

REPUBLIC OF THE SUDAN
 MINISTRY OF ECONOMIC AND NATIONAL PLANNING
 DEPARTMENT OF STATISTICS

SUDAN DEMOGRAPHIC AND HEALTH SURVEY
 INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION	
REGION.....	<input type="checkbox"/>
PROVINCE.....	<input type="checkbox"/> <input type="checkbox"/>
PLACE NAME _____	
URBAN/RURAL (urban=1, rural=2).....	<input type="checkbox"/>
CLUSTER NUMBER.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
HOUSEHOLD NUMBER.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME AND LINE NUMBER OF WOMAN.....	<input type="checkbox"/> <input type="checkbox"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE.....	_____	_____	_____	MONTH YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
INTERVIEWER'S NAME.	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
RESULT**.....	_____	_____	_____	<input type="checkbox"/>
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS <input type="checkbox"/>
**RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____ (SPECIFY)				

NAME.....	FIELD EDITED BY	OFFICE EDITED BY	CODED BY	KEYED BY
DATE.....	_____	_____	_____	_____
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR RESEARCH

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
103	RECORD THE TIME.	HOUR..... MINUTES.....	<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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
104	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 village or a town?	VILLAGE.....1 TOWN.....2					
104A	What was the name of the province in which you lived as child? RECORD NAME OF PROVINCE, OR IF PLACE WAS OUTSIDE OF SUDAN, NAME OF COUNTRY.	NAME OF PLACE _____ _____	<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>				
105	How long have you been living continuously in (NAME OF VILLAGE OR TOWN)?	ALWAYS.....95 VISITOR.....96 YEARS.....	<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> → 107				
106	Just before you moved here, did you live in a village or a town?	VILLAGE.....1 TOWN.....2					
106A	What was the name of the province in which you lived just before you moved here? RECORD NAME OF PROVINCE, OR IF PLACE WAS OUTSIDE OF SUDAN, NAME OF COUNTRY.	NAME OF PLACE _____ _____	<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>				
106B	What was the reason for you move?	DROUGHT/DESERTIFICATION.....1 FAMINE.....2 EMPLOYMENT.....3 SECURITY.....4 MARRIAGE.....5 OWN OR BETTER HOME.....6 OTHER.....7 (SPECIFY)					
107	In what month and year were you born?	MONTH*..... DK MONTH.....98 YEAR..... DK YEAR.....98	<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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
108	How old are you now in completed years? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	<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>				

* FALL=21, WINTER=22, SUMMER=23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
108A	Are you now married, widowed, divorced or separated?	MARRIED.....1 WIDOWED.....2 DIVORCED/SEPARATED.....3	
109	Have you ever attended school?	YES.....1 NO.....2	→ 113
110	What was the highest level of school you attended: primary, junior secondary, higher secondary, or higher?	PRIMARY.....1 JUNIOR SECONDARY.....2 HIGHER SECONDARY.....3 HIGHER EDUCATION.....4	
111	What was the highest grade you completed at that level?	GRADE..... <input type="text"/>	
112	CHECK 110: PRIMARY <input type="checkbox"/> JUNIOR, SECONDARY, OR HIGHER <input type="checkbox"/>		→ 114
113	Can you read a letter or newspaper easily, with diffi- culty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
114	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
115	What is the major source of water for members of your household?	PIPED INTO RESIDENCE.....01 PIPED OUTSIDE.....02 PUBLIC WELL.....03 RIVER, SURFACE WATER.....04 VENDOR.....05 RAINWATER.....06 OTHER _____ .07 (SPECIFY)	
117	What kind of toilet facility does your household have?	FLUSH.....1 BUCKET.....2 PIT.....3 OTHER _____ .4 (SPECIFY) NO FACILITIES.....5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
120	Does your house have: Electricity? A radio? A television? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
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REFRIGERATOR.....	1	2																
120A	What kind of cooking fuel do you use?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>GAS.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHARCOAL.....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>WOOD.....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">5</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	GAS.....	1	ELECTRICITY.....	2	CHARCOAL.....	3	WOOD.....	4	OTHER _____	5	(SPECIFY)					
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(SPECIFY)																		
121	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	TRACTOR.....	1	2	
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122	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>CERAMIC TILES.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>EARTH/SAND.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CEMENT.....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>BRICK.....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>WOOD.....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	CERAMIC TILES.....	1	EARTH/SAND.....	2	CEMENT.....	3	BRICK.....	4	WOOD.....	5	OTHER _____	6	(SPECIFY)			
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122A	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>BRICK.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MUD.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CEMENT/CONCRETE.....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STRAW.....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>WOOD.....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	BRICK.....	1	MUD.....	2	CEMENT/CONCRETE.....	3	STRAW.....	4	WOOD.....	5	OTHER _____	6	(SPECIFY)			
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(SPECIFY)																		
130	What is your religion?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>MOSLEM.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>CHRISTIAN.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">3</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	MOSLEM.....	1	CHRISTIAN.....	2	OTHER _____	3	(SPECIFY)									
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OTHER _____	3																	
(SPECIFY)																		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206								
202	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
204	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS ELSEWHERE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208								
207	How many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208: 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 201-209 AS NECESSARY										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →220										

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 ON SEPARATE LINES AND CONNECT THEIR SERIAL NUMBERS.

