKIP TO 513) ← DK.....8	YES.....1 NO.....2 (SKIP TO 513) ← DK.....8	YES.....1 NO.....2 (SKIP TO 513) ← DK.....8
512 How many times did you get this injection?	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8
513 Where did you give birth to (NAME)?	HOME.....1 GOVERNMENT HOSPITAL.....2 PRIVATE HOSPITAL.....3 OTHER.....4	HOME.....1 GOVERNMENT HOSPITAL.....2 PRIVATE HOSPITAL.....3 OTHER.....4	HOME.....1 GOVERNMENT HOSPITAL.....2 PRIVATE HOSPITAL.....3 OTHER.....4



BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME _____	NAME _____	NAME _____
514 Who assisted with the delivery of (NAME)?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	A. DOCTOR.....1 B. NURSE/MIDWIFE.....1 C. TRADITIONAL BIRTH ATTENDANT.....1 D. RELATIVE.....1 E. OTHER.....1 (SPECIFY) F. NO ONE.....1	A. DOCTOR.....1 B. NURSE/MIDWIFE.....1 C. TRADITIONAL BIRTH ATTENDANT.....1 D. RELATIVE.....1 E. OTHER.....1 (SPECIFY) F. NO ONE.....1	A. DOCTOR.....1 B. NURSE/MIDWIFE.....1 C. TRADITIONAL BIRTH ATTENDANT.....1 D. RELATIVE.....1 E. OTHER.....1 (SPECIFY) F. NO ONE.....1
515 What was the duration of the pregnancy?	LESS THAN 7 MONTHS.....1 7 MOS. TO LESS THAN 9 MONTHS.....2 9 MONTHS+.....3 DK.....8	LESS THAN 7 MONTHS.....1 7 MOS. TO LESS THAN 9 MONTHS.....2 9 MONTHS+.....3 DK.....8	LESS THAN 7 MONTHS.....1 7 MOS. TO LESS THAN 9 MONTHS.....2 9 MONTHS+.....3 DK.....8
516 Was (NAME) delivered normally or by caesarian section?	NORMALLY.....1 CAESARIAN SECTION.....2	NORMALLY.....1 CAESARIAN SECTION.....2	NORMALLY.....1 CAESARIAN SECTION.....2
517 How much did (NAME) weigh?	GRAMS..... <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> DK.....9998
518 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
519 During the six-week period (i.e., Nifaz period) following the birth of (NAME) did you see anyone for a check on your health?  IF YES, Whom did you see?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 NO ONE.....1 (SKIP TO 521)←	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 NO ONE.....1 (SKIP TO 523)←	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 NO ONE.....1 (SKIP TO 523)←

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
520	<p>Where did you see this person the first time?</p> <p>PUBLIC HEALTH CENTER.....1  MCH.....2  GOVERNMENT HOSPITAL.....3  PRIVATE HOSPITAL.....4  GP CLINIC.....5  SPECIALIST CLINIC.....6  OTHER.....7  (SPECIFY)</p>	<p>PUBLIC HEALTH CENTER.....1  MCH.....2  GOVERNMENT HOSPITAL.....3  PRIVATE HOSPITAL.....4  GP CLINIC.....5  SPECIALIST CLINIC.....6  OTHER.....7  (SPECIFY)  (SKIP TO 523)</p>	<p>PUBLIC HEALTH CENTER.....1  MCH.....2  GOVERNMENT HOSPITAL.....3  PRIVATE HOSPITAL.....4  GP CLINIC.....5  SPECIALIST CLINIC.....6  OTHER.....7  (SPECIFY)  (SKIP TO 523)</p>
521	<p>Has your period returned since the birth of (NAME)?</p> <p>YES .....1  (SKIP TO 523)←  NO.....2</p>	<input type="text"/>	<input type="text"/>
522	<p>ENTER "X" IN COL.3 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY)</p> <p>(SKIP TO 524)</p>	<input type="text"/>	<input type="text"/>
523	<p>How many months after the birth of (NAME) did your period return?</p>	<p>ENTER "X" IN COL.3 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH.</p> <p>IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.3 IN MONTH AFTER BIRTH.</p>	<input type="text"/>
524	<p>IF NOT PREGNANT:  Have you resumed sexual relations since the birth of (NAME)?  (IF PREGNANT, CIRCLE '1')</p>	<p>YES (OR PREGNANT).....1  (SKIP TO 526)←  NO.....2</p>	<input type="text"/>
525	<p>ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.</p> <p>(SKIP TO 527)</p>	<input type="text"/>	<input type="text"/>
526	<p>For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?</p>	<p>ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH.</p> <p>IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "0" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH.</p>	<input type="text"/>

