EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2008

HOUSEHOLD QUESTIONNAIRE

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

HOUSEHOLD QUESTIONNAIRE

			IDE	NTIFICATION			
GOVERNORATE KISM/MARKAZ SHIAKHA/VILLAGE HOUSEHOLD NUMBER URBAN			HOUS 1 RURA 2 TOWN	BUILDING NO. HOUSING UNIT NO. 2 RURAL 2 TOWN 3 VILLAGE 4 1 NO 2			GOVERNORATE PSU/SEGMENT NO. EHOLD NO. URBAN/RURAL CALITY SUBSAMPLE
	·	LAR					
						•	
		1	INTER	2	3		FINAL VISIT
HOME A 3 ENTIRE 4 POSTP	DATE TIME ES: ETED USEHOLD M AT TIME OF SEHOUSEHOLD ONED	EMBER AT HOME VISIT LD ABSENT FOR E				TOTAL FIN HOUS	ELIGIBLE
6 DWELL 7 DWELL 8 DWELL	7 DWELLING DESTROYED HEPATITIS C TESTING SUBSAMPLE 8 DWELLING NOT FOUND					IDENTS TIS C TESTING IPLE RESPONDENT SEHOLD	
ADDRESSED CHECKED BY: YES NO REINTERVIEW: 1 2						2	
NAME DATE SIGNATURE	FIEL(/ 2008	OFFICE	/ 2008	/ /	2008	/ / 2008

Introduction and Consent					
Hello. My name is	We would very much appreciate your participation				
As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.					
At this time, do you want to ask me anything about the survey? May I begin the interview now?					
Signature of interviewer:	Date:				
RESPONDENT AGREES TO BE INTERVIEWED 1 RESP	PONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END				

<u>HOUSEHOLD SCHEDULE</u>

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESID	DENCE	SEX	AGE	MARITAL STATUS
							IF AGE 15 OR OLDER
001	002	006	007	008	009	010	011
	Please give me the names of the persons who usually live in your household and guests of the household who slept here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? (SEE CODES BELOW)	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old was (NAME)? at his/her last birthday? RECORD IN COMPLETED YEARS	What is (NAME'S) current marital status?
	AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.						1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 SIGNED CONTRACT 6 NEVER MARRIED
			YES NO	YES NO	M F	IN YEARS	
01		HEAD 0 1	1 2	1 2	1 2		
02			1 2	1 2	1 2		
03			1 2	1 2	1 2		
04			1 2	1 2	1 2		
05			1 2	1 2	1 2		
06			1 2	1 2	1 2		
07			1 2	1 2	1 2		
08			1 2	1 2	1 2		
09			1 2	1 2	1 2		
10			1 2	1 2	1 2		
003 Are or infants	nake sure that I have a complete househousehousehousehousehousehousehouse	not be lodgers	ADD TO 002		01 = HEAD 02 = WIFE/HUS 03 = SON/DAU 04 = SON-IN-L DAUGHT	P TO HEAD OF HOU 08 SBAND 09 IGHTER AW/ 10 ER-IN-LAW 11	B = BROTHER/SISTER BROTHER-IN-LAW/ SISTER-IN-LAW CONTROL OF STREET SISTER RELATIVE ADOPTED/FOSTER
	there any guests or temporary visitors staying e else who slept here last night, who have r		ADD TO 002	NO 🗌	05 = GRANDC 06 = PARENT 07 = PARENT-	12 IN-LAW 13	CHILD S = STEPCHILD S = NOT RELATED S = DON'T KNOW

LINE NO.	ELIGIBLE FOR WOMAN	ELIGIBLE FOR HEALTH ISSUES		ELIGIBLE FOR HEIGI	HT AND WEIGHT MEASURE	≣S .
110.	QUESTIONNAIRE	INTERVIEW AND HEPATITIS C TESTING	CHILDREN AGE	PERSONS	EVER-MARRIED	PERSONS AGE
	(EVER-MARRIED AGE 15-49)	(ALL PERSONS AGE 15-59)	0-5	AGE 10-19	WOMEN AGE 20-49	20-59
	FOR ALL HOUSEHOLDS: CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 15-49.	FOR HOUSEHOLDS IN HEPATITIS C SUBSAMPLE: CIRCLE LINE NUMBER OF ALL PERSONS AGE 15-59.	FOR ALL HOUSEHOLDS: CIRCLE LINE NUMBER OF CHILDREN AGE 0-5.	FOR ALL HOUSEHOLDS: CIRCLE LINE NUMBER OF PERSONS AGE 10-19.	FOR HOUSEHOLDS NOT IN HEPATITIS C TESTING SUBSAMPLE: CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 20-49.	FOR HOUSEHOLDS IN HEPATITIS C TESTING SUBSAMPLE: CIRCLE LINE NUMBER OF AII PERSONS AGE 20-59.
01	01	01	01	01	01	01
02	02	02	02	02	02	02
03	03	03	03	03	03	03
04	04	04	04	04	04	04
05	05	05	05	05	05	05
06	06	06	06	06	06	06
07	07	07	07	07	07	07
08	08	08	08	08	08	08
09	09	09	09	09	09	09
10	10	10	10	10	10	10
029 C E\ ELGIB 030 C	LE FOR WOMAN INTERVIEW HECK 012 AND ENTER THE TOTA /ER-MARRIED WOMEN AGE 15-49 LE FOR HEPATITIS C SUBSAMPLE HECK 013 AND ENTER THE TOTA DNS AGE 15-59 YEARS		031 CHE 05 032 CHE 07 033 CHE 06 07 034 CHE 07 035 TIC	CHILDREN AGE 0-5 ECK 015 AND ENTER PERSONS AGE 10- ECK 016 AND ENTER EVER-MARRIED WO	R THE TOTAL NUMBER YEARS R THE TOTAL NUMBER 19 YEARS R THE TOTAL NUMBER DMEN AGE 20-49 YEARS R THE TOTAL NUMBER D YEARS L HOUSEHOLD	

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	IF AGE 0-17 YEARS							
	018	019	020	021				
	Is (NAME)'s natural mother alive? QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.	ural mother live in this household? JESTION FERS IF YES: REFERS What is TO CHILD'S her name? JUDICAL NAME OF THE PROPERTY OF		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO: RECORD 00.				
	YES NO DK		YES NO DK					
01	1 2 — 8 GO TO 020		1 2 — 8 GO TO 022					
02	1 2 - 8 GO TO 020		1 2 - 8 GO TO 022					
03	1 2 		1 2 - 8 GO TO 022					
04	1 2 - 8 GO TO 020		1 2 - 8 GO TO 022					
05	1 2 - 8 GO TO 020		1 2 - 8 GO TO 022					
06	1 2 — 8 GO TO 020		1 2 — 8 GO TO 022					
07	1 2 — 8 GO TO 020		1 2 - 8 GO TO 022					
08	1 2 - 8 GO TO 020		1 2 8 GO TO 022					
09	1 2 — 8 GO TO 020		1 2 — 8 GO TO 022					
10	1 2 — 8 GO TO 020		1 2 — 8 GO TO 022					

LINE NO.		EDUCATION							
	IF AGE 6 Y	'EARS OR OLDER		IF AGE 6-24	IF AGE 3-5 YEARS				
	022	023	024	025	026	027	028		
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? (SEE CODES BELOW)	Did (NAME) attend school at any time during the this school year, that is, the 2007/2008 school year?	During this school year, that is, the 2007/2008 school year, that is, what level and grade [is/was] (NAME) attending? (SEE CODES BELOW)	Did (NAME) attend school at any time during the previous school year, that is, in the 2006-2007 school year?	During that school year, that is, the 2006/2007 school year, what level and grade did (NAME) attend? (SEE CODES BELOW)	Has (NAME) ever attended kindergarten, private nursery or other program to prepare (him/her) for primary school? (SEE CODES BELOW)		
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE			
01	1 2 ↓ GO TO 029		1 2 ↓ GO TO 026		1 2 ↓ GO TO 029				
02	1 2 ↓ GO TO 029		1 2 ↓ GO TO 026		1 2 ↓ GO TO 029				
03	1 2 ↓ GO TO 029		1 2 ↓ GO TO 026		1 2 ↓ GO TO 029				
04	1 2 ↓ GO TO 029		1 2 ↓ GO TO 026		1 2 ↓ GO TO 029				
05	1 2 ↓ GO TO 029		1 2 GO TO 026		1 2 ↓ GO TO 029				
06	1 2 GO TO 029		1 2 GO TO 026		1 2 ↓ GO TO 029				
07	1 2 ↓ GO TO 029		1 2 GO TO 026		1 2 GO TO 029				
08	1 2 ↓ GO TO 029		1 2 GO TO 026		1 2 ↓ GO TO 029				
09	1 2 ↓ GO TO 029		1 2 ↓ GO TO 026		1 2 GO TO 029				
10	1 2 ↓ GO TO 029		1 2 ↓ GO TO 026		1 2 ↓ GO TO 029				

CODES FOR COLUMNS 023, 025, AND 027 EDUCATION LEVEL:

- 0 = NURSERY SCHOOL 1 = PRIMARY 2 = PREPARATORY
- 3 = SECONDARY 4 = UPPER INTERMEDIATE
- 5 = UNIVERSITY
- 6 = MORE THAN UNIVERSITY

EDUCATION GRADE:

0 = LESS THAN 1 YEAR COMPLETED (FOR Q. 023 ONLY. THIS CODE IS NOT ALLOWED FOR

Qs. 025 AND 027.)