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
01 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/>	YES NO 1 2
02 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/>	YES NO 1 2
03 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/>	YES NO 1 2
04 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/>	YES NO 1 2
05 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/>	YES NO 1 2
06 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/>	YES NO 1 2
07 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/>	YES NO 1 2

SEASON CODES: FALL=21, WINTER=22, SUMMER=23

212 What name was given to your next baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
08 <hr/> (NAME)	BOY GIRL 1 2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
09 <hr/> (NAME)	BOY GIRL 1 2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
10 <hr/> (NAME)	BOY GIRL 1 2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
11 <hr/> (NAME)	BOY GIRL 1 2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
12 <hr/> (NAME)	BOY GIRL 1 2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
13 <hr/> (NAME)	BOY GIRL 1 2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO 219)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2

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

NUMBERS ARE SAME

NUMBERS ARE DIFFERENT

(PROBE AND RECONCILE)

↓

INTERVIEWER: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED
 FOR EACH LIVE CHILD: CURRENT AGE IS RECORDED
 FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

SEASON CODES: FALL=21, WINTER=22, SUMMER=23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
220	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→225
221	For how many months have you been pregnant?	MONTHS..... <input type="text"/> <input type="text"/>	
222	Since you became pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8	→223
222A	How many injections did you receive for this pregnancy?	NUMBER..... <input type="text"/> DK.....8	
222B	Where did you go to get the (last) injection?	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 DISPENSARY.....04 DRESSING STATION.....05 PRIMARY HEALTH UNIT.....06 MOBILE CLINIC.....07 PRIVATE DOCTOR.....08 PRIVATE HOSPITAL.....09 OTHER.....10 (SPECIFY) DK.....98	
223	Did you see anyone for a check on this pregnancy?	YES.....1 NO.....2	→226
224	Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT...3 OTHER.....4 (SPECIFY)	→226
225	How long ago 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"/> BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
226	When during her monthly cycle do you think a woman has to be careful to avoid 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
227	Have you ever been circumcised?	YES.....1 NO.....2	→230
228	What type of circumcision did you have? Did you have pharonic, intermediate or sunna circumcision?	PHARONIC.....1 INTERMEDIATE.....2 SUNNA.....3 OTHER.....4 (SPECIFY)	
229	Who performed the circumcision?	DOCTOR.....1 TRAINED MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 OTHER.....4 (SPECIFY)	
230	CHECK 203, 205 AND WRITE TOTAL NUMBER OF DAUGHTERS <input type="text"/> <input type="text"/> Are all of your daughters circumcised? PROBE AND MARK THE APPROPRIATE ANSWER	NO DAUGHTERS.....1 ALL ARE.....2 ELDER DAUGHTERS ARE.....3 DAUGHTERS NOT OLD ENOUGH.....4 DAUGHTERS OLD ENOUGH BUT UNCIRCUMCISED.....5	→232
231	Do you plan to have all of your daughters circumcised?	YES.....1 NO.....2	
232	Do you think female circumcision should continue?	YES.....1 NO.....2	→235
233	What type of circumcision would you prefer?	PHARONIC.....1 INTERMEDIATE.....2 SUNNA.....3 OTHER.....4 (SPECIFY)	
234	Why do you think female circumcision should be continued? CIRCLE FIRST TWO REASONS MENTIONED. IF ONLY ONE REASON GIVEN CIRCLE CODE 95 FOR THE SECOND REASON	GOOD TRADITION.....01 CUSTOM AND TRADITION.....02 RELIGIOUS DEMAND.....03 CLEANLINESS.....04 BETTER MARRIAGE PROSPECTS.....05 GREATER PLEASURE OF HUSBAND.....06 PRESERVATION OF VIRGINITY/ PREVENTION OF IMMORALITY.....07 INCREASED FERTILITY.....08 NEVER THINK ABOUT REASON.....09 OTHER.....10 NO SECOND REASON GIVEN.....95	→238

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
235	Why are you opposed to female circumcision? CIRCLE FIRST TWO REASONS MENTIONED. IF ONLY ONE REASON GIVEN CIRCLE CODE 95 FOR THE SECOND REASON	RELIGIOUS PROHIBITION.....01 FAILURE TO ACHIEVE SEXUAL SATISFACTION.....02 MEDICAL COMPLICATIONS.....03 PAINFUL PERSONAL EXPERIENCE....04 AGAINST DIGNITY OF WOMEN.....05 OTHER06 (SPECIFY) NO SECOND REASON GIVEN95	
236	Why do you think this practice continues?	IGNORANCE OF CONSEQUENCES.....01 FEAR OF SOCIAL CRITICISM.....02 FEAR OF INITIATING SOCIAL CHANGE.....03 INFLUENCE OF PARENTS.....04 INFLUENCE OF OLD WOMEN/ GRANDMOTHERS.....05 NON-ENFORCEMENT OF THE LAW.....06 LACK OF GOVT EFFORTS TO ENLIGHTEN PEOPLE.....07 INSUFFICIENT HEALTH EDUCATION..08 OTHER09 (SPECIFY)	
237	What, in your opinion, is the best way to abolish the practice?	ENFORCED LEGISLATION.....1 EDUC CAMPAIGNS FOR WOMEN.....2 INVOLVEMENT OF FATHERS.....3 IMPROVEMENT OF WOMENS STATUS...4 SEX EDUCATION.....5 OTHER6 (SPECIFY)	
238	CHECK 108A: MARRIED <input type="checkbox"/> WIDOWED, DIVORCED/ SEPARATED <input type="checkbox"/>		241
239	Is your husband in favor of continuation or discontinuation of female circumcision?	FAVORS CONTINUATION.....1 FAVORS DISCONTINUATION.....2 HAS NO OPIONION.....3 DK.....8	241
240	What type of female circumcision does your husband favors?	PHARONIC.....1 INTERMEDIATE.....2 SUNNA.....3 OTHER.....4 DK.....8	
241	PRESENCE OF OTHERS AT THIS POINT.	CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

SECTION 3: CONTRACEPTION

301 Now I would like to talk about a different topic. There are 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 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 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION.	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01 PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
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	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
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	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
04 JELLY/DIAPHRAGM/FOAM 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	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
07 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	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
08 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	Where would you go to obtain advice on periodic abstinence? OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
10 ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONT.....1 NO.....3	YES.....1 NO.....2	CODES FOR 304 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CNTR 03 FAMILY PLANNING CLINIC 04 DISPENSARY 05 OTH. GOVT. HLTH FAC. 06 PHARMACY 07 MOBILE CLINIC 08 PRIVATE DOCTOR 09 PRIVATE HOSPITAL 10 FRIENDS AND RELATIVES 11 OTHERS (SPECIFY) 98 DONT KNOW	CODES FOR 305 02 NOT EFFECTIVE 03 HUSBAND DISAPPROVES 04 OTHERS DISAPPROVE 05 HEALTH CONCERNS 06 ACCESS/AVAILABILITY 07 COSTS TOO MUCH 08 INCONVENIENT TO USE 09 PERMANENT METHOD 11 RELIGION 12 OTHER (SPECIFY) 13 NONE 98 DONT KNOW
1 _____ (SPECIFY)		YES.....1 NO.....2		
2 _____ (SPECIFY)		YES.....1 NO.....2		
3 _____ (SPECIFY)		YES.....1 NO.....2		