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME _____	NAME _____	NAME _____
527 Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 529)←	YES.....1 (SKIP TO 537)←	YES.....1 (SKIP TO 537)←
	NO.....2	NO.....2	NO.....2
528 Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM...4 NO MILK.....5 WORKING.....6 MOTHER DOES NOT KNOW HOW TO BREASTFEED.....7 OTHER.....8 (SPECIFY) RECORD VERBATIM	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM...4 NO MILK.....5 WORKING.....6 MOTHER DOES NOT KNOW HOW TO BREASTFEED.....7 OTHER.....8 (SPECIFY) RECORD VERBATIM	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM...4 NO MILK.....5 WORKING.....6 MOTHER DOES NOT KNOW HOW TO BREASTFEED.....7 OTHER.....8 (SPECIFY) RECORD VERBATIM
ENTER "N" IN COLUMN 5 OF CALENDAR IN THE MONTH AFTER BIRTH	(SKIP TO 539)	(SKIP TO 539)	(SKIP TO 539)
529 How long after birth did you first put (NAME) to the breast?	IMMEDIATELY.....000 HOURS.....1 DAYS.....2		
530 Do you know that colostrum is important for the baby?	YES.....1 NO.....2		
531 IF STILL ALIVE: Are you still breastfeeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 NO.....2 (SKIP TO 537)←		
532 ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH			
533 How many times did you breastfeed last night between sunset and sunrise, and yesterday during the daylight hours?	NUMBER OF DAYLIGHT FEEDINGS.. <input type="text"/> NUMBER OF NIGHTTIME FEEDINGS.. <input type="text"/> TOTAL IN 24 HOURS..... <input type="text"/>		

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH																																	
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>																																	
NAME FROM Q. 309	NAME _____	NAME _____	NAME _____																																	
534 Do you breastfeed (NAME) whenever he/she wants or according to a fixed schedule?	DEMAND.....1 SCHEDULE.....2 BOTH.....3																																			
535 At any time yesterday or last night was (NAME) given any of the following?:  Plain water? Sugar water? Juice? Herbal tea? Yansoon (Dill)? Baby formula? Fresh milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....1</td> <td>2</td> <td></td> </tr> <tr> <td>SUGAR WATER.....1</td> <td>2</td> <td></td> </tr> <tr> <td>JUICE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>HERBAL TEA.....1</td> <td>2</td> <td></td> </tr> <tr> <td>YANSOON (DILL).....1</td> <td>2</td> <td></td> </tr> <tr> <td>BABY FORMULA.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FRESH MILK.....1</td> <td>2</td> <td></td> </tr> <tr> <td>TINNED/POWDERED MILK.1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER LIQUIDS.....1</td> <td>2</td> <td></td> </tr> <tr> <td>SOLID/MUSHY FOOD.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	PLAIN WATER.....1	2		SUGAR WATER.....1	2		JUICE.....1	2		HERBAL TEA.....1	2		YANSOON (DILL).....1	2		BABY FORMULA.....1	2		FRESH MILK.....1	2		TINNED/POWDERED MILK.1	2		OTHER LIQUIDS.....1	2		SOLID/MUSHY FOOD.....1	2			
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536 CHECK 535 : FOOD OR LIQUID GIVEN YESTERDAY?	YES TO ONE OR MORE <input type="checkbox"/> NO TO ALL <input type="checkbox"/> (SKIP TO 541)      (SKIP TO 540)																																			
537 For how many months did you breastfeed (NAME)?	<input type="text"/>	<input type="text"/>	<input type="text"/>																																	
	FOR EACH BIRTH RECORD THE NUMBER OF MONTHS BREASTFED IN THE BOXES ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. IF BREASTFED LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.																																			
538 Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE PROBLEM.....04 NO MILK/NOT SUFFICIENT..05 WORKING OUTSIDE HOME....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER _____ 10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE PROBLEM.....04 NO MILK/NOT SUFFICIENT..05 WORKING OUTSIDE HOME....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER _____ 10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE PROBLEM.....04 NO MILK/NOT SUFFICIENT..05 WORKING OUTSIDE HOME....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER _____ 10 (SPECIFY)																																	