8 = DON'T KNOW

CODES FOR COLUMN 028

- 1 = KINDERGARTEN AT PUBLIC SCHOOL
- 2 = KINDERGARTEN AT PRIVATE SCHOOL 3 = PRIVATE NURSERY 4 = OTHER

- 5 = DIDN'T ATTEND PRESCHOOL PROGRAM 8 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What type of dwelling does your household live in?	APARTMENT	
102	Is your dwelling owned or rented by your household? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED	
103	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL 21 DUG WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 41 UNPROTECTED SPRING 42 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY) 96	108 105 108
104	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL 21 DUG WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 41 UNPROTECTED SPRING 41 UNPROTECTED SPRING 42 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY) 96	108
105	Where is (SOURCE IN 103 OR 104) located?	IN OWN DWELLING	→ 108
106	How long does it take to go there, get water, and come back?	MINUTES 996 ON/NEXT TO PREMISES 998 DON'T KNOW 998	→ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 15+	
		(SPECIFY)	
108	During the last two weeks, was there any time when water was not available from (SOURCE IN 103 OR 104)?	YES]→ 110
109	Did this happen on a daily or almost daily basis, only a few times per week, or less frequently?	DAILY/ALMOST DAILY 1 FEW TIMES PER WEEK 2 LESS FREQUENTLY 3 DON'T KNOW 8	
110	Do you treat your water in any way to make it safer to drink?	YES	112
111	What do you usually do to the water to make it safer to drink? PROBE: Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH/COTTON C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F	
		OTHER X (SPECIFY) DON'T KNOW Z	
112	Is the water this household uses for drinking stored?	YES	116
113	ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED: Could you show me in which container(s) you store water? OBSERVE: Are the container(s) covered?	ALL COVERED 1 SOME COVERED 2 NONE COVERED 3 NOT ABLE TO OBSERVE 8	→ 115
114	OBSERVE: Do the storage containers have wide or narrow mouths?	WIDE MOUTHS 1 NARROW MOUTHS 2 BOTH TYPES 3	
115	How is water taken from the storage containers?	LADLED 1 HAS TAP/ WATER POURED DIRECTLY 2 OTHER 6 (SPECIFY)	
116	What kind of toilet facility do members of your household usually use?	MODERN FLUSH TOILET 11 TRADITIONAL TANK FLUSH 12 TRADITIONAL BUCKET FLUSH 13 PIT TOILET/LATRINE TOILET 21 BUCKET TOILET 41 NO FACILITY/FIELD 61 OTHER 96 (SPECIFY)	119

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	Into where does this toilet flush drain?	PIPED SEWER SYSTEM 01 VAULT (BAYARA) 02 SEPTIC SYSTEM 03 PIPED CONNECTED TO CANAL 04 PIPED CONNECTED TO GROUND WATER 05 EMPTIED (NO CONNECTION) 06 OTHER 96 (SPECIFY) DON'T KNOW WHERE 98	
118	Including your own household, how many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10	
119	Does your household have: Electricity? A radio with cassette recorder? A color television? A black and white television? A video or DVD player? A mobile? A telephone? A personal home computer? A sewing machine? An electric fan? An air conditioner? Does your household own a satellite dish?	YES NO	
	IF NO: In your home, are you connected to satellite from elsewhere?	YES, CONNECTED	
121	How does your household mainly dispose of kitchen waste and trash? RECORD MAIN METHOD OF DISPOSAL ONLY. IF TWO OR MORE METHODS ARE USED EQUALLY, RECORD THE METHOD HIGHEST ON THE LIST.	COLLECTED	
122	Does your household have: A refrigerator? A freezer? A water heater? A dishwasher? An automatic washing machine? Any other washing machine? A bed? A sofa? A hanging lamp (yellow with no cover)? A table? A table? A tablia (very low round table)? A chair? Kolla/Zeer (a container for reserving water)?	YES NO REFRIGERATOR 1 2 FREEZER 1 2 WATER HEATER 1 2 DISHWASHER 1 2 AUTOMATIC WASHER 1 2 OTHER WASHER 1 2 SOFA 1 2 HANGING LAMP 1 2 TABLE 1 2 TABLIA 1 2 KOLLA/ZEER 1 2	
123	How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?	ROOMS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC/MARBLE TILES 32 CEMENT TILES 33 CEMENT 34 WALL-TO-WALL CARPET 35 VINYL 36 OTHER 96 (SPECIFY)	
125	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck?	WATCH 1 2 BICYCLE 1 2 MOTORCYCLE/SCOOTER 1 2 ANIMAL-DRAWN CART 1 2 CAR/TRUCK 1 2	
126	Does any member of your household have an account in a bank or any saving institution?	YES	
127	Does any member of this household own any land that can be used for agriculture?	YES	129
128	How many feddans or kirates of agricultural land do members of this household own? IF MORE THAN 95 FEDDAN, ENTER '9995'.	LAND AREA FEDDAN KIRATE LON'T KNOW	
129	Does your household own any livestock, herds, or farm animals?	YES	131
130	How many of the following does your household own? Cattle(buffalo, calf)? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	CATTLE	
131	INTERVIEWER: RECORD IF YOU OBSERVE POULTRY/BIRDS: INSIDE DWELLING UNIT? OUTSIDE/NEAR DWELLING UNIT?	YES NO INSIDE DWELLING 1 2 OUTSIDE NEAR DWELLING 1 2	
132	Does your household own any poultry or birds?	YES	→ 134

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
133	How many of the following does your household have?		
	Chickens?	CHICKENS	
	Geese?	GEESE	
	Ducks?	DUCKS	
	Pigeons?	PIGEONS	
	Quail?	QUAIL	
	Turkey?	TURKEY	
	Ornamental/song birds?	ORNAMENTAL/SONG BIRDS	
	Any other birds?	OTHER	
	IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.		
134	Is your household currently keeping any poultry or birds that belong to another household, e.g., to breed?	YES	
135	CHECK 132 AND 134:		
	OWNS AND/OR NEITHER KEEPS POULTRY/BIRDS KEEPS POULTRY/BIRDS	OWNS NOR TRY/BIPDS	→ 147
		R ANOTHER	7 147
136	Now I would like to ask some questions about the poultry or birds that your household owns (and/or that belong to another household).		
	Does your household keep any of the poultry or birds:		
	Within the family living area? In the dwelling but away from the family living area? On the rooftop? Outside but near dwelling? Elsewhere?	YES NO FAMILY LIVING AREA 1 2 IN DWELLING AWAY FROM 1 2 LIVING AREA 1 2 ROOFTOP 1 2 OUTSIDE NEAR DWELLING 1 2 ELSEWHERE 1 2	
137	CHECK 134		
	DOES NOT HAVE POULTRY/ BIRDS BELONGING TO TO ANOTHER HOUSEHOLD HAS POULTR BIRDS BELONGING TO TO ANOTHER HOUSEHOLD	го Ш	→ 139
138	CHECK 133:		
	DOES NOT HAS BOTH DUCKS AND OTHER POULTRY/BIRDS OWNS DUCKS ONLY		→ 140 → 140
139	is your household keeping any ducks (even if they do not belong to your household) in the same location as other poultry or birds?	YES	
140	CHECK 136:		
	KEEPS NO POULTRY/BIRDS POULTRY/BIRDS KEPT IN/NEAR DWELLING IN/NEAR DWELLING		147

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
141	Do you have a cage(s) or enclosure(s) for the birds you keep at home? IF YES: When do you put the poultry/birds in the cage(s)/ enclosure(s)? RECORD ALL MENTIONED.	ALL THE TIME A AT NIGHT B DURING THE DAY C WHEN IT IS COLD D WHEN THEY ARE FED E OTHER X (SPECIFY) NOT KEPT IN CAGE/ENCLOSURE Y DON'T KNOW Z	
142	Did you keep poultry/birds in cage(s)/enclosure(s) prior to the avian influenza outbreak in 2006?	YES	
143	ASK TO SEE ALL LOCATIONS WHERE THE POULTRY/BIRDS ARE KEPT IN/NEAR THE HOME.	OBSERVED ALL LOCATIONS 1 OBSERVED SOME NOT ALL 2 NO LOCATIONS OBSERVED 3	→ 147
144	INDICATE IF ALL THE POULTRY/BIRDS WERE CAGED/ ENCLOSED IN THE LOCATIONS OBSERVED.	CAGED/ENCLOSED IN ALL OBSERVED LOCATIONS	→ 147
145	INDICATE IF THE OBSERVED CAGE(S)/ENCLOSURE(S) HAD LOCKS/CLOSED SECURELY.	ALL OBSERVED CAGES/ENCLOSURES LOCKED/CLOSED SECURELY 1 ONLY SOME OF THE OBSERVED CAGES/ ENCLOSURES LOCKED/CLOSED SECURELY 2 NONE OF THE OBSERVED CAGES/ ENCLOSURES LOCKED/CLOSED SECURELY 3	
146	INDICATE IF THE OBSERVED CAGE(S)/ENCLOSURE(S) WERE ADEQUATE TO PREVENT TO POULTRY/BIRDS INCLUDING SMALL CHICKS FROM GETTING OUT.	ALL OBSERVED CAGES/ENCLOSURES ADEQUATE	
147	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	NO IODINE 1 15 PPM OR LESS 2 MORE THAN 15 PPM 3 NO SALT IN HH 4 SALT NOT TESTED 6	
	RESORD IT WILL ARTOT EN WILLION)	(SPECIFY REASON)	
148	THANK THE RESPONDENT AND ADVISE THAT THE RESPONDE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTER IN THE FUTURE.		
	Thank you for taking the time to answer these questions. We may return to interview you or other members of your household in other survey activities in the future. We hope that you will agree at		
149	COMPLETE THE QUESTIONS FROM 201-204 AND FROM 309-319 INTERVIEWING ANY ELIGIBLE RESPONDENT FOR THE WOMAN		

2 WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AND ADOLESCENTS

HEIGHT AND WEIGHT MEASURES SHOULD BE OBTAINED FOR CHILDREN AGE 0-5 YEARS AND YOUTH/ADOLESCENTS AGE 10-19 YEARS IN <u>ALL</u> OF THE SURVEY HOUSEHOLDS. CHECK COLUMN 014 AND RECORD THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL CHILDREN AGE 0-5 YEARS IN THE FIRST BLOCK BELOW. THEN CHECK COLUMN 015 AND RECORD THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL YOUTH AND ADOLESCENTS AGE 10-19 IN THE SECOND BLOCK BELOW..