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

AT LEAST ONE "YES" (EVER USED)

SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Have you ever used anything or tried in any way to delay or avoid getting pregnant? CIRCLE THE APPROPRIATE RESPONSE.	YES.....1 NO.....2	316
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	CHECK 303: EVER USED PERIODIC ABSTINENCE <input type="checkbox"/> NEVER USED PERIODIC ABSTINENCE <input type="checkbox"/>		311
310	The last time you used periodic abstinence, how did you determine on which days you had to abstain?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS) METHOD.....3 BASED ON BODY TEMPERATURE AND MUCUS.....4 OTHER5 (SPECIFY) NO SPECIFIC SYSTEM.....6	
311	How many living children, if any, did you have when you first did something or used a method to avoid getting pregnant? IF NONE ENTER '00' IN THE BOXES.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
311A	CHECK 108A: MARRIED <input type="checkbox"/> WIDOWED, DIVORCED/SEPARATED <input type="checkbox"/>		315F
312	CHECK 220: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		316
313	Are you currently doing something or using any method to avoid getting pregnant?	YES.....1 NO.....2	315F
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 JELLY/DIAPHRAGM/FOAM.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER10 (SPECIFY)	315 315A 315B 319

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314A	Please show me the package of pills you are now using. (RECORD NAME OF BRAND.)	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> BRAND NAME _____ NOT ABLE TO SHOW.....96	
314B	How much does one packet (cycle) of pills cost you?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> COST _____ FREE.....96 DONT KNOW.....98	
315	Where did you obtain (METHOD) the last time?	GOVERNMENT HOSPITAL01 GOVERNMENT HEALTH CENTRE.....02 FAMILY PLANNING CLINIC03 DISPENSARY.....04 OTH. GOVT. HLTH FAC.....05 PHARMACY.....06 MOBILE CLINIC.....07 PRIVATE DOCTOR.....08 PRIVATE HOSPITAL.....09 FRIENDS AND RELATIVES.....10 OTHERS (SPECIFY) _____11 DONT KNOW.....98	319
315A	Where did the sterilization take place?		
315B	Where did you obtain instructions for this method?		
315C	Was there anything you particularly disliked about the (SOURCE OF LAST METHOD) or the services you received there?	NONE.....1 TOO FAR.....2 WAIT TOO LONG.....3 NOT COMFORTABLE WITH STAFF.....4 SERVICES EXPENSIVE.....5 DESIRED METHOD UNAVAILABLE.....6 OTHER.....7 (SPECIFY) UNSURE.....8	
315D	CHECK 314: USING PILL, INJECTIONS, DIAPHRAGM/FOAM/JELLY OR CONDOM	USING ANY OTHER METHOD <input type="checkbox"/>	319
315E	Did you ever stop using your method because you could not get supplies at the (SOURCE OF CURRENT METHOD)?	YES.....1 NO.....2	319
315F	CHECK 208: ANY BIRTHS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	316
315G	Since your last birth have you done anything or used any method to avoid getting pregnant?	YES.....1 NO.....2	316
315H	What was the last method you used?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	315J 315K

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315I	Where did you obtain (METHOD) the last time?	GOVERNMENT HOSPITAL01 GOVERNMENT HEALTH CNTR E.....02 FAMILY PLANNING CLINIC03 DISPENSARY.....04 OTH. GOVT. HLTH FAC.....05 PHARMACY.....06 MOBILE CLINIC.....07 PRIVATE DOCTOR.....08 PRIVATE HOSPITAL.....09 FRIENDS AND RELATIVES.....10 OTHERS (SPECIFY).....11 (SPECIFY) DK.....98	
315J	Where did you obtain instructions for this method?	TO BECOME PREGNANT.....01 METHOD FAILED.....02 HUSBAND DISAPPROVED.....03 OTHERS DISAPPROVED.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX/HUSB. NOT PRES..10 RELIGION.....11 OTHER12 (SPECIFY) DK.....98	
315K*	What was the main reason you stopped using (LAST METHOD) then?	TO BECOME PREGNANT.....01 METHOD FAILED.....02 HUSBAND DISAPPROVED.....03 OTHERS DISAPPROVED.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX/HUSB. NOT PRES..10 RELIGION.....11 OTHER12 (SPECIFY) DK.....98	
316	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→ 319
317	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 OTHER10 (SPECIFY) UNSURE.....98	
318	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8	
319	Is it acceptable or not acceptable to you for family planning information to be provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	

* Interviewers were instructed to skip to 319 if sterilization was the answer in 315H

SECTION 4. HEALTH AND BREASTFEEDING

401 CHECK 214:
 ONE OR MORE LIVE BIRTHS SINCE JAN. 1984
 NO LIVE BIRTHS SINCE JAN. 1984 (SKIP TO 445)

402 ENTER THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1984 IN THE TABLE. BEGIN WITH THE LAST BIRTH. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS.