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME _____	NAME _____	NAME _____
539 CHECK 313: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 541) ↓	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 541) ↓	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 541) ↓
540 Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 544) ←	YES.....1 NO.....2 (SKIP TO 544) ←	YES.....1 NO.....2 (SKIP TO 544) ←
541 How many months old was (NAME) when you started giving the following on a regular basis as part of the daily diet:  Formula or milk other than breastmilk?  Water or other liquids?  Any solid or mushy food?  IF LESS THAN ONE MONTH, RECORD '00'.	<u>FORMULA OR MILK:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>WATER/LIQUIDS:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>SOLID/MUSHY FOOD:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96	<u>FORMULA OR MILK:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>WATER/LIQUIDS:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>SOLID/MUSHY FOOD:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 (SKIP TO 544)	<u>FORMULA OR MILK:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>WATER/LIQUIDS:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>SOLID/MUSHY FOOD:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 (SKIP TO 544)
542 CHECK 313: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 544) ↓		
543 Did (NAME) drink anything from a bottle with a nipple yesterday?	YES.....1 NO.....2 DK.....8		
544 GO BACK TO 503 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 545.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
545	CHECK 312: ANY BIRTH IN 1982, 1983, OR 1984? YES <input type="checkbox"/> NO <input type="checkbox"/> → 550 NAME OF LAST BIRTH PRIOR TO 1985: _____ (NAME)		
546	Did you ever feed (NAME) at the breast?	YES.....1 NO.....2 → 548	
547	How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DK......98	
548	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> NOT RETURNED......96	
549	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> NOT RESUMED......96	
550	CHECK 501: ONE OR MORE LIVE BIRTHS SINCE JANUARY 1985 <input type="checkbox"/> NO LIVE BIRTHS SINCE JANUARY 1985 <input type="checkbox"/> → 701		

**SECTION 6. IMMUNIZATION, MORBIDITY AND CHILD MORTALITY**

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH																																																																																																																												
LINE NUMBER FROM Q. 309	□ □	□ □	□ □																																																																																																																												
NAME	NAME _____	NAME _____	NAME _____																																																																																																																												
601 Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 603) ← NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 603) ← NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 603) ← NO CARD.....3																																																																																																																												
602 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN ALL COLUMNS IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE RECORDED.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YEAR</th> <th>MO</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>PB</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>DB</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table> <p align="center">(SKIP TO 605)</p>		YEAR	MO	DAY	BCG				P1				P2				P3				PB				D1				D2				D3				DB				MEA				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YEAR</th> <th>MO</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>PB</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>DB</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table> <p align="center">(SKIP TO 605)</p>		YEAR	MO	DAY	P1				P2				P3				PB				D1				D2				D3				DB				MEA				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YEAR</th> <th>MO</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>PB</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>DB</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table> <p align="center">(SKIP TO 605)</p>		YEAR	MO	DAY	P1				P2				P3				PB				D1				D2				D3				DB				MEA			
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603 Has (NAME) received any vaccinations?	YES.....1 NO.....2 (SKIP TO 605) ← DK.....8	YES.....1 NO.....2 (SKIP TO 605) ← DK.....8	YES.....1 NO.....2 (SKIP TO 605) ← DK.....8																																																																																																																												

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	NAME	NAME	NAME
604	<p>Please tell me if (NAME) (has) received any of the following vaccinations:</p> <p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar?</p> <p>Polio vaccine, that is, drops in the mouth?</p> <p>IF YES: How many times?</p> <p>DPT vaccination against diphthery, pertusis and tetanus, that is an injection in the arm?</p> <p>IF YES: How many times?</p> <p>An injection against measles?</p>		
	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>
605	<p>CHECK 313:</p> <p>CHILD ALIVE?</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 607)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 607)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 607)</p>
606	<p>GO BACK TO 601 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 624.</p>		



BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	NAME _____	NAME _____	NAME _____
607	Has (NAME) been ill with any illness at any time in the last 2 weeks? YES.....1 NO.....2 (SKIP TO 609)←	YES.....1 NO.....2 (SKIP TO 609)←	YES.....1 NO.....2 (SKIP TO 609)←
608	What is (are) the illness(es)?  IF NO OTHER ILLNESSES ENTER "00"  1..... 2..... 3..... DK.....98	1..... 2..... 3..... DK.....98	1..... 2..... 3..... DK.....98
609	During the past two weeks, did (NAME) have one or more of the following symptoms?  FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1