		CHILDREN	I AGE 0-5	WEIGHT A	ND HEIGHT MEASURE	MENT OF CHILDREN	I AGE 0-5
LINE NO. FROM 014	NAME FROM 002	AGE FROM 010	What is (NAME'S) date of birth? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY. IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH, AND YEAR.	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)
			DAY MONTH YEAR	0 .		LYING STAND.	
				0		1 2	
				0 .		1 2	
				0 .		1 2	
				0 .		1 2	

YC	UTH AND ADOLE	SCENTS AGE 10-19	WEIGHT AN	D HEIGHT MEASUREM	IENT OF PERSONS	AGE 10-19
LINE NAM NO. FROM FROM 015 00:	M FROM	What is (NAME'S) date of birth? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY. IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH, AND YEAR.	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(201) (203	(203)	(204)	(205)	(206)	(207)	(208)
	YEARS	DAY MONTH YEAR				

	DUSEHOLDS NO	OT IN THE H	IEIGHT MEASUREMENT FOR EVE HEPATITIS C TESTING SUBSAMPLE 3. IN HOUSEHOLDS IN THE HEPATI	E, HEIGHT AND WEIG	HT MEASURES SHOU	JLD BE OBTAINED		
			DULTS AGE 20-59 YEARS					
CHECK IN		CATION SE	CTION ON THE COVER PAGE IF TH	HE HOUSEHOLD IS IN	ICLUDED IN THE HEP	PATITIS C TESTING		
	YOT IN THE HEP	DATITIC C		u	N THE HEPATITIS C			
ı	TESTING SUE		\downarrow		STING SUBSAMPLE	Ţ		
	CK COLUMN 016 VER-MARRIED \				CHECK COLUMN 01 OF ALL ADULTS AG		IAMES	
	EVER-MARR	RIED WOME	N/ADULTS AGE 20-59	WEIGHT A	AND HEIGHT MEASURE	EMENT OF WOMEN/	ADULTS	
LINE NO. FROM 016 OR 017	NAME FROM 002	AGE FROM 010	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER	
(201)	(202)	(203)	(204)	(205)	(206)		(208)	
	YEARS LINE OF THE PROPERTY OF							
CHECK IN		CATION SE	ECTION ON THE COVER PAGE IF TH	HE HOUSEHOLD IS IN	ICLUDED IN THE HE	PATITIS C TESTING	3	
		HEPATITIS SUBSAMP			N THE HEPATITIS C STING SUBSAMPLE	↓ GO TO 401		
ТІСК	IF AN ADDITION	NAL HOUS	EHOLD QUESTIONNAIRE USED					
Name o	of Measurer _			Name of Assistant				

3 BLOOD TESTING DECISIONS **IDENTIFICATION OF ELIGIBLE RESPONDENTS AGE 15-59 YEARS** CHECK COLUMN 013 AND RECORD IN Q.309-313 THE LINE NUMBER(S), NAME(S), AND AGE(S) OF ALL PERSONS AGE 15-59 YEARS IN THE SAME ORDER IN WHICH THE INDIVIDUALS ARE LISTED IN THE HOUSEHOLD SCHEDULE. IF AN ELIGIBLE RESPONDENT IS ABSENT DURING ALL OF THE VISITS YOU MAKE TO THE HOUSEHOLD FOR THE HEPATITIS C TESTING, RECORD CODE 2 ('NOT PRESENT') IN Q. 314, 315 AND 320. 302 ADMINISTRATION OF INFORMED CONSENT FOR HEPATITIS C TESTING TO PARENT/GUARDIANS. FOR RESPONDENTS AGE 15-17, CHECK Q. 011 AND RECORD IN Q.312 IF THE RESPONDENT IS NEVER-MARRIED OR ELSE. FOR ALL NEVER-MARRIED ADOLESCENTS AGE 15-17, RECORD IN Q.313 THE LINE NUMBER OF THE PARENT OR OTHER ADULT RESPONSIBLE FOR THE ADOLESCENT AT THE TIME OF THE SURVEY VISIT. REQUEST INFORMED CONSENT FROM PARENT/GUARDIAN BEFORE ASKING RESPONDENT FOR CONSENT. **RESPONDENT NEVER-MARRIED AGE 15-17 LIVING** ALL OTHER RESPONDENTS WITH PARENT/GUARDIAN ASK PARENT/GUARDIAN Q 303 AND **RECORD RESULT IN Q.314** PARENT/GUARDIAN PARENT/GUARDIAN REFUSES PARENT/GUARDIAN ABSENT **AGREES RECORD REFUSED IN Q.314 RECORD ABSENT IN Q.314** AND Q.320 AND SIGN YOUR NAME AND Q.320 AND SIGN YOUR NAME BELOW Q. Q314. THEN GO ON TO BELOW Q. Q314. THEN GO ON TO NEXT RESPONDENT. IF NO MORE **NEXT RESPONDENT. IF NO MORE** RESPONDENTS, GO TO Q.321 **RESPONDENTS. GO TO Q.321** REQUEST CONSENT FOR HEPATITIS C TESTING FROM RESPONDENT. Good morning/afternoon. My name is and I am from the Ministry of Health and Population and part of the survey team. As you know, we are conducting a national survey about health issues, including hepatitis C. Hepatitis C is a result of an infection with the hepatitis C virus. It may cause liver damage and other serious health problems As part of the survey, we are asking people to give a small amount of blood to test later in the laboratory in order to know how many people have the hepatitis C virus. This information is very important to help the Ministry of Health and Population to plan for programs to treat this The results will be kept confidential. If you agree to take part, I will ask you to let us take about teaspoonful of blood, from a vein in your arm. The risk to you from this testing is small. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You may get some bruising where the blood is taken from your arm. If you have any bleeding, swelling or other problem later, you should tell LABORATORY TECHNICIAN: CHECK Q.311 AND 312. IF THE RESPONDENT IS AGE 15-17 YEARS AND NEVER MARRIED, ADVISE THE RESPONDENT THAT THEIR PARENT OR GUARDIAN WILL ALSO BE GIVEN THE RESPONDENT'S TEST RESULT AT THE TIME OF THE CALL BACK VISIT. The blood will be sent to the Central Laboratory of the Ministry of Health and Population in Cairo for the hepatitis C test. We will return to give you [and your parent/quardian] the results of the testing in about two months. If the test shows that you have the hepatitis C virus, we will give you a referral to a special Liver Disease Treatment Center or other health facility for counseling and advice about treatment. Do you have any questions so far? LABORATORY TECHNICIAN: ENCOURAGE THE RESPONDENT TO ASK ANY QUESTIONS. If you have any questions at any time, please ask me. You can also speak to the head of this survey team. I can also give you information on how to contact the directors of this LABORATORY TECHNICIAN: IF CONTACT NUMBERS ARE REQUESTED, OFFER TO PROVIDE THE RESPONDENT WITH A CELL PHONE TO USE TO MAKE THE CALL AND/OR GIVE THE FOLLOWING TELEPHONE NUMBERS: Ministry of Health and Population El-Zanaty and Associates: Dr. Fatma El-Zanaty Dr. Nasr El-Saved Assistant Minister for Health and Population for Primary Health Care Survey Director and Preventative and Family Planning Affairs 101 Kasr El Ainy Street 12 Gamal Salem Street, 3rd Floor Cairo Dokki, Giza Egypt Egypt Telephone: 20-2-2794-8555; Fax: 20-2-2792-4156 Telephone: 20-2-3762-2310; Fax: 20-2-3336-4120 LABORATORY TECHNICIAN: IF THE RESPONDENT IS A NEVER-MARRIED MINOR OR IS NOT HIGHLY EDUCATED, TAKE EXTRA TIME REVIEWING THE HEPATITIS C TESTING IN ORDER TO BE SURE THE RESPONDENT UNDERSTANDS THE PROCESS BEFORE ASKING FOR CONSENT. You can say yes or not to giving blood. However, we will be grateful if you can allow us to take a small blood sample. Would you allow me to take a sample of your blood from your arm for the hepatitis C testing?