LINE NUMBER FROM Q. 212	(1)	(2)	(3)	(4)
FROM Q. 212	[] []	[] []	[] []	[] []
FROM Q. 215	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	THIRD-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403 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 DK.....8 (SKIP TO 404)<	YES.....1 NO.....2 DK.....8 (SKIP TO 404)<	YES.....1 NO.....2 DK.....8 (SKIP TO 404)<	YES.....1 NO.....2 DK.....8 (SKIP TO 404)<
403A How many times did you get this injection?	TIMES..... [] DK.....8	TIMES..... [] DK.....8	TIMES..... [] DK.....8	TIMES..... [] DK.....8
404 When you were pregnant with (NAME), did you see anyone for a check on this pregnancy? IF YES: Whom did you see? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE5	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE5	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE5	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE5
405 Who assisted with the delivery of (NAME)? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED HEALTH WORKER/MIDWIFE...2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER4 (SPECIFY) NO ONE.....5
405A How many months after the birth of (NAME) did your period return?	MONTHS..... [] [] NOT RETURNED.....96	MONTHS..... [] [] NEVER RETURNED...96	MONTHS..... [] [] NEVER RETURNED...96	MONTHS..... [] [] NEVER RETURNED...96
405B Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1 NO.....2 (SKIP TO 406)<	↓	↓	↓
405C How long after the birth of (NAME) did you resume sexual relations?	MONTHS..... [] [] 40 DAYS.....96	MONTHS..... [] [] 40 DAYS.....96	MONTHS..... [] [] 40 DAYS.....96	MONTHS..... [] [] 40 DAYS.....96
	(1)	(2)	(3)	(4)

	(1)	(2)	(3)	(4)
406 Did you ever feed (NAME) at the breast?	YES.....1 (SKIP TO 407)← NO.....2	YES.....1 (SKIP TO 408)← NO.....2	YES.....1 (SKIP TO 408)← NO.....2	YES.....1 (SKIP TO 408)← NO.....2
406A Why did you not feed (NAME) at the breast?	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (BACK TO 403, COL. 2)←	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (BACK TO 403, COL. 3)←	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (BACK TO 403, COL. 4)←	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 412)←
407 Are you still breast-feeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 (BACK TO 403, COL.2)← NO (CHILD DEAD)...2			
408 How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DEATH.....96 (BACK TO 403, COL. 2)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DEATH.....96 (BACK TO 403, COL. 3)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DEATH.....96 (BACK TO 403, COL. 4)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DEATH.....96 (SKIP TO 412) ←
408A Why did you stop breastfeeding (NAME)?	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (BACK TO 403, COL.2)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (BACK TO 403, COL.3)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (BACK TO 403, COL.4)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (ALL GO TO 412)
	(1)	(2)	(3)	(4)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																	
412	CHECK 407 COL.1 FOR LAST BIRTH: LAST CHILD STILL BREASTFED <input type="checkbox"/> LAST CHILD DEAD OR NO BREASTFEEDING NOW <input type="checkbox"/> NAME _____ 407 IS BLANK <input type="checkbox"/>		417A 418																																	
413	How many times did you breastfeed last night between sundown and sunrise?	NUMBER OF TIMES..... <input type="text"/> AS OFTEN AS CHILD WANTED.....96																																		
414	How many times did you breastfeed yesterday during the daylight hours?	NUMBER OF TIMES..... <input type="text"/> AS OFTEN AS CHILD WANTED.....96																																		
415	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following: Sugar water? Plain water? Juice? Powdered milk? Cow's or goat's milk? Bottled baby's formula Any other liquid? Any solid or mushy food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SUGAR WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POWDERED MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COW'S OR GOAT'S MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOTTLED BABY'S FORMULA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER LIQUID</td> <td></td> <td></td> </tr> <tr> <td>_____ .1</td> <td></td> <td>2</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>ANY SOLID OR MUSHY FOOD.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SUGAR WATER.....	1	2	PLAIN WATER.....	1	2	JUICE.....	1	2	POWDERED MILK.....	1	2	COW'S OR GOAT'S MILK.....	1	2	BOTTLED BABY'S FORMULA.....	1	2	ANY OTHER LIQUID			_____ .1		2	(SPECIFY)			ANY SOLID OR MUSHY FOOD.....	1	2	
	YES	NO																																		
SUGAR WATER.....	1	2																																		
PLAIN WATER.....	1	2																																		
JUICE.....	1	2																																		
POWDERED MILK.....	1	2																																		
COW'S OR GOAT'S MILK.....	1	2																																		
BOTTLED BABY'S FORMULA.....	1	2																																		
ANY OTHER LIQUID																																				
_____ .1		2																																		
(SPECIFY)																																				
ANY SOLID OR MUSHY FOOD.....	1	2																																		
416	CHECK 415: WAS GIVEN FOOD OR LIQUID <input type="checkbox"/> NO FOOD OR LIQUID GIVEN <input type="checkbox"/>		417A																																	
417	Were any of these given in a bottle with a nipple?	YES.....1 NO.....2																																		
417A	Have you given (Did you give) (NAME OF LAST CHILD) milk other than breast milk on a regular daily basis?	YES.....1 NO.....2	417C																																	
417B	How many months after the birth of (NAME OF LAST CHILD) did you start giving him/her any kind of milk other than breast milk?	MONTHS..... <input type="text"/>																																		
417C	Have you given (Did you give) (NAME OF LAST CHILD) solid or semi-solid food on a regular daily basis?	YES.....1 NO.....2	418																																	
417D	How many months after the birth of (NAME OF LAST CHILD) did you start giving him/her the food?	MONTHS..... <input type="text"/>																																		
418	At the time you became pregnant with (NAME OF LAST CHILD), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 LATER.....2 NO MORE.....3																																		