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NAME	NAME	NAME	NAME																																																																																																			
610 CHECK 608 AND 609: ANY ILLNESS/SYMPTOM?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 613)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 613)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 613)																																																																																																			
611 Did you seek advice or treatment for the illnesses?	YES.....1 NO.....2 (SKIP TO 613)←	YES.....1 NO.....2 (SKIP TO 613)←	YES.....1 NO.....2 (SKIP TO 613)←																																																																																																			
612 From whom did you seek advice or treatment?  (CIRCLE EACH MENTIONED)	<table border="0"> <tr><td></td><td>Y</td><td>N</td></tr> <tr><td>GOVT. HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr><td>PRIVATE HOSPITAL....</td><td>1</td><td>2</td></tr> <tr><td>MCH.....</td><td>1</td><td>2</td></tr> <tr><td>PHC.....</td><td>1</td><td>2</td></tr> <tr><td>GP CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>SPECIALIST CLINIC....</td><td>1</td><td>2</td></tr> <tr><td>PHARMACY.....</td><td>1</td><td>2</td></tr> <tr><td>HOME.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td></td><td>(SPECIFY)</td><td></td></tr> </table>		Y	N	GOVT. HOSPITAL.....	1	2	PRIVATE HOSPITAL....	1	2	MCH.....	1	2	PHC.....	1	2	GP CLINIC.....	1	2	SPECIALIST CLINIC....	1	2	PHARMACY.....	1	2	HOME.....	1	2	OTHER.....	1	2		(SPECIFY)		<table border="0"> <tr><td></td><td>Y</td><td>N</td></tr> <tr><td>GOVT. HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr><td>PRIVATE HOSPITAL....</td><td>1</td><td>2</td></tr> <tr><td>MCH.....</td><td>1</td><td>2</td></tr> <tr><td>PHC.....</td><td>1</td><td>2</td></tr> <tr><td>GP CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>SPECIALIST CLINIC....</td><td>1</td><td>2</td></tr> <tr><td>PHARMACY.....</td><td>1</td><td>2</td></tr> <tr><td>HOME.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td></td><td>(SPECIFY)</td><td></td></tr> </table>		Y	N	GOVT. HOSPITAL.....	1	2	PRIVATE HOSPITAL....	1	2	MCH.....	1	2	PHC.....	1	2	GP CLINIC.....	1	2	SPECIALIST CLINIC....	1	2	PHARMACY.....	1	2	HOME.....	1	2	OTHER.....	1	2		(SPECIFY)		<table border="0"> <tr><td></td><td>Y</td><td>N</td></tr> <tr><td>GOVT. HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr><td>PRIVATE HOSPITAL....</td><td>1</td><td>2</td></tr> <tr><td>MCH.....</td><td>1</td><td>2</td></tr> <tr><td>PHC.....</td><td>1</td><td>2</td></tr> <tr><td>GP CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>SPECIALIST CLINIC....</td><td>1</td><td>2</td></tr> <tr><td>PHARMACY.....</td><td>1</td><td>2</td></tr> <tr><td>HOME.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td></td><td>(SPECIFY)</td><td></td></tr> </table>		Y	N	GOVT. HOSPITAL.....	1	2	PRIVATE HOSPITAL....	1	2	MCH.....	1	2	PHC.....	1	2	GP CLINIC.....	1	2	SPECIALIST CLINIC....	1	2	PHARMACY.....	1	2	HOME.....	1	2	OTHER.....	1	2		(SPECIFY)	
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	(SPECIFY)																																																																																																					
	Y	N																																																																																																				
GOVT. HOSPITAL.....	1	2																																																																																																				
PRIVATE HOSPITAL....	1	2																																																																																																				
MCH.....	1	2																																																																																																				
PHC.....	1	2																																																																																																				
GP CLINIC.....	1	2																																																																																																				
SPECIALIST CLINIC....	1	2																																																																																																				
PHARMACY.....	1	2																																																																																																				
HOME.....	1	2																																																																																																				
OTHER.....	1	2																																																																																																				
	(SPECIFY)																																																																																																					
613 Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 615)← NO.....2 DK.....8	YES.....1 (SKIP TO 618)← NO.....2 DK.....8	YES.....1 (SKIP TO 618)← NO.....2 DK.....8																																																																																																			
614 GO BACK TO 601 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, SKIP TO 624.																																																																																																						