RECORDING RESPONDENT'S DECISION CONCERNING HEPATITIS C TEST RECORD THE RESPONDENT'S DECISION IN Q.315 RESPONDENT AGREES RESPONDENT REFUSES **RECORD REFUSED IN Q.315 AND** AND Q.320. THEN GO ON TO NEXT RESPONDENT. IF NO MORE **RESPONDENTS, GO TO Q.321** REQUEST FOR CONSENT TO STORE AND USE BLOOD SAMPLE FOR FUTURE TESTS BEFORE DRAWING BLOOD SAMPLE, ASK ALL RESPONDENTS WHO CONSENT TO THE HEPATITIS C TEST FOR PERMISSION TO STORE REMAINING BLOOD FOR FUTURE TESTS. RECORD RESPONSE IN Q.316 We ask you to allow the Ministry of Health and Population to store part of the blood sample at the Central Laboratory in Cairo to be used for testing or research in the future. We are not certain exactly what tests will be done but they will involve testing for infections or chemicals that We will not be keeping your name on the blood sample after we give back the result of the hepatitis C test. Therefore, we will not be able to contact you with results from future testing. However, if you allow your blood to be used, we may be able to find out things that will help improve health situation for Egyptians. You may join in this study without having your blood sample stored for future studies. If you have any questions at any time, we want you to tell us. Again you can speak to the head of this survey team or I can give you information about how to contact the survey directors in Cairo. LABORATORY TECHNICIAN: CHECK Q.303 AND PROVIDE CONTACT NUMBERS FOR MINISTRY OF HEALTH AND/OR EL-ZANATY AND ASSOCIATES IF REQUESTED. Will you allow us to keep the blood sample stored for later testing or research? 306 PLACEMENT AND CHECKING OF BAR CODE LABEL FOR EACH RESPONDENT WHO CONSENTS TO TESTING RECORD THE HOUSEHOLD NUMBER AND LINE NUMBER OF THE RESPONDENT ON THE SPECIMEN TRACKING FORM. BEGIN WITH A NEW SET OF BAR CODE LABELS. (a) PLACE A BAR CODE LABEL ON THE QUESTIONNAIRE IN Q.317 FOR THE RESPONDENT. (b) PLACE A SECOND LABEL WITH THE SAME BAR CODE ON THE TUBE WHICH YOU WILL USE IN TAKING THE SAMPLE. (c) PLACE A THIRD LABEL WITH THE SAME BAR CODE ON THE SPECIMEN TRACKING FORM NEXT TO THE RESPONDENT'S CHECK THAT YOU HAVE USED A NEW SET OF LABELS. ALSO CHECK THAT THE BAR CODE ASSIGNED TO THE RESPONDENT IN THE QUESTIONNAIRE MATCHES THE CODE YOU HAVE PLACED ON THE TUBE YOU WILL USE TO DRAW THE RESPONDENT'S BLOOD AND ON THE SPOECIMEN TRACKING FORM. SIGN IN Q. 318 TO INDICATE THAT YOU HAVE CHECKED AND THE BAR CODES MATCH. 307 **COLLECTION OF VENOUS BLOOD SAMPLE** DRAW THE VENOUS BLOOD SAMPLE. **BLOOD SAMPLE OBTAINED** BLOOD SAMPLE NOT OBTAINED BLOOD SAMPLE NOT OBTAINED BECAUSE RESPONDENT REFUSED DUE TO TECHNICAL PROBLEMS RECORD CODE 2 ('REFUSED') IN Q.320 RECORD CODE 6 ('OTHER') IN RECORD CODE 1 ('COLLECTED') IN Q. 320. THEN CONTINUE WITH AND CHANGE RESPONSE IN Q.315 Q.320. TO REFUSED Q.308. CROSS OUT THE REMAINING BAR CODE LABELS THAT WERE ASSIGNED TO THE RESPONDENT ON THE BAR CODE SHEET. THANK THE RESPONDENT AND GO ON TO THE NEXT ELIGIBLE RESPONDENT. IF THERE ARE NO ADDITIONAL RESPONDENTS, PROCEED TO Q.321. 308 CHECK OF BAR CODE LABEL ASSIGNMENT BY ASSISTANT AFTER THE TECHNICIAN HAS DRAWN THE BLOOD SAMPLE, THE ASSISTANT SHOULD VERIFY THE RESPONDENT'S NAME. THEN CHECK THAT THE BAR CODE ON TUBE MATCHES THE BAR CODE IN Q. 317 IN THE QUESTIONNAIRE FOR THAT RESPONDENT. ALSO CHECK THAT THE RESPONDENT'S LINE NUMBER WAS CORRECTLY RECORDED ON THE SPECIMEN

TRACKING FORM. THEN CHECK THAT THE BAR CODE NEXT TO RESPONDENT'S LINE NUMBER MATCHES THE NUMBER ON THE TUBE AND IN Q. 317. SIGN IN Q. 319 TO INDICATE YOU CHECKED AND THE BAR CODES MATCH.

RECORD OF BLOOD TESTING DECISIONS

SAMPLE COLLECTED? 1 COLLECTED 2 REFUSED 3 ABSENT 6 OTHER	(SPECIFY) (320)							
	MATCH (319)	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	
TECHNICIAN: ASSISTANT: CHECK BAR CODES ON CODES ON QUESTION- QUESTION- NAIRE, TUBE AND FIELD FORM FORM	MATCH (318)	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE	
BAR CODE LABEL	(317)							
IF 18-59 YEARS OR < 18 YEARS AND PARENT/OTHER RESP. ADULT AGREED, READ CONSENT STATEMENT AND RECORD RESPONSES FOR TEST AND BLOOD STORAGE	STORAGE (316)	AGREE1 REFUSE2	1 AGREE	AGREE1 REFUSE2	AGREE1 REFUSE2	AGREE1 REFUSE2	AGREE1 REFUSE2	
IF 18-59 Y YEARS AND PA ADULT A CONSENT STAT RESPONSES FG	TEST (315)	AGREE	AGREE	AGREE2 - REFUSE2 - ABSENT/OTHER3 - GO TO 320 ←	AGREE	AGREE	AGREE2 - REFUSE2 - ABSENT/OTHER3 - GO TO 320 ←	
IF NEVER-MARRIED AND <18 YRS, READ CONSENT TO PARENTY OTHER RESP. ADULT AND RECORD RESPONSE	PARENTAL CONSENT (314)	AGREE	AGREE	AGREE	AGREE	AGREE	AGREE	NAME OF ASSISTANT
LINE NO. OF PARENT OR OTHER RESPONSIBLE ADULT FROM	001							
MARITAL STATUS FROM 011	(312)	NEVER MARRIED1 ELSE2 GO TO 3154	NEVER MARRIED1 ELSE2 GO TO 3154	NEVER MARRIED1 ELSE2 GO TO 3154	NEVER MARRIED1 ELSE2 GO TO 3154	NEVER MARRIED1 ELSE2 GO TO 3154	NEVER MARRIED1 ELSE2 GO TO 3154	NNAIRE USED
AGE FROM 010	(311)	15-171 18-592 GO TO 315	15-171 18-592 GO TO 315 ←	15-171 18-592 GO TO 315♣	15-171 18-592 GO TO 315♣	15-171 18-592 GO TO 315 ◆	15-171 18-592 GO TO 315♣	HOLD QUESTION
NAME FROM: 002	(310)							TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED
LINE NO. FROM 013	(308)							310 NAM

RECORD OF BLOOD TESTING DECISIONS

LINE NO. FROM	NAME FROM:	AGE FROM	MARITAL	LINE NO. OF PARENT OR	IF NEVER-MARRIED AND <18 YRS, READ	IF 18-59 YEARS OR < 18 YEARS AND PARENT/OTHER RESP.	SOR < 18 T/OTHER RESP.	BAR CODE LABEL	TECHNICIAN: CHECK BAR	ASSISTANT: CHECK BAR	SAMPLE COLLECTED?
013	002	010	FROM 011	OTHER RESPONSIBLE	CONS	ADULT AGREED, READ CONSENT STATEMENT AND RECORD	ED, READ NT AND RECORD		CODES ON QUESTION-	CODES ON QUESTION-	1 COLLECTED 2 REFUSED
				ADULT FROM	ADULT AND RECORD RESPONSE	RESPONSES FOR TEST AND BLOOD STORAGE	EST AND BLOOD		NAIRE, TUBE AND FIELD FORM	NAIRE, TUBE AND FIELD FORM	3 ABSENT 6 OTHER
				001	PARENTAL CONSENT	TEST	STORAGE	1 1	МАТСН	МАТСН	(SPECIFY)
(308)	(310)	(311)	(312)	(313)	(314)	(315)	(316)	(317)	(318)	(319)	(320)
		15-171 18-592 GO TO 315◆	NEVER MARRIED1 ELSE2 GO TO 3154		AGREE	AGREE1 REFUSE2 ABSENT/OTHER3 GO TO 320	AGREE1 REFUSE2		SIGNATURE	SIGNATURE	
		15-171 18-592 GO TO 315-	NEVER MARRIED1 ELSE2 GO TO 3154		AGREE	AGREE	AGREE1 REFUSE2		SIGNATURE	SIGNATURE	
		15-171 18-592 GO TO 315-	NEVER MARRIED1 ELSE2 GO TO 315		AGREE	AGREE	AGREE 1 REFUSE2		SIGNATURE	SIGNATURE	
		15-171 18-592 GO TO 315-	NEVER MARRIED1 ELSE2 GO TO 315		AGREE	AGREE	AGREE		SIGNATURE	SIGNATURE	
		15-171 18-592 GO TO 315-	NEVER MARRIED1 ELSE2 GO TO 3154		AGREE	AGREE	AGREE 1 REFUSE 2		SIGNATURE	SIGNATURE	
		15-171 18-592 GO TO 315-	NEVER MARRIED1 ELSE2 GO TO 315		AGREE	AGREE	AGREE 1 REFUSE 2		SIGNATURE	SIGNATURE	
310 NAME	TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED	ЕНОГВ QUESTIO	INNAIRE USED		NAME OF ASSISTANT						