419 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1984 BELOW. BEGIN WITH THE LAST BIRTH THE INFORMATION ABOUT THE CHILDREN IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 402. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	(1)	(2)	(3)	(4)
	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	THIRD-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
420 Do you have an immunization card for (NAME)? IF YES: May I see it please?	YES, SEEN.....1 YES, NOT SEEN/NOT CLEAR.....2 (SKIP TO 422) ← NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN/NOT CLEAR.....2 (SKIP TO 422) ← NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN/NOT CLEAR.....2 (SKIP TO 422) ← NO CARD.....3	(GO TO 445) YES, SEEN.....1 YES, NOT SEEN/NOT CLEAR.....2 (SKIP TO 422) ← NO CARD.....3
421 RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD.	NOT GIVEN DA MO YR BCG 1 POLIO 1 1 POLIO 2 1 POLIO 3 1 DPT 1 1 DPT 2 1 DPT 3 1 MEASLES 1 (SKIP TO 425)	NOT GIVEN DA MO YR BCG 1 POLIO 1 1 POLIO 2 1 POLIO 3 1 DPT 1 1 DPT 2 1 DPT 3 1 MEASLES 1 (SKIP TO 425)	NOT GIVEN DA MO YR BCG 1 POLIO 1 1 POLIO 2 1 POLIO 3 1 DPT 1 1 DPT 2 1 DPT 3 1 MEASLES 1 (SKIP TO 425)	NOT GIVEN DA MO YR BCG 1 POLIO 1 1 POLIO 2 1 POLIO 3 1 DPT 1 1 DPT 2 1 DPT 3 1 MEASLES 1 (SKIP TO 425)
422 Please tell me if (NAME) received any of the following vaccinations?	YES, SCAR SEEN.....1 NO SCAR PRESENT.....2 CHILD AWAY.....3 NO/DK.....8	YES, SCAR SEEN.....1 NO SCAR PRESENT.....2 CHILD AWAY.....3 NO/DK.....8	YES, SCAR SEEN.....1 NO SCAR PRESENT.....2 CHILD AWAY.....3 NO/DK.....8	YES, SCAR SEEN.....1 NO SCAR PRESENT.....2 CHILD AWAY.....3 NO/DK.....8
A. BCG, an injection in the arm?	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8
B. Polio, drops by mouth? IF YES: How many times?	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8
C. DPT IF YES: How many times?	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8
D. An injection against measles? IF YES: Times?	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8	YES, TIMES..... <input type="checkbox"/> NO/DK.....8
424 CHECK 422:	<input type="checkbox"/> SOME VACCINATION <input type="checkbox"/> NO VACCINATION (SKIP TO 426)	<input type="checkbox"/> SOME VACCINATION <input type="checkbox"/> NO VACCINATION (SKIP TO 426)	<input type="checkbox"/> SOME VACCINATION <input type="checkbox"/> NO VACCINATION (SKIP TO 426)	<input type="checkbox"/> SOME VACCINATION <input type="checkbox"/> NO VACCINATION (SKIP TO 426)

	(1)	(1)	(1)	(1)
425 Where did (NAME) receive <u>most</u> of the vaccines?	GOVERNMENT HOSP....01 HEALTH CENTRE.....02 MOBILE CLINIC03 PRIVATE DOCTOR.... 04 PRIVATE CLINIC.....05 DISPENSARY.....06 DRESSING STATION...07 PRIMARY HEALTH FAC.08 OUTREACH STATION...09 OTHER.....10 (SPECIFY) DK.....98	GOVERNMENT HOSP....01 HEALTH CENTRE.....02 MOBILE CLINIC03 PRIVATE DOCTOR.... 04 PRIVATE CLINIC.....05 DISPENSARY.....06 DRESSING STATION...07 PRIMARY HEALTH FAC.08 OUTREACH STATION...09 OTHER.....10 (SPECIFY) DK.....98	GOVERNMENT HOSP....01 HEALTH CENTRE.....02 MOBILE CLINIC03 PRIVATE DOCTOR.... 04 PRIVATE CLINIC.....05 DISPENSARY.....06 DRESSING STATION...07 PRIMARY HEALTH FAC.08 OUTREACH STATION...09 OTHER.....10 (SPECIFY) DK.....98	GOVERNMENT HOSP....01 HEALTH CENTRE.....02 MOBILE CLINIC03 PRIVATE DOCTOR.... 04 PRIVATE CLINIC.....05 DISPENSARY.....06 DRESSING STATION...07 PRIMARY HEALTH FAC.08 OUTREACH STATION...09 OTHER.....10 (SPECIFY) DK.....98
426 Has (NAME) had fever during the last two weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
427 Has (NAME) been ill with cough at any time during the last two weeks?	YES.....1 NO.....2 (SKIP TO 430) ← DK.....8	YES.....1 NO.....2 (SKIP TO 430) ← DK.....8	YES.....1 NO.....2 (SKIP TO 430) ← DK.....8	YES.....1 NO.....2 (SKIP TO 430) ← DK.....8
428 How many days did the cough last?	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	DAYS..... <input type="text"/> <input type="text"/> DK.....98
429 When (NAME) had cough did he/she breathe faster than usual?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
430 CHECK 426 AND 427:	<input type="checkbox"/> FEVER <input type="checkbox"/> NEITHER <input type="checkbox"/> COUGH v (SKIP TO 433)	<input type="checkbox"/> FEVER <input type="checkbox"/> NEITHER <input type="checkbox"/> COUGH v (SKIP TO 433)	<input type="checkbox"/> FEVER <input type="checkbox"/> NEITHER <input type="checkbox"/> COUGH v (SKIP TO 433)	<input type="checkbox"/> FEVER <input type="checkbox"/> NEITHER <input type="checkbox"/> COUGH v (SKIP TO 433)
431 From whom, if anyone, did you seek advice or treatment fever/cough? Anyone else? (CIRCLE EACH MENTIONED)	GOVERNMENT HOSP....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) DK.....1 NO ONE.....1	GOVERNMENT HOSP....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) DK.....1 NO ONE.....1	GOVERNMENT HOSP....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) DK.....1 NO ONE.....1	GOVERNMENT HOSP....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) DK.....1 NO ONE.....1