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	NAME _____	NAME _____	NAME _____
615 CHECK 531: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 618)		
616 During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 618)		
617 Did you <u>increase</u> the number of feeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
618 Was (NAME) given any of the following:  CIRCLE ALL APPLICABLE CODES.	A. ANTIBIOTICS.....1 B. ORS.....1 C. READY MADE HERBAL TEA.1 D. YANSOON.....1 E. TEA.....1 F. SUGAR WATER.....1 G. MERAMYA.....1 H. BABUNIJ.....1 I. RICE WATER.....1 J. OTHER _____ 1 (SPECIFY)	A. ANTIBIOTICS.....1 B. ORS.....1 C. READY MADE HERBAL TEA.1 D. YANSOON.....1 E. TEA.....1 F. SUGAR WATER.....1 G. MERAMYA.....1 H. BABUNIJ.....1 I. RICE WATER.....1 J. OTHER _____ 1 (SPECIFY)	A. ANTIBIOTICS.....1 B. ORS.....1 C. READY MADE HERBAL TEA.1 D. YANSOON.....1 E. TEA.....1 F. SUGAR WATER.....1 G. MERAMYA.....1 H. BABUNIJ.....1 I. RICE WATER.....1 J. OTHER _____ 1 (SPECIFY)
619 Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 622)	YES.....1 NO.....2 (SKIP TO 622)	YES.....1 NO.....2 (SKIP TO 622)

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME	NAME	NAME	NAME

620	After how long did you start seeking advice?	HOURS.....1 <input type="text"/>	HOURS.....1 <input type="text"/>	HOURS.....1 <input type="text"/>
		DAYS.....2 <input type="text"/>	DAYS.....2 <input type="text"/>	DAYS.....2 <input type="text"/>

621	From whom did you seek advice or treatment?  CIRCLE EACH MENTIONED.	GOVT. HOSPITAL.....1	GOVT. HOSPITAL.....1	GOVT. HOSPITAL.....1
		PRIVATE HOSPITAL.....1	PRIVATE HOSPITAL.....1	PRIVATE HOSPITAL.....1
		MCH.....1	MCH.....1	MCH.....1
		PHC.....1	PHC.....1	PHC.....1
		GP CLINIC.....1	GP CLINIC.....1	GP CLINIC.....1
		SPECIALIST CLINIC.....1	SPECIALIST CLINIC.....1	SPECIALIST CLINIC.....1
		PHARMACY.....1	PHARMACY.....1	PHARMACY.....1
		FRIENDS/RELATIVES.....1	FRIENDS/RELATIVES.....1	FRIENDS/RELATIVES.....1
		OTHER.....1	OTHER.....1	OTHER.....1
		(SPECIFY)	(SPECIFY)	(SPECIFY)

622 GO BACK TO 601 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 623.

623	CHECK 618:		
	ORS SOLUTION MENTIONED FOR ANY CHILD IN 618 (ITEM #2 ON THE LIST)	<input type="checkbox"/>	→626
	ORS SOLUTION NOT MENTIONED OR 618 NOT ASKED	<input type="checkbox"/>	↓

624	Have you ever heard of a special product called (AQUA CELL OR PARALAIT) you can get for the treatment of diarrhea?	YES.....1 →626
		NO.....2

625	Have you ever seen a packet like this before? (SHOW PACKET)	YES.....1
		NO.....2 →628

626	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else?	YES.....1
		NO.....2 →628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
627	Where did you get information to prepare the home made fluid made from sugar, salt and water given to (NAME)?  CIRCLE ALL PERSONS MENTIONED.	GOVT. HOSPITAL.....1 PRIVATE HOSPITAL.....1 MCH.....1 PHC.....1 GP CLINIC.....1 SPECIALIST CLINIC.....1 PHARMACY.....1 FRIENDS/RELATIVES.....1 OTHER.....1 (SPECIFY)	
628	CHECK 618: HOME-MADE SOLUTION MENTIONED <input type="checkbox"/>	HOME-MADE SOLUTION NOT MENTIONED <input type="checkbox"/>	630
629	Who taught you to prepare this fluid?  CIRCLE ALL PERSONS MENTIONED.	DOCTOR.....1 NURSE/MIDWIFE.....1 PHARMACY.....1 TRADITIONAL BIRTH ATTENDANT.....1 FRIENDS/RELATIVES.....1 OTHER.....1 (SPECIFY)	
630	RECORD THE TIME.	HOURS..... <input type="text"/> <input type="text"/>  MINUTES..... <input type="text"/> <input type="text"/>	

631 CHECK 309, 313 AND 319:

ONE OR MORE CHILDREN DIED AMONG BIRTHS THAT OCCURRED SINCE JANUARY 1985

NO CHILD DIED AMONG BIRTHS THAT OCCURRED SINCE JANUARY 1985  (SKIP TO 701)

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	NAME	NAME	NAME
SURVIVAL STATUS FROM Q. 313	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 637)

632 Now I would like to ask you some questions concerning your deceased child(ren) among those born to you in the last five years.

633 Was the death of (NAME) caused by an accident or by a disease?

IF ACCIDENT: Was it an accident such as falling or burning, or a birth injury/problem?