321	CHECK Q.3		ORD THE NAM	OM BLOOD SPECIMENS COLLECTED ME AND LINE NUMBER OF EACH RESPONDENT FROM WHO	OM A BLOOD
322	IDENTIFIC <i>A</i>	ATION OF RESPONDEN	ITS WHO ARE	NOT USUAL HOUSEHOLD RESIDENTS.	
		LUMN 010 IN THE HOU OF THE HOUSEHOLD.		EDULE AND RECORD IN Q.328 IF THE RESPONDENT IS A I	USUAL
323	REQUEST	FOR CONTACT INFOR	MATION FROM	RESPONDENTS WHO ARE NOT USUAL RESIDENTS	
	telephone n	umber for the place whe	re you expect to	to return the result of the hepatitis C testing. Can you give me to be living at that time? E RESPONDENT SAYS THAT THEY WILL STILL BE LIVING IN EDHS HOUSEHOLD'.	
324	REQUEST (CONSENT TO LEAVE I	HEPATITIS C T	EST RESULT WITH ANOTHER HOUSEHOLD MEMBER DUR	ING CALLBACK
		RESPONDENT FROM	WHOM A SPE	CIMEN WAS COLLECTED	
	As I told you leave your r		bout 3 months t	to give you the result of your test. If you are not at home at that t	ime, may we
325	COMPLETE	AND GIVE THE RESP	ONDENT THE	CALL BACK IDENTIFICATION FORM. ASK THE RESPOND	ENT TO KEEP
				AFF MEMBER WHO WILL RETURN THE RESPONDENT'S TE LL BACK TEAM TO CORRECTLY IDENTIFY THE RESPONDE	
	THANK TH	E RESPONDENT FOR I	PARTICIPATIN	G IN THE HEPATITIS C TESTING AND GO ON TO THE NEXT	
	ELIGIBLE F	REPONDENT. IF THERI	ARE NO ADD	ITIONAL RESPONDENTS, GO TO Q.404.	
	LINE NO.	NAME FROM:	USUAL		CONSENT TO
	FROM		RESIDENT		LEAVE
	309	310	FROM		RESULTS WITH
	309	310	007		ANOTHER
					HOUSEHOLD
					MEMBER
	(326)	(327)	(328)	(329)	(330)
			YES 1 GO TO 330 ←	ADDRESS	AGREE 1 REFUSE 2
			NO 2	TELEPHONE:	KEI OOL Z
			YES 1 GO TO 330 ←	ADDRESS	AGREE 1
			NO 2	TELEPHONE:	REFUSE 2
			YES1	ADDRESS	AGREE 1
			GO TO 330 ←		DEELIOE O
			NO 2	TELEPHONE:	REFUSE 2
			YES 1 GO TO 330 ←	ADDRESS	AGREE 1
			NO 2	TELEPHONE:	REFUSE 2
			YES 1 GO TO 330 ←	ADDRESS	AGREE 1
			NO 2	TELEPHONE:	REFUSE 2
			YES 1 GO TO 330 ←	ADDRESS	AGREE 1 REFUSE 2
			NO 2	TELEPHONE:	

LINE NO. FROM 309	NAME FROM: 310	USUAL RESIDENT FROM 007		CONSENT TO LEAVE RESULTS WITH ANOTHER HOUSEHOLD MEMBER
(326)	(327)	(328)	(329)	(330)
		YES 1 GO TO 330 ←	ADDRESS	AGREE 1 REFUSE 2
		NO 2	TELEPHONE:	KLI OSL Z
		YES 1 GO TO 330 ←	ADDRESS	AGREE 1
		NO 2	TELEPHONE:	REFUSE 2
		YES 1 GO TO 330 ←	ADDRESS	AGREE 1
		NO 2	TELEPHONE:	REFUSE 2
		YES 1 GO TO 330 ←	ADDRESS	AGREE 1
		NO 2	TELEPHONE:	REFUSE 2
		YES 1 GO TO 330 ←	ADDRESS	AGREE 1
		NO 2	TELEPHONE:	REFUSE 2
		YES 1 GO TO 330 ←	ADDRESS	AGREE 1 REFUSE 2
		NO 2	TELEPHONE:	

INTERVIEWER OBSERVATIONS TO BE FILLED IN AFTER COMPLETING INTERVIEW

401 COMMENTS ABOUT RESPONDENT.		
402 COMMENTS ON SPECIFIC QUESTIONS:		
403 ANY OTHER COMMENTS:		
404	TECHNICIAN'S OBSERVATION	
405	SUPERVISOR'S OBSERVATIONS	
NAME OF SUPERVISOR:	DATE:	
406	EDITOR'S OBSERVATIONS	
NAME OF EDITOR:	DATE:	

EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2008

EVER-MARRIED WOMAN QUESTIONNAIRE

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

WOMAN QUESTIONNAIRE

		IDENTIFICATION					
GOVERNORATE KISM/MARKAZ SHIAKHA/VILLAGE HOUSEHOLD NUMBER URBAN	GOVERNORATE PSU/SEGMENT NO. HOUSEHOLD NO. URBAN/RURAL LOCALITY LINE NUMBER						
		INTERVIEWER VISITS	3				
	1	2	3	FINAL VISIT			
DATE TEAM INTERVIEWER SUPERVISOR RESULT				DAY MONTH YEAR 0 0 8 TEAM			
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS			
RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER 3 POSTPONED 6 INCAPACITATED (SPECIFY)							
NAME DATE / SIGNATURE	/ 2008	OFFICE EDITOR	/ / 2008	KEYER / / 2008			

	SECTION 1. RESPONDENT'S I	BACKGROUND
Hello. I We are appreci will help informa Particip we hope At this t May I b	MED CONSENT My name is and I am we conducting a national survey about the health of women and children. We attend your participation in this survey. I would like to ask you about your he of the government to plan health services. The survey usually takes between the your provide will be kept strictly confidential and will not be shown to attion in this survey is voluntary and you can choose not to answer any if the that you will participate in this survey since your views are important. Imperior of your want to ask me anything about the survey? In the interview in the provided in the survey.	nealth (and the health of your children). This information ween 20 and 45 minutes to complete. Whatever other persons. Individual question or all of the questions. However,
RESPC	ONDENT AGREES TO BE INTERVIEWED 1 RESPONDEN ↓	Γ DOES NOT AGREE TO BE INTERVIEWED . 2→ 1101
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
101	RECORD THE TIME.	HOUR
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS
103	Just before you moved here, did you live in Cairo, Giza, Alexandria, in another city or town, or in a village? (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA 1 ALEXANDRIA 2 OTHER CITY/TOWN 3 VILLAGE 4 OUTSIDE EGYPT 5 (SPECIFY) OFFICE: GOVERNORATE CODE
104	In what month and year were you born?	MONTH

DON'T KNOW YEAR 9998

AGE IN COMPLETED YEARS

105

How old were you at your last birthday?

INCONSISTENT.

COMPARE AND CORRECT 104 AND/OR 105 IF

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
107	Now I would like to ask you some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED	
108	CHECK 107:		
	MARRIED MORE THAN ONCE	MONTH	
	In what month and year Now I would like to ask about did you enter into your first husband.	DON'T KNOW MONTH 98	
	a marriage contract with In what month and year your husband? did you enter into a marriage contract with your first husband?	YEAR	110
-	,	DON'T KNOW YEAR	
109	How old were you when you entered into a marriage contract with your (first) husband?	AGE IN COMPLETED YEARS .	
110	CHECK 107:		
	MARRIED MORE THAN ONCE	MONTH	
	In what month and year Now I would like to ask about did you start living together your first husband.	DON'T KNOW MONTH 98	
	with your husband? In what month and year did you start living together with your first husband?	YEAR	→ 112
		DON'T KNOW YEAR	
111	How old were you when you started living together with your (first) husband?	AGE IN COMPLETED YEARS .	
112	DETERMINE ALL OF THE MONTHS SINCE JANUARY 2003 THAT THE ENTER 'X' IN COLUMN 1 OF CALENDAR FOR EACH MONTH MARR NOT MARRIED, SINCE JANUARY 2003.		
	FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAV FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIA DATES OF ANY PREVIOUS UNIONS SINCE JANUARY 2003.		
113	Have you ever attended school?	YES	117
114	What is the highest level of school you attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6	
115	What is the highest grade you successfully completed at that level?	GRADE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116		EPARATORY OR HIGHER	→ 118
117	Can you read a newspaper or a letter easily, with difficulty or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→ 119
118	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY	
119	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY	
120	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY	
121	What is your religion?	MUSLEM	

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

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

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET.

(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).

212	213	214	215	216	217	218	219	220	221
What name	Is (NAME)	Is	In what month	Is	IF ALIVE:	IF ALIVE:	IF ALIVE:	IF DEAD:	Were there
was given to your (first/next) baby?	single or twins?	(NAME) a boy or a girl?	and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	(NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME) when he/she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	any other live births between (WHEN YOU FIRST MARRIED/ NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
(NAME)	SING 1	BOY 1	MONTH YEAR	YES 1	AGE IN YEARS	YES 1	HH LINE NO.	DAYS 1 MONTHS. 2	YES 1 ADD BIRTH ◀
				(GO TO 220)			(GO TO 221)	YEARS 3	NO 2 NEXT BIRTH ◀
02	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	HH LINE NO.	MONTHS 2	YES 1 ADD BIRTH ◀
(NAME)	MULT 2	GIRI 2	YEAR	NO 2 ↓ (GO TO 220)		NO 2	↓ (GO TO 221)	YEARS 3	NO 2 NEXT BIRTH ◀
03	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	HH LINE NO.	DAYS 1 MONTHS . 2	YES 1 ADD BIRTH ◀
(NAME)	MULT 2	GIRI 2	YEAR	NO 2 (GO TO 220)		NO 2	↓ (GO TO 221)	YEARS 3	NO 2 NEXT BIRTH ◀
04	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	HH LINE NO.	DAYS 1 MONTHS 2	YES 1 ADD BIRTH ◀
(NAME)	MULT 2	GIRL 2	YEAR	NO 2 (GO TO 220)		NO 2	(GO TO 221)	YEARS 3	NO 2 NEXT BIRTH
05	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	HH LINE NO.	DAYS 1	YES 1
(NAME)	MULT 2	GIRL 2	YEAR	NO 2 ↓ (GO TO 220)		NO 2	(GO TO 221)	MONTHS 2 YEARS 3	ADD BIRTH ◀ NO 2 NEXT BIRTH ◀
06	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	HH LINE NO.	DAYS 1	YES 1 ADD BIRTH ◀
(NAME)	MULT 2	GIRL 2	YEAR	NO 2 (GO TO 220)		NO 2	(GO TO 221)	YEARS 3	NO 2 NEXT BIRTH
07	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	HH LINE NO.	DAYS 1	YES 1
(NAME)	MULT 2	GIRL 2	YEAR	NO 2 (GO TO 220)		NO 2	(GO TO 221)	YEARS 3	NO 2 NEXT BIRTH ◀