	(1)	(2)	(3)	(4)
432 What was given to treat the fever/cough, if anything? Anything else? (CIRCLE EACH MENTIONED)	NO TREATMENT.....1 ANTIBIOTIC PILL.....1 ANTIBIOTIC SYRUP....1 OTHER PILL OR OTHER SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER _____1 (SPECIFY)	NO TREATMENT.....1 ANTIBIOTIC PILL.....1 ANTIBIOTIC SYRUP....1 OTHER PILL OR OTHER SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER _____1 (SPECIFY)	NO TREATMENT.....1 ANTIBIOTIC PILL.....1 ANTIBIOTIC SYRUP....1 OTHER PILL OR OTHER SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER _____1 (SPECIFY)	NO TREATMENT.....1 ANTIBIOTIC PILL.....1 ANTIBIOTIC SYRUP....1 OTHER PILL OR OTHER SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER _____1 (SPECIFY)
433 Has (NAME) diarrhea now or had it in the last 24 hours?	YES.....1 (SKIP TO 435)← NO.....2	YES.....1 (SKIP TO 435)← NO.....2	YES.....1 (SKIP TO 435)← NO.....2	YES.....1 (SKIP TO 435)← NO.....2
434 Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (BACK TO 420, COL.2)← DK.....8	YES.....1 NO.....2 (BACK TO 420, COL.3)← DK.....8	YES.....1 NO.....2 (BACK TO 420, COL.4)← DK.....8	YES.....1 NO.....2 (SKIP TO 445)← DK.....8
435 Now I have some questions about (NAME's) last episode of diarrhea. How many days ago did the diarrhea start?	DAYS..... <input type="text"/> DK.....98	DAYS..... <input type="text"/> DK.....98	DAYS..... <input type="text"/> DK.....98	DAYS..... <input type="text"/> DK.....98
436 Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
437 CHECK 407: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 439)			
438 During the diarrhea, did you <u>continue</u> breastfeeding as usual, or did you <u>increase</u> the number of feeds or reduce it, or did you <u>stop completely</u> ?	MORE.....1 LESS.....2 SAME.....3 STOPPED BREASTFEEDING....4			
439 (Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8
440 Was (NAME) given more, less, or the same amount of solid food as was given before he/she had diarrhea?	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 SOLID FOOD NOT YET GIVEN.....5 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 SOLID FOOD NOT YET GIVEN.....5 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 SOLID FOOD NOT YET GIVEN.....5 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 SOLID FOOD NOT YET GIVEN.....5 DK.....8
	(1)	(2)	(3)	(4)

	(1)	(2)	(3)	(4)
441 Was (NAME) given ORS solution made from a special packet? SHOW PACKET.	YES.....1 (SKIP TO 443)<— NO.....2	YES.....1 (SKIP TO 443)<— NO.....2	YES.....1 (SKIP TO 443)<— NO.....2	YES.....1 (SKIP TO 443)<— NO.....2
442 Was (NAME) given a special home fluid made from sugar, salt and water?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
443 What was given for diarrhea, if anything, (other than the mixture you mentioned)?	NO TREATMENT.....1 ANTIBIOTIC PILL.....1 ANTIBIOTIC SYRUP.....1 OTHER PILL OR OTHER SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER.....1 (SPECIFY)	NO TREATMENT.....1 ANTIBIOTIC PILL OR..1 SYRUP.....1 OTHER PILL OR SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER.....1 (SPECIFY)	NO TREATMENT.....1 ANTIBIOTIC PILL OR..1 SYRUP.....1 OTHER PILL OR SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER.....1 (SPECIFY)	NO TREATMENT.....1 ANTIBIOTIC PILL.....1 ANTIBIOTIC SYRUP.....1 OTHER PILL OR OTHER SYRUP.....1 INJECTION.....1 (I.V.) INTRAVENOUS..1 HOME REMEDIES/ HERBAL MEDICINES...1 OTHER.....1 (SPECIFY)
444 From whom, if anyone, did you seek advice or treatment of diarrhea?	GOVERNMENT HOSP.....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) NO ONE.....1 DK.....1 (ALL BACK TO 420, COL. 2)<—	GOVERNMENT HOSP.....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) NO ONE.....1 DK.....1 (ALL BACK TO 420, COL. 3)<—	GOVERNMENT HOSP.....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) NO ONE.....1 DK.....1 (ALL BACK TO 420, COL. 4)<—	GOVERNMENT HOSP.....1 HEALTH CENTRE.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL....1 PHARMACY.....1 DISPENSARY.....1 DRESSING STATION...1 PRIMARY HEALTH FAC..1 OUTREACH STATION...1 TRADITIONAL DOCTOR..1 OTHER.....1 (SPECIFY) NO ONE.....1 DK.....1 (ALL GO TO 445)<—
	(1)	(2)	(3)	(4)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
445	CHECK 441: ORS SOLUTION NOT GIVEN OR 441 NOT ASKED <input type="checkbox"/> ORS SOLUTION GIVEN <input type="checkbox"/>	 →448
446	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES.....1 NO.....2
447	Have you ever seen a packet of ORS like this before? SHOW PACKET.	YES.....1 NO.....2 →455
448	Have you ever prepared one of these ORS packets for yourself or for someone else?	YES.....1 NO.....2 →452
449	In what kind of container did you prepare the mixture of the packet and the water?	JUG.....1 BOTTLE.....2 GLASS.....3 CUP.....4 COOKING POT.....5 OTHER.....6 (SPECIFY)
450	Please fill the container the way you filled it the last time you prepared one packet of the mixture. LET THE RESPONDENT POUR THE FLUID INTO HER VESSEL, THEN POUR THE FLUID INTO YOUR MEASURING CONTAINER AND RECORD THE QUANTITY OF FLUID IN ML.	FULL UNICEF...1 FULL HYDRON...3 PART UNICEF...2 PART HYDRON...4 OTHER.....8 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
451	When you prepared the solution of packet and water, did you add anything else to the mixture? IF YES, ASK: What did you add?	SUGAR.....1 JUICE.....2 OTHER SWEETNERS.....3 (SPECIFY) OTHER.....4 (SPECIFY) ADDED NOTHING.....5
452	Where can you get the ORS packets? PROBE: Anywhere else? CIRCLE ALL PLACES MENTIONED.	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....1 DISPENSARY.....1 DRESSING STATION.....1 PRIMARY HEALTH FACILITY.....1 MOBILE CLINIC.....1 PRIVATE DOCTOR.....1 PRIVATE CLINIC.....1 PHARMACY.....1 SHOP.....1 TRADITIONAL DOCTOR.....1 OTHER.....1 (SPECIFY) DK..... 1
453	How much do (you think) the packets cost?	COST..... <input type="text"/> <input type="text"/> FREE.....96 DK.....98
454	Do you have one of these packets in your house now? IF YES: Can I see the packet?	YES, SHOWS PACKET.....1 YES, DOES NOT SHOW PACKET.....2 NO PACKET IN HOUSE.....3
455	Which places can you go if you want to get a vaccination for a child? CIRCLE ALL PLACES MENTIONED.	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....1 MOBILE CLINIC.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL.....1 DISPENSARY.....1 DRESSING STATION.....1 PRIMARY HEALTH FACILITY.....1 OUTREACH STATION.....1 OTHER.....1 (SPECIFY) DK..... 1