ACCIDENT.....1	ACCIDENT.....1	ACCIDENT.....1
BIRTH INJURY.....2 (SKIP TO 635) ←	BIRTH INJURY.....2 (SKIP TO 635) ←	BIRTH INJURY.....2 (SKIP TO 635) ←
DISEASE.....3	DISEASE.....3	DISEASE.....3

634 What kind of accident?

FALL.....1	FALL.....1	FALL.....1
DROWNING.....2	DROWNING.....2	DROWNING.....2
TRAFFIC ACCIDENT.....3	TRAFFIC ACCIDENT.....3	TRAFFIC ACCIDENT.....3
BURNS.....4	BURNS.....4	BURNS.....4
POISONING.....5	POISONING.....5	POISONING.....5
OTHER.....6 (SPECIFY)	OTHER.....6 (SPECIFY)	OTHER.....6 (SPECIFY)
DK.....8	DK.....8	DK.....8
(SKIP TO 632 FOR NEXT BIRTH)	(SKIP TO 632 FOR NEXT BIRTH)	(SKIP TO 637)

LINE NUMBER FROM q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME FROM q. 309	LAST BIRTH NAME <input type="text"/>	NEXT-TO-LAST-BIRTH NAME <input type="text"/>	SECOND-FROM-LAST-BIRTH NAME <input type="text"/>
------------------	--------------------------------------	--	--

635 What was the disease(s) that caused the death of (NAME)?  RECORD THE NAME(S) OF THE DISEASES GIVEN BY THE RESPONDENT.	DISEASE(S): <input type="text"/>	DISEASE(S): <input type="text"/>	DISEASE(S): <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

636 During the illness leading to the death of (NAME), did he/she have one or more of the following symptoms?  a. Unable to suck milk or did not suck normally after birth? b. Unable to open mouth to cry? c. Fever? d. Rash? e. Cough? f. Red, teary eyes? g. Prolonged cough followed by vomiting? h. Whooping cough? i. Red hair? j. Swollen face and feet? k. Emaciated/very thin? l. Three or more stools per day? m. Difficult and rapid breathing? n. Convulsions?		YES NO	YES NO	YES NO
	UNABLE TO SUCK.....1 2	UNABLE TO SUCK.....1 2	UNABLE TO SUCK.....1 2	UNABLE TO SUCK.....1 2
	UNABLE TO CRY.....1 2	UNABLE TO CRY.....1 2	UNABLE TO CRY.....1 2	UNABLE TO CRY.....1 2
	FEVER.....1 2	FEVER.....1 2	FEVER.....1 2	FEVER.....1 2
	RASH.....1 2	RASH.....1 2	RASH.....1 2	RASH.....1 2
	COUGH.....1 2	COUGH.....1 2	COUGH.....1 2	COUGH.....1 2
	RED, TEARY EYES.....1 2	RED, TEARY EYES.....1 2	RED, TEARY EYES.....1 2	RED, TEARY EYES.....1 2
	PROLONGED COUGH FOLLOWED BY VOMITTING.....1 2	PROLONGED COUGH FOLLOWED BY VOMITTING.....1 2	PROLONGED COUGH FOLLOWED BY VOMITTING.....1 2	PROLONGED COUGH FOLLOWED BY VOMITTING.....1 2
	WHOOPING COUGH.....1 2	WHOOPING COUGH.....1 2	WHOOPING COUGH.....1 2	WHOOPING COUGH.....1 2
	RED HAIR.....1 2	RED HAIR.....1 2	RED HAIR.....1 2	RED HAIR.....1 2
	SWOLLEN FACE & FEET..1 2	SWOLLEN FACE & FEET..1 2	SWOLLEN FACE & FEET..1 2	SWOLLEN FACE & FEET..1 2
	EMACIATED.....1 2	EMACIATED.....1 2	EMACIATED.....1 2	EMACIATED.....1 2
	THREE OR MORE STOOLS PER DAY.....1 2	THREE OR MORE STOOLS PER DAY.....1 2	THREE OR MORE STOOLS PER DAY.....1 2	THREE OR MORE STOOLS PER DAY.....1 2
	DIFFICULT AND RAPID BREATHING.....1 2	DIFFICULT AND RAPID BREATHING.....1 2	DIFFICULT AND RAPID BREATHING.....1 2	DIFFICULT AND RAPID BREATHING.....1 2
CONVULSIONS.....1 2	CONVULSIONS.....1 2	CONVULSIONS.....1 2	CONVULSIONS.....1 2	