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212	213	214	215	216	217	218	219	220	221
What name was given t your (first/next) baby?		Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME) when he/she died? RECORD DAYS IF LESS THAN I LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (WHEN YOU FIRST MARRIED/ NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08 (NAME)	SING 1	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 (GO TO 220)	AGE IN YEARS	YES 1 NO 2	HH LINE NO. (GO TO 221)	DAYS 1 MONTHS 2 YEARS 3	YES 1 ADD BIRTH
09 (NAME)	SING 1	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 (GO TO 220)	AGE IN YEARS	YES 1 NO 2	HH LINE NO. (GO TO 221)	DAYS 1 MONTHS 2 YEARS 3	YES 1 ADD BIRTH
(NAME)	SING 1	BOY 1 GIRI 2	MONTH YEAR	YES 1 NO 2 (GO TO 220)	AGE IN YEARS	YES 1 NO 2	HH LINE NO. (GO TO 221)	DAYS 1 MONTHS. 2 YEARS 3	YES 1 ADD BIRTH NO 2 NEXT BIRTH NO
(NAME)	SING 1	BOY 1 GIRI 2	MONTH YEAR	YES 1 NO 2 (GO TO 220)	AGE IN YEARS	YES 1	HH LINE NO. (GO TO 221)	DAYS 1 MONTHS . 2 YEARS 3	YES 1 ADD BIRTH NO 2 NEXT BIRTH
12 (NAME)	SING 1	BOY 1 GIRL 2	MONTH YEAR	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS	YES 1 NO 2	HH LINE NO. (GO TO 221)	DAYS 1 MONTHS. 2 YEARS 3	YES 1 ADD BIRTH → NO 2 GO TO 222 →
222			births since the birth ORD BIRTH(S) IN T					1	ADD TO TABLE
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH BIRTH SINCE JANUARY 2003: MONTH AND YEAR OF BIRTH RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2003 OR LATER. IF NONE, RECORD '0' AND GO TO 225a.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
225	FOR EACH BIRTH SINCE JANUARY 2003, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE.					
225a	ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 2003 IN THE BOXES AT THE BOTTOM OF THE CALENDAR.					
226	Are you pregnant now?	you pregnant now? YES				
227	How many months pregnant are you?	MONITUR				
	RECORD NUMBER OF COMPLETED MONTHS.	MONTHS				
228	ENTER 'P's IN COLUMN 2 OF CALENDAR, BEGINNING WITH THE M THE TOTAL NUMBER OF MONTHS OF THE CURRENT PREGNANCY					
229	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3				
230	Unfortunately many women have pregnancies that do not end in a liv Sometimes a baby is still born, that is, the baby is born who does not Other times women have a miscarriage or abortion early during a pre It is very important in our study to know about such pregnancies so he USING THE INFORMATION IN THE CALENDAR, PROBE TO DETIBIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY IF THE WOMAN REPORTS A PREGNANCY THAT DID NOT END IT AND YEAR IN WHICH THE PREGNANCY ENDED. RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTHE CALENDAR ("S" FOR STILL BIRTH, "M" FOR MISCARRIAGE THEN ASK ABOUT THE NUMBER OF MONTHS THE PREGNANCY OF THE PRECEDING MONTHS ACCORDING TO THE DURATION NOTE: SINCE THE OUTCOME OF THE PREGNANCY IS RECORD ENDED, THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF P'S MUST BE ONE LESS THAN THE NUMBER OF PRIOR BIRTH PREGNANCY AND PRIOR BIRTH DId you have any pregnancy that ended in a still birth between (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion of PRIOR WITH NO LIVE BIRTHS BUT WITH CURRENT PREGNANCY TERMINATION, ASK How many months pregnant were you when the pregnancy ended the last still birth? If YES: When did the last still birth? PREGNANCY TERMINATION, ASK How many months pregnant were you when the pregnancy ended the pregnancy end	breath or show any life. gnancy. ealth programs can be developed for women. ERMINE IF THE WOMAN HAD ANY STILL 2003. N A LIVE BIRTH, ASK ABOUT THE MONTH TCOME ON THAT DATE IN COLUMN 2 IN E AND "A" FOR ABORTION). Y LASTED AND RECORD "P" IN EACH OF THE PREGNANCY. DED IN THE MONTH THAT PREGNANCY IUMBER OF MONTHS THAT THE ETH (LAST BIRTH) birth of (NAME OF LAST BIRTH) and before carriage or abortion? INAME OF LAST BIRTH) and (NAME age or abortion? H NAME OF NEXT-TO-LAST BIRTH) and miscarriage or abortion? INCY gnancy that ended in a still birth? P. NANT Tth occur? I the last miscarriage or abortion occur?				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
231	Did you have any (other) pregnancies before January 2003 that did not result in a live birth (pregnancy that ended in a still birth, miscarriage or abortion)?	YES	
232	RECORD IN THE BOXES AT THE BOTTOM OF THE CALENDAR THAT THE PREGNANCY TERMINATED FOR THE LAST PREGNAMISCARRIAGE, OR ABORTION PRIOR TO JANAURY 2003. IF NONE RECODE '0' IN OUTCOME.		
233	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO	
234	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES	J ₃₀₁
235	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	