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
502	CHECK 108A AND CIRCLE CURRENT MARITAL STATUS.	MARRIED.....1 WIDOWED.....2 DIVORCED/SEPARATED.....3	507
503	Does your husband live with you or is he now staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
504	Does your husband now have any other wives besides yourself?	YES.....1 NO.....2	507
505	How many other wives does he have?	NUMBER..... <input style="width: 30px; height: 15px;" type="text"/> DK.....8	507
506	Are you currently the first, second, ... wife?	RANK..... <input style="width: 30px; height: 15px;" type="text"/>	
507	Have you been married only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with [ZAFAP] your (first) husband or partner?	MONTH..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> DK.....98 YEAR..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> DK YEAR.....98	515
509	How old were you when you started living with [ZAFAP] him?	AGE..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	
515	Right after you got married, did you and your (first) husband live with your parents or his parents for at least six months?	YES.....1 NO.....2	516
515A	Why not?	NO LIVING PARENT.....1 HAD OWN HOUSE.....2 OTHER.....3 (SPECIFY)	517
516	For about how many years did you live together with a parent at that time?	YEARS..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> UP TO THE PRESENT.....96	518
517	Are you now living either with your parents or your (current) husband's parents?	YES.....1 NO.....2	
518	In how many villages or towns have you lived for six months or more since you were first married including this place?	NUMBER OF VILLAGES/TOWNS... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
518A	CHECK 502: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED/SEPARATED <input type="checkbox"/>		528															
521	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility. Have you had sexual intercourse in the last four weeks?	YES.....1 NO.....2	523															
522	How many times did you have the sexual intercourse?	TIMES..... <input type="text"/>																
523	When was the last time you had sexual intercourse?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> BEFORE LAST BIRTH.....996	528															
524	CHECK 220: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		528															
525	CHECK 313: NOT USING CONTRACEPTION <input type="checkbox"/> USING CONTRACEPTION <input type="checkbox"/>		528															
526	If you became pregnant in the next few weeks, would you feel <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	528															
527	What is the main reason that you are not using a method to avoid pregnancy?*	LACK OF KNOWLEDGE.....01 OPPOSED TO FAMILY PLANNING.....02 HUSBAND DISAPPROVES.....03 OTHERS DISAPPROVE.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX.....09 FATALISTIC.....10 RELIGION.....11 POSTPARTUM/BREASTFEEDING.....12 MENOPAUSAL/SUBFECUND.....13 OTHER14 (SPECIFY) DK.....98																
528	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p>CHECK 502:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>WIDOWED, DIVORCED/SEPARATED <input type="checkbox"/></p>		609
602	<p>Now I have some questions about the future.</p> <p>CHECK 220 AND MARK BOX.</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>Would you like to have a (another) child or would you prefer not to have any (more) children?</p> <p>PREGNANT <input type="checkbox"/></p> <p>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 ANOTHER.....1</p> <p>NO MORE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED OR DK.....8</p>	604A
603	<p>How long would you like to wait from now before the birth of a (another) child?</p>	<p>DURATION MONTHS.....1</p> <p>YEARS.....2</p> <p>DK.....998</p>	604A
604	<p>CHECK 202 AND 204:</p> <p>How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'.</p>	<p>AGE OF YOUNGEST YEARS.....</p> <p>NO LIVING CHILDREN.....96</p> <p>DK.....98</p>	
604A	<p>Do you think your husband would like to have a (another) child or do you think he would prefer not to have any more children?</p>	<p>HAVE ANOTHER.....1</p> <p>NO MORE.....2</p> <p>DK.....8</p>	
607	<p>Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DK.....8</p>	
608	<p>How often have you talked to your husband about family planning in the past year?</p>	<p>NEVER.....1</p> <p>ONCE OR TWICE.....2</p> <p>MORE OFTEN.....3</p>	
609	<p>In general, do you approve or disapprove of couples using a method to avoid pregnancy?</p>	<p>APPROVE.....1</p> <p>DISAPPROVE.....2</p>	
610	<p>CHECK 202 AND 204:</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER.....</p> <p>OTHER ANSWER _____ (SPECIFY)</p>	

SECTION 7. HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 502: CURRENTLY MARRIED <input type="checkbox"/> USE PRESENT TENSE IN QUESTIONS 706-711 DIVORCED OR WIDOWED <input type="checkbox"/> USE PAST TENSE IN QUESTIONS 706-711		
702	Now I have some questions about your (most recent) husband. Did your husband ever attend school?	YES.....1 NO.....2 DK.....8	} → 706
703	What was the highest level of school he attended: primary, junior secondary, higher secondary, or higher?	PRIMARY1 JUNIOR SECONDARY.....2 HIGHER SECONDARY.....3 HIGHER EDUCATION.....4 DK.....8	} → 706
704	What was the highest grade he completed at that level?	GRADE..... <input type="checkbox"/> DK.....8	
705	CHECK 703: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		} → 707
706	Can (could) he read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
707	What is (was) the main job of your husband?	_____ <input type="checkbox"/> _____ _____	
708	CHECK 707: DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/> WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/>		} → 710
709	What is (was) the employment status of your husband? Is he an employee, employer, own account worker, or unpaid family business worker?	EMPLOYEE.....1 EMPLOYER.....2 OWN ACCOUNT WORKER.....3 FAMILY BUSINESS (UNPAID).....4	} → 712
710	Does (did) your husband work mainly on his or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	} → 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
711	Does (did) he work mainly for money or does (did) he work for a share of the crops?	MONEY.....1 A SHARE OF CROPS.....2	
712	Before you married your (first) husband, did you yourself ever work regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	→714
713	When you were earning money then, did you turn most of it over to your family or did you keep most of it yourself?	FAMILY.....1 SELF.....2 BOTH.....3	
714	Since you were first married, have you ever worked regularly to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	→801
717	Are you now working to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	→801
717A	What is your job?	_____ _____ _____	<input type="checkbox"/>

SECTION 8. MATERNAL MORTALITY

801 Now I would like to ask you about your brothers and sisters, that is, the children born to your own mother. Please tell me the names of all your brothers and sisters including those who have died and those who are living elsewhere. RECORD NAMES OF ALL BROTHERS AND SISTERS.