637 RECORD THE TIME.	HOURS..... <input type="text"/>
	MINUTES..... <input type="text"/>

**SECTION 7. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 414P:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		706
702	<p>CHECK 201:</p> <p>CURRENTLY MARRIED/SEPARATED <input type="checkbox"/></p> <p>NOT CURRENTLY MARRIED <input type="checkbox"/></p>		711
703	<p>Now I have some questions about the future.</p> <p>CHECK 322 AND MARK BOX:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>Would you like to have a (another) child?</p> <p>PREGNANT <input type="checkbox"/></p> <p>After the child you are expecting, would you like to have another child?</p>	<p>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED OR DK.....8</p>	709
704	<p>CHECK 322 AND MARK BOX:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of a (another) child?</p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>DURATION MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....994</p> <p>SAYS SHE CAN'T GET PREGNANT...995</p> <p>OTHER (SPECIFY) 996</p> <p>DK.....998</p>	709
705	<p>CHECK 313:</p> <p>IF NO LIVING CHILDREN, CIRCLE '96'</p> <p>How old would you like your youngest child to be before having another child?</p>	<p>WAITING PERIOD MONTHS.....</p> <p>NO LIVING CHILDREN.....96</p> <p>DK.....98</p>	709
706	<p>Do you regret that you (your husband) had the operation not to have any (more) children?</p>	<p>YES.....1</p> <p>NO.....2</p>	708



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
707	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 HUSBAND WANTS ANOTHER CHILD.....2 SIDE EFFECTS.....3 OTHER REASON _____ 4 (SPECIFY)	711												
708	Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have a sterilization?	YES.....1 NO.....2	711												
709	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2													
710	Do you think your husband 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													
711	CHECK 313 AND MARK BOX:  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?  HAS LIVING CHILDREN <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?	BOYS..... <table border="1" data-bbox="1251 852 1318 936"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS..... <table border="1" data-bbox="1251 936 1318 1020"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> TOTAL..... <table border="1" data-bbox="1251 1020 1318 1104"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> AS MANY AS POSSIBLE.....94 DEPENDS ON GOD.....95 OTHER ANSWER _____ 96 (SPECIFY)													

SECTION 8. HUSBAND'S BACKGROUND, RESIDENCE AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Did your (last) husband ever attend school?  IF "NO": Can he read and write?	YES.....1 NO, LITERATE.....2 NO, ILLITERATE.....3	→804
802	What was the highest level of schooling your husband attended?	PRIMARY.....1 PREPARATORY.....2 SECONDARY.....3 INSTITUTE.....4 UNIVERSITY.....5 HIGHER STUDIES.....6 DK.....8	
803	What was the highest grade your husband completed?	GRADE..... <input type="text"/> DK.....8	
804	What kind of work does (did) your (last) husband mainly do?	_____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/>	
805	CHECK 804:  WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		→807
806	Does (did) your husband/partner work mainly on his own land or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	
807	Have you lived in only one or in more than one community since January 1985?	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	→809
808	ENTER (IN COL.7 OF CALENDAR) THE APPROPRIATE CODE FOR CURRENT COMMUNITY BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1985		→810

809 In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)?

ENTER (IN COL.7 OF CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ("1" CITY, "2" TOWN, AND "3" VILLAGE). CONTINUE PROBING FOR PREVIOUS COMMUNITIES SINCE JANUARY 1985 AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY.

ILLUSTRATIVE QUESTIONS

- Where did you live before.....?
- In what month and year did you arrive there?
- Is that place in a city, a town, or in a village?

810	REFER TO PLACE OF RESIDENCE IN JANUARY 1985: When did you move to this/that place?	LIVED THERE SINCE BIRTH.....96 → 812 MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
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811	Was the place you moved from a city, a town, or a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
-----	--	---	--

812	I would like to ask you some questions about working. Are you now doing any work other than housekeeping, inside and outside the house, for cash or kind?	YES.....1 → 815 NO.....2	
-----	--	-----------------------------	--

813	Have you ever worked since January 1985?	YES.....1 → 815 NO.....2	
-----	--	-----------------------------	--

814	ENTER "0" IN COLUMN 8 OF CALENDAR IN EACH MONTH FROM JANUARY 1985 TO CURRENT MONTH.		→ 819
-----	---	--	-------

815	What is (was) your (most recent) occupation? That is, what kind of work do (did) you do?	<input type="text"/> _____ _____ _____	
-----	---	---	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
816	<p>USE CALENDAR TO PROBE FOR ALL PERIODS OF WORK, STARTING WITH CURRENT OR MOST RECENT WORK, BACK TO JANUARY 1985.</p> <p>ILLUSTRATIVE QUESTIONS</p> <ul style="list-style-type: none"> <li>- When did this job begin (and when did it end)?</li> <li>- What did you do before that?</li> <li>- How long did you work at that time?</li> <li>- Were you paid for this work?</li> <li>- Did you work at home or away from home?</li> </ul>		
817	CHECK COLUMN 8 OF CALENDAR:	<p>WORKED IN JANUARY 1985</p> <p><input type="checkbox"/></p> <p>↓</p>	<p>DID NOT WORK IN JANUARY 1985</p> <p><input type="checkbox"/></p> <p>→ 819</p>
818	<p>I see that you were working in January 1985.</p> <p>When did you start that job?</p>	<p>MONTH.....<input type="checkbox"/><input type="checkbox"/></p> <p>DK MONTH.....98</p> <p>YEAR.....<input type="checkbox"/><input type="checkbox"/></p> <p>DK YEAR.....98</p>	→ 821
819	<p>I see that you were not working in January 1985.</p> <p>Did you ever work prior to January 1985?</p>	<p>YES.....1</p> <p>NO.....2</p>	→ 821
820	When did your last job prior to 1985 end?	<p>MONTH.....<input type="checkbox"/><input type="checkbox"/></p> <p>DK MONTH.....98</p> <p>YEAR.....<input type="checkbox"/><input type="checkbox"/></p> <p>DK YEAR.....98</p>	
821	<p>CHECK 312/313/315: HAS CHILD BORN SINCE JANUARY 1985 AND LIVING AT HOME?</p> <p>YES <input type="checkbox"/></p> <p>↓</p>	NO	→ 825
822	<p>CHECK 812: CURRENTLY WORKING?</p> <p>YES <input type="checkbox"/></p> <p>↓</p>	NO	→ 825
823	<p>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?</p>	<p>USUALLY.....1</p> <p>SOMETIMES.....2</p> <p>NEVER.....3</p>	→ 825

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
824	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER _____ 09 (SPECIFY)									
825	RECORD THE TIME.	HOURS..... <table border="1" data-bbox="1257 491 1326 533"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES..... <table border="1" data-bbox="1257 533 1326 575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

SECTION 9. WEIGHT AND LENGTH

901	CHECK 319:	ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1985	<input type="checkbox"/>	NO LIVING CHILDREN BORN SINCE JANUARY 1985	<input type="checkbox"/> → END
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INTERVIEWER: IN 902-904, RECORD THE LINE NUMBERS, NAMES, AND BIRTH DATES OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1985 STARTING WITH THE YOUNGEST CHILD. RECORD WEIGHT AND LENGTH IN 905 AND 906.

	<input type="checkbox"/> 1 YOUNGEST LIVING CHILD	<input type="checkbox"/> 2 NEXT-TO-YOUNGEST LIVING CHILD	<input type="checkbox"/> 3 SECOND-TO-YOUNGEST LIVING CHILD
902 LINE NO. FROM Q. 309	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
903 NAME FROM Q. 309	(NAME) _____	(NAME) _____	(NAME) _____
904 DATE OF BIRTH FROM Q. 312 AND ASK FOR DAY	DAY..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
905 WEIGHT (in kg.)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>
906 LENGTH (in cm.)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/>
907 METHOD OF MEASUREMENT	STANDING.....1 LYING.....2	STANDING.....1 LYING.....2	STANDING.....1 LYING.....2

	1 YOUNGEST LIVING CHILD	2 NEXT-TO-YOUNGEST LIVING CHILD	3 SECOND-TO-YOUNGEST LIVING CHILD
908			
A. Arm fat (in mm.)	FAT <input type="text"/> <input type="text"/>	FAT <input type="text"/> <input type="text"/>	FAT <input type="text"/> <input type="text"/>
B. Arm circumference (in cm.)	ARM <input type="text"/> <input type="text"/>	ARM <input type="text"/> <input type="text"/>	ARM <input type="text"/> <input type="text"/>
C. Head circumference (in cm.)	HEAD <input type="text"/> <input type="text"/>	HEAD <input type="text"/> <input type="text"/>	HEAD <input type="text"/> <input type="text"/>
909			
DATE CHILD WEIGHED AND MEASURED	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>
910			
RESULT	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 <hr/> (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 <hr/> (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 <hr/> (SPECIFY)
911	NAME OF MEASURER: <input type="text"/> <input type="text"/>		NAME OF ASSISTANT: <input type="text"/> <input type="text"/>