SECTION 3. CONTRACEPTION

301	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.		
	CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 302, ASK 303.		
	METHOD	302 Which ways or methods have you heard about? FOR METHODS NOT MENTIONED, ASK: Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 27	Have you ever had an operation to avoid having any more children? YES
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 27	Have you ever had a husband who had an operation to avoid having any more children? YES
03	PILL Women can take a pill every day.	YES 1 NO 27	YES
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES	YES
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES	YES
06	IMPLANTS Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 27	YES
07	CONDOM Men can use a rubber covering during sexual intercourse.	YES	YES
08	DIAPHRAGM, FOAM, JELLY A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES 1 NO 27	YES
09	RHYTHM METHOD A couple can avoid having sexual intercourse on the days of the month the woman is most to get pregnant.	YES 1 NO 27	YES
10	WITHDRAWAL Men can be careful and pull out before ejaculation.	YES 1 NO 27	YES
11	PROLONGED BREASTFEEDING	YES 1 NO 27	YES
12	EMERGENCY CONTRACEPTION Women can prevent pregnancy after having sexual intercourse within five days by taking one or two doses of pills.	YES 1 NO 27	YES
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1	YES
		(SPECIFY) (SPECIFY) NO	NO
304	CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED)		308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES	→ 307
306	ENTER '0' IN COLUMN 2 OF CALENDAR IN EACH BLANK MONT	Н	→ 341
307	What have you used or done?		
	CORRECT 302 AND 303 IF NECESSARY.	(SPECIFY)	
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.	NUMBER OF CHILDREN	
	How many living children did you have at that time, if any? IF NONE, RECORD '00'.		
309	CHECK 303 (01 - FEMALE STERILIZATION):		
	WOMAN NOT WOMAN STERILIZED STERILIZED		→ 313A
310	CHECK 106: MARITAL STATUS		
	CURRENTLY WIDOWED/ MARRIED DIVORCED/ SEPARATED		→ 340
311	CHECK 226: CURRENTLY PREGNANT		
	NOT PREGNANT PREGNANT CL		→ 340
040	*	V50	
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES	→ 340
313	Which method are you using?	FEMALE STERILIZATION C	
	CIRCLE ALL MENTIONED.	MALE STERILIZATION D PILL E	٦
		IUD F INJECTABLES G	
		IMPLANTS H CONDOM I	→ 315A
313A	CIRCLE 'C' FOR FEMALE STERILIZATION.	DIAPHRAGM/FOAM/JELLY K RHYTHM METHOD N	3134
		WITHDRAWAL R PROLONGED BREASTFEEDING T	
		OTHER X (SPECIFY)	
314	CHECK 313/313A:	(5. 25 1)	
	FEMALE MALE		
	STERILIZATION STERILIZATION CODE "C" CIRCLED CODE "D" CIRCLED		
	Before your sterilization Before the sterilization operation, were you told operation, was your husband	YES	
	that you would not be able told that he would not be able	DON'T KNOW 8	
	to have any (more) children to have any (more) children because of the operation?		
315	In what month and year was the sterilization performed?		
315A	IF MORE THAN ONE METHOD RECORDED IN 313,	MONTH	
	ASK FOR METHOD HIGHEST ON LIST: In what month and year did you start using (CURRENT	MONTH	
	METHOD) continuously?	YEAR	
	PROBE: For how long have you been using (CURRENT METHOD) now without stopping?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 315/315A, 215, AND THE CALENDAR:		
	ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH ANY YEAR OF START OF USE OF CONTRACEPTION IN 315/315A.	ND YES NO P	
	GO BACK TO 315/315A, PROBE AND RECORD MONTH AND YOU'S OF CURRENT METHOD (MUST BE AFTER LAST BIRTH O		
317	CHECK 315/315A:		
	YEAR IS 2003 OR LATER	YEAR IS 2002 OR EARLIER	
	INTERVIEW IN COLUMN 2 OF THE CALENDAR AND IN	NTER CODE FOR METHOD USED IN MONTH O ITERVIEW IN COLUMN 2 OF THE CALENDAR A ACH MONTH BACK TO JANUARY 2003.	
318	CHECK 313/313A: CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CODE CIRCLED IN 313/313A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION C MALE STERILIZATION D PILL E IUD F INJECTABLES G IMPLANTS H CONDOM I DIAPHRAGM/FOAM/JELLY/CREAM K RHYTHM METHOD N WITHDRAWAL R PROLONGED BREASTFEEDING T OTHER METHOD (SPECIFY)	→ 321 → 321 → 321
319	CHECK 313/313A IF MORE THAN ONE METHOD RECORDED IN 313/313A, CHECK AND ASK ABOUT METHOD HIGHEST ON THE LIST. F/M STERIL. Where did the sterilization take place? Where did you have the IUD inserted? Where did you have the implant inserted? RHYTHM/ WITHDRAWL/ PRLNG. BR./ OTHER Did you obtain advice about how to use (METHOD) at the time you began this current segment of use? If yes: from where did you get the advice? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME AND ADDRESS OF PLACE) FOR OFFICE USE:	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) 1 URBAN HEALTH UNIT 2 HEALTH OFFICE 3 RURAL HOSP'L (COMPLEMENTARY 4 RURAL HEALTH UNIT 5 MCH CENTER 6 MOBILE UNIT 7 OTHER GOVERNMENTAL UNIVERSITY HOSPITAL 8 TEACHING HOSPITAL 9 HEALTH INSURANCE ORG A CURATIVE CARE ORGANIZATION B OTHER GOVERNMENTAL C NON-GOVERNMENTAL C NON-GOVERNMENTAL C CIPPLIED CONTROL F PRIVATE MEDICAL PRIVATE HOSPITAL F PRIVATE MEDICAL PRIVATE HOSPITAL / CLINIC G PRIVATE DOCTOR H PHARMACY I OTHER PRIVATE MOSQUE HEALTH UNIT J CHURCH HEALTH UNIT K OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK, ETC.,) L FRIEND/RELATIVE M OTHER X	
	SOURCE CODE	(SPECIFY) NO ONE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	CHECK 315/315A		
	YEAR IS 2003 OR LATER	YEAR IS 2002 OR EARLIER	
	<u> </u>	,	i ,
	ENTER SOURCE CODE FROM 319 IN COLUMN 3 OF	GO TO 326.	i j
	CALENDAR IN THE MONTH AND YEAR IN WHICH THE CURRENT SEGMENT OF USE BEGAN AND		i !
	WRITE SOURCE NAME TO THE RIGHT OF THE CODE.	!	i !
	THEN GO TO 326.		
321	CHECK 313/313A		Ī
	IF MORE THAN ONE METHOD RECORDED IN 313/313A,	MINISTRY OF HEALTH AND POPULATION	
	CHECK AND ASK ABOUT METHOD HIGHEST ON THE LIST.	URBAN HOSP'L (GENERAL/DISTRICT) 1 URBAN HEALTH UNIT	İ
		HEALTH OFFICE	İ
	PILL Where did you obtain the packet of pills	RURAL HOSP'L (COMPLEMENTARY 4	İ
	you are using now (you used most recently)?	RURAL HEALTH UNIT	İ
		MOBILE UNIT 7	1
	INJECTION Where did you go for your last	OTHER GOVERNMENTAL	İ
	injection?	UNIVERSITY HOSPITAL	İ
	M CONDOM/	HEALTH INSURANCE ORG A	İ
	DIAPHRAGM/ From where did you obtain your most	CURATIVE CARE ORGANIZATION B	İ
	FOAM/ recent supply of (METHOD)? JELLY/	OTHER GOVERNMENTAL	İ
	CREAM	EGYPT FAMILY PLANNING ASSOC D	İ
		CSI PROJECT E	
	IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE.	OTHER NON-GOVERNMENTAL . F PRIVATE MEDICAL	İ
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE	PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC G	1
	THE APPROPRIATE CODE.	PRIVATE DOCTOR	İ
	'	PHARMACY I OTHER PRIVATE	İ
		MOSQUE HEALTH UNIT J	İ
	(NAME AND ADDRESS OF PLACE)	CHURCH HEALTH UNIT K	İ
		OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK,	İ
	FOR OFFICE USE:	ETC.,) L	İ
	<u> </u>	FRIEND/RELATIVE	İ
	SOURCE CODE	OTHERX (SPECIFY)	İ
		DON'T KNOW Z	
322	At the time you began this current period of use of (METHOD),		
	did you obtain or consult about (METHOD) at (SOURCE IN 321)	YES, SAME PLACE	224
	or did you go somewhere else?	NO, SOMEWHERE ELSE 2	→ 324
323	CHECK 315/315A		
	YEAR IS 2003 OR LATER	YEAR IS 2002 OR EARLIER	
	<u> </u>	+	1
	ENTER SOURCE CODE FROM 321 IN COLUMN 3 OF CALENDAR IN THE MONTH AND YEAR IN WHICH THE	GO TO 326.	1
	CURRENT SEGMENT OF USE BEGAN AND		1 1
	WRITE SOURCE NAME TO THE RIGHT OF THE CODE.		1
<i>i</i> 1	THEN GO TO 326.		1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Where did you first obtain/get advice about (METHOD) during your current period of use? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME AND ADDRESS OF PLACE) FOR OFFICE USE: SOURCE CODE	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) 1 URBAN HEALTH UNIT	
325	CHECK 315/315A YEAR IS 2003 OR LATER ENTER SOURCE CODE FROM 324 IN COLUMN 3 OF CALENDAR IN THE MONTH AND YEAR IN WHICH THE CURRENT SEGMENT OF USE BEGAN AND WRITE SOURCE NAME TO THE RIGHT OF THE CODE. THEN CONTINUE WITH 326.	YEAR IS 2002 OR EARLIER	
326	When you got (METHOD) at (SOURCE IN 319/321 or 324) were you told about side effects or problems you might have with this method?	YES 1 NO 2 NO SOURCE/RELATIVE/FRIEND 3	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES	
329	When you got (METHOD) at (SOURCE IN 319/321 or 324), were you told about other methods of family planning?	YES 1 NO 2 NO SOURCE/RELATIVE/FRIEND 3	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	CHECK 313/313A: USING FEMALE/ MALE STERILIZATION How much did you (your husband) pay in total for the sterilization, including any consultation you may have had? USING OTHER METHOD The last time you obtained (CURRENT METHOD) how much did you pay in total, including the cost of the (CURRENT METHOD) and any consultation you may have had?	POUNDS COST]→ 333
332	CHECK 313/313A: USING FEMALE/ MALE STERILIZATION Did you have any problem in affording the cost of the sterilization? USING OTHER METHOD The last time you obtained it, did you have any problem in affording the cost of the (CURRENT METHOD)?	YES	
333	CHECK 313/313A: CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CODE CIRCLED IN 313/313A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION C MALE STERILIZATION D PILL E IUD F INJECTABLES G IMPLANTS H CONDOM I DIAPHRAGM/FOAM/JELLY/CREAM K RHYTHM METHOD N WITHDRAWAL R PROLONGED BREASTFEEDING T OTHER METHOD X (SPECIFY)	→ 340 → 340 → 340 → 340
334	Did you obtain a supply of your current method during the past month? IF YES: Did you obtain it within the past two weeks?	1-2 WEEKS AGO	
335	CHECK 313/313A AND RECORD THE METHOD CURRENTLY US USING USING USING PILL OTHER METHOD	SED:	→ 340
336	May I see the package of pills you are using? RECORD NAME OF BRAND.	PACKAGE SEEN 1 BRAND NAME (SPECIFY) PACKAGE NOT SEEN 2	338
337	Do you know the brand name of the pills you are using? RECORD NAME OF BRAND.	BRAND NAME (SPECIFY) DON'T KNOW	
338	How many pill cycles did you get the last time?	NUMBER OF CYCLES	
339	How much does one cycle of pills cost?	POUNDS PT COST	

NO. QUESTIONS AND FILTERS **CODING CATEGORIES** SKIP 340 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 delay or avoid getting pregnant. **COLUMN 2 - SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 2003** PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 2003. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS RECORD PERIODS OF USE AND NONUSE IN COLUMN 2 OF THE CALENDAR. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED. **ILLUSTRATIVE QUESTIONS FOR COLUMN 2** - 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 3 - SOURCE OF CONTRACEPTIVE METHOD SINCE JANUARY 2003** ASK FOR SOURCE OF METHOD FOR EACH SEGMENT OF USE IN THE CALENDAR PRIOR TO THE CURRENT SEGMENT OF USE. RECORD THE CODE FOR THE SOURCE IN COLUMN 3 IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN. FOR THE PILL, CONDOM, INJECTION, AND DIAPHRAGM/FOAM/JELLY/CREAM, THE SOURCE SHOULD BE THE PLACE FROM WHICH THE METHOD WAS OBTAINED AT THE TIME THE SEGMENT OF USE BEGAN PROBE FOR THE EXACT ADDRESS OF EACH SOURCE. WRITE THE NAME TO THE RIGHT OF COLUMN 3 OF THE CALENDAR IN MONTH IN WHICH THE SEGMENT OF USE BEGAN. THE NUMBER OF CODES ENTERED IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF **SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2. ILLUSTRATIVE QUESTIONS FOR COLUMN 3** FOR MODERN METHODS (CODES C-K) · Where did you obtain (METHOD) when you began using it that time? FOR TRADITIONAL METHODS (CODES N-X); - Did you seek advice about how to use (METHOD) when you began using it that time? From where did you get the advice? IF PHARMACY/OTHER NONMEDICAL SOURCE(S) (CODES I, L, M, X): - Did you consult a doctor or a clinic when you began using (METHOD) that time? IF YES: Where did you consult? IF NO: RECORD CODE FOR PHARMACY OR OTHER SOURCE **COLUMN 4 - REASON FOR DISCONTINUATION** FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD AND RECORD THE REASON FOR DISCONTINUATION IN COLUMN 4 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF **USE WAS TERMINATED.** IF A PREGNANCY FOLLOWED, ASK IF SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR WHETHER SHE DELIBERATELY STOPPED USING THE METHOD TO GET PREGNANT. THE NUMBER OF CODES ENTERED IN COLUMN 4 MUST BE THE SAME AS THE NUMBER OF COMPLETE **SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2. ILLUSTRATIVE QUESTIONS FOR COLUMN 4** - Why did you stop using the (method)? - Did you become pregnant while using (method),or did you stop to get pregnant, or stop for some other IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (method)? ENTER "0" IN EACH SUCH MONTH IN COLUMN 2. AFTER COMPLETING COLUMNS 2, 3 AND 4 AS APPROPRIATE, GO TO 341

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
341	CHECK 302: METHOD 11		
	PROLONGED BREASTFEEDING NOT MENTIONED PROLONGED BREASTFEEDING MENTIONED		→ 343
342	Do you believe that breastfeeding can be a family planning method, that is, that breastfeeding can help a woman avoid becoming pregnant?	YES	→ 347
343	Now I would like to ask some questions about the use of breastfeeding as a family planning method. For how many months after a baby is born is a woman protected from pregnancy if she breastfeeds?	NUMBER OF MONTHS 93 UNTIL PERIOD RETURN 93 UNTIL SHE STOPS/CHILD WEANED 94 OTHER 96 (SPECIFY) DON'T KNOW 98	
344	If a breastfeeding mother's menstrual period returns, is she protected from pregnancy?	YES	
345	If the child is given other liquids or solids, is a breastfeeding mother protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
346	If her baby sleeps through the night without feeding or feeds only a few times during the day, is a breastfeeding mother protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
347	CHECK 304: NEVER USED EVER USED METHOD METHOD		→ 401
348	Do you know of a place where you can obtain a method of family planning?	YES	→ 401
349	Where is that? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) 1 URBAN HEALTH UNIT 2 HEALTH OFFICE 3 RURAL HOSP'L (COMPLEMENTARY 4 RURAL HEALTH UNIT 5 MCH CENTER 6 MOBILE UNIT 7 OTHER GOVERNMENTAL UNIVERSITY HOSPITAL 8 TEACHING HOSPITAL 9 HEALTH INSURANCE ORG A CURATIVE CARE ORGANIZATION B OTHER GOVERNMENTAL C NON-GOVERNMENTAL C NON-GOVERNMENTAL C NON-GOVERNMENTAL F PRIVATE MEDICAL PRIVATE HOSPITAL F PRIVATE HOSPITAL F OTHER NON-GOVERNMENTAL F PRIVATE HOSPITAL F COTHER NON-GOVERNMENTAL F PRIVATE HOSPITAL CLINIC G PRIVATE DOCTOR H PHARMACY I OTHER PRIVATE MOSQUE HEALTH UNIT J CHURCH HEALTH UNIT K OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK, ETC.,) L FRIEND/RELATIVE M OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 106: MARITAL STATUS CURRENTLY WIDOWED/ MARRIED DIVORCED/ SEPARATED		→ 413
402	CHECK 313/313A: USING STERILIZATION NEITHER HE OR SHE STERILIZED STERILIZED		→ 413
403	CHECK 226: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? CHECK 226: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE PREGNANT PREGNANT PREGNANT PREGNANT PREGNANT	HAVE (A/ANOTHER) CHILD	→ 405 → 413 → 410 → 409
	How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	SOON/NOW 994 SAYS SHE CAN'T GET PREGNANT 995 OTHER 996 (SPECIFY) 998	409 413 409
405	CHECK 226: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE PREGNANT D		→ 410
406	CHECK 312: USING A CONTRACEPTIVE METHOD? NOT NOT CURRENTLY USING CURRENTLY USING	NTLY SING	→ 413
407		00-23 MONTHS DR 00-01 YEAR	→ 410

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408	CHECK 403: DESIRE FOR A(NOTHER) CHILD	FERTILITY-RELATED REASONS NOT HAVING SEX	
	WANTS TO HAVE A/ANOTHER CHILD WANTS NO MORE/NONE	INFREQUENT SEX	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.	BREASTFEEDING	
	Can you tell me why you are not using a method? Can you tell me why you are not using a method?	HUSBAND OPPOSED I OTHERS OPPOSED J RELIGIOUS PROHIBITION K LACK OF KNOWLEDGE	→ 410
	Any other reason? Any other reason?	KNOWS NO METHOD L KNOWS NO SOURCE M METHOD-RELATED REASONS HEALTH CONCERNS N FEAR OF SIDE EFFECTS O	
	RECORD ALL REASONS MENTIONED.	LACK OF ACCESS/TOO FAR	
409	CHECK 312: USING A CONTRACEPTIVE METHOD?		
	NOT ☐ NO, ☐ NO, ASKED NOT CURRENTLY USING CURI	YES, RENTLY USING	→ 413
410	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES	1 → 412
411	Which contraceptive method would you prefer to use? RECORD ONE METHOD ONLY	FEMALE STERILIZATION C MALE STERILIZATION D PILL E IUD F INJECTABLES G IMPLANTS H CONDOM I DIAPHRAGM/FOAM/JELLY K RHYTHM METHOD N WITHDRAWAL R PROLONGED BREASTFEEDING T OTHER METHOD X	413
		DON'T KNOW 7	11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 25 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER (SPECIFY) DON'T KNOW 98	
413	CHECK 216: HAS LIVING CHILDREN 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? PROBE FOR A NUMERIC RESPONSE.	NONE	→ 415 → 415
414	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	NUMBER BOYS GIRLS EITHER OTHER 96 (SPECIFY)	
415	Would you consider it appropriate for a couple to use family planning after the first birth?	YES	
416	Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?	YES	
416a	In your opinion, what is the ideal length of time that a woman should wait between births? RECORD RESPONSE EXACTLY AS GIVEN.	MONTHS	
417	Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other health staff as part of the preparation for marriage?	YES	→ 419
418	Did you have a premarital examination before you got married? IF NO: Did you have an consultation within two months after you married?	HAD EXAM BEFORE MARRIAGE 1 HAD EXAM WITHIN TWO MONTHS AFTER MARRIAGE 2 DID NOT HAVE EXAMINATION 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	Did a health worker, a raida rifia or anyone else visit you to talk about family planning during the past 6 months? IF YES: Who visited you?	VISITED BY: A HEALTH WORKER A RAIDA RIFIA B OTHER X (SPECIFY) NOT VISITED Y	
420	Have you visited governmental health facility for any reason during the past 6 months?	YES	→ 422
421	Did any staff member at the health facility speak to you about family planning methods during any of your visits?	YES	
422	Have you visited a private doctor or clinic for any reason during the past 6 months?	YES	→ 424
423	Did the doctor or any other staff member there speak to you about family planning methods during any of your visits?	YES	
424	During the past 6 months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? On a poster, billboard, or sign? At a community meeting? From a religious leader?	YES NO RADIO 1 2 2	
425	Is there a special brand of pill that is appropriate for a woman to use while breastfeeding? IF YES: What brand is that?	YES AND NAMED 1 BRAND NAME (SPECIFY) YES BUT DO NOT KNOW BRAND 2 DON'T KNOW 8	
426	CHECK 106: MARITAL STATUS CURRENTLY DIVORCED/ MARRIED SEPARATED		→ 501
427	CHECK 313/313A: METHOD CODES CODES D, I, OR R NOT CIRCLED NO CODE CIRCLED		429 430
428	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
429	CHECK 313/313A: NEITHER HE OR SHE STERILIZED STERILIZED		→ 501
430	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 5. PREGNANCY AND POSTNATAL CARE AND BREASTFEEDING

501	CHECK 224: ONE OR MORE BIRTHS IN 2003 OR LATER	BIRTHS IN 20		→ 663
502	ENTER IN THE TABLE THE LINE N ASK THE QUESTIONS ABOUT ALL (IF THERE ARE MORE THAN 3 BIF Now I would like to ask you some qu about each separately.)	OF THESE BIRTHS. BEGIN W RTHS, USE LAST 2 COLUMNS C	ITH THE LAST BIRTH. OF ADDITIONAL QUESTIONNA	IRES).
503	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER
504	FROM 212 AND 216	NAME	NAME	NAME DEAD
505	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN	THEN	THEN
506	How much longer would you have liked to wait? RECORD RESPONSE EXACTLY AS GIVEN.	MONTHS 1 YEARS 2 DON'T KNOW 998	MONTHS 1 YEARS 2 DON'T KNOW 998	MONTHS 1 YEARS 2 DON'T KNOW 998
507	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA COTHER X (SPECIFY) NO ONE Y (SKIP TO 518)4	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 518)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
508	Where did you receive antenatal care for this pregnancy? CIRCLE ALL MENTIONED.	HOME YOUR HOME A OTHER HOME B GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . C	HOME YOUR HOME A OTHER HOME B GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C	HOME YOUR HOME A OTHER HOME B GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C
	IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	URBAN H'LTH UNIT. D HEALTH OFFICE E RURAL HOSPITAL (COMPL'TARY) F RURAL HEALITH UNIT	URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HEALITH UNIT G MCH CENTER H OTHER GOV'T	URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HEALITH UNIT G MCH CENTER H OTHER GOV'T
	(1)	(SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J	(SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J	(SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J
	(NAME OF PLACE(S)) (2)	CSI PROJECT K OTHER NGO L	CSI PROJECT K OTHER NGO L	CSI PROJECT K OTHER NGO L
	(NAME OF PLACE(S))	(SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC	(SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT.	(SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT.
	(NAME OF PLACE(S))	MED. P (SPECIFY) OTHER NON-MEDICAL	MED. P (SPECIFY) OTHER