IF NO BROTHERS AND SISTERS → SKIP TO 816.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
802 What name was given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----	-----
803 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
804 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (2) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (3) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (4) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (5) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (6) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (7) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (8) <]
805 How old is (NAME)?	<input type="text"/> <input type="text"/> <10 GO TO (2)	<input type="text"/> <input type="text"/> <10 GO TO (3)	<input type="text"/> <input type="text"/> <10 GO TO (4)	<input type="text"/> <input type="text"/> <10 GO TO (5)	<input type="text"/> <input type="text"/> <10 GO TO (6)	<input type="text"/> <input type="text"/> <10 GO TO (7)	<input type="text"/> <input type="text"/> <10 GO TO (8)
806 Has (NAME) ever married?	YES.....1 NO.....2 GO TO (2) <]	YES.....1 NO.....2 GO TO (3) <]	YES.....1 NO.....2 GO TO (4) <]	YES.....1 NO.....2 GO TO (5) <]	YES.....1 NO.....2 GO TO (6) <]	YES.....1 NO.....2 GO TO (7) <]	YES.....1 NO.....2 GO TO (8) <]
807 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
808 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (7)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (8)
809 Has (NAME) ever married?	YES.....1 NO.....2 GO TO (2) <]	YES.....1 NO.....2 GO TO (3) <]	YES.....1 NO.....2 GO TO (4) <]	YES.....1 NO.....2 GO TO (5) <]	YES.....1 NO.....2 GO TO (6) <]	YES.....1 NO.....2 GO TO (7) <]	YES.....1 NO.....2 GO TO (8) <]
810 Did she die during pregnancy or childbirth?	YES.....1 GO TO 812 <] NO.....2	YES.....1 GO TO 812 <] NO.....2	YES.....1 GO TO 812 <] NO.....2	YES.....1 GO TO 812 <] NO.....2	YES.....1 GO TO 812 <] NO.....2	YES.....1 GO TO 812 <] NO.....2	YES.....1 GO TO 812 <] NO.....2
811 Did (NAME) die within two months after the end of a pregnancy or after childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
812 How many children did (NAME) ever give birth to?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
813 What was name of her husband?	-----	-----	-----	-----	-----	-----	-----

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
802 What name was given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----	-----
803 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
804 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (9) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (10) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (11) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (12) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (13) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (14) <]	YES.....1 NO.....2 GO TO 807 <] DK.....8 GO TO (15) <]
805 How old is (NAME)?	<input type="text"/> <input type="text"/> <10 GO TO (9)	<input type="text"/> <input type="text"/> <10 GO TO (10)	<input type="text"/> <input type="text"/> <10 GO TO (11)	<input type="text"/> <input type="text"/> <10 GO TO (12)	<input type="text"/> <input type="text"/> <10 GO TO (13)	<input type="text"/> <input type="text"/> <10 GO TO (14)	<input type="text"/> <input type="text"/> <10 GO TO (15)
806 Has (NAME) ever married?	YES.....1 NO.....2 GO TO (9) <]	YES.....1 NO.....2 GO TO (10) <]	YES.....1 NO.....2 GO TO (11) <]	YES.....1 NO.....2 GO TO (12) <]	YES.....1 NO.....2 GO TO (13) <]	YES.....1 NO.....2 GO TO (14) <]	YES.....1 NO.....2 GO TO (15) <]
807 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
808 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (13)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (14)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (15)
809 Has (NAME) ever married?	YES.....1 NO.....2 GO TO (9) <]	YES.....1 NO.....2 GO TO (10) <]	YES.....1 NO.....2 GO TO (11) <]	YES.....1 NO.....2 GO TO (12) <]	YES.....1 NO.....2 GO TO (13) <]	YES.....1 NO.....2 GO TO (14) <]	YES.....1 NO.....2 GO TO (15) <]
810 Did she die during pregnancy or childbirth?	YES.....1 GO TO 812 <] NO..... 2	YES.....1 GO TO 812 <] NO..... 2	YES.....1 GO TO 812 <] NO..... 2	YES.....1 GO TO 812 <] NO..... 2	YES.....1 GO TO 812 <] NO..... 2	YES.....1 GO TO 812 <] NO..... 2	YES.....1 GO TO 812 <] NO..... 2
811 Did (NAME) die within two months after the end of a pregnancy or after childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
812 How many children did (NAME) ever give birth to?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
813 What was name of her husband?	-----	-----	-----	-----	-----	-----	-----

814 Let me see if I have this right. You have a total of _____ brothers and sisters including those who live elsewhere. YES NO → PROBE AND CORRECT

815 Does any of your sister (from your mother) who are over 14 years old live now live in this house?

YES NO → (SKIP TO 816)

CHECK WITH RESPONDENT WHICH OF THE ELIGIBLE WOMEN IN THE HOUSEHOLD QUESTIONNAIRE ARE HER SISTERS AND WRITE THEIR LINE NUMBERS BELOW.

816 RECORD THE TIME.

HOUR.....
MINUTES.....

SECTION 9. LANGUAGE INFORMATION AND OBSERVATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKI T
901	WHAT IS THE RESPONDENT'S OWN LANGUAGE?	ARABIC.....01 OTHER.....98 (SPECIFY) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
902	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW?	ARABIC.....01 OTHER.....98 (SPECIFY) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
903	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU?	NONE OF THE INTERVIEW.....1 SOME OF THE INTERVIEW.....2 MOST OF THE INTERVIEW.....3	

INTERVIEWER'S OBSERVATIONS

Person Interviewed: _____

Specific Questions: _____

Other Aspects: _____

I CERTIFY THAT I REVIEWED THE QUESTIONNAIRE IN THE RESPONDENT'S PLACE.

HOUR.....

MINUTES.....

Name of Interviewer: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Field Editor: _____ Date: _____

Name of Keyer: _____ Date: _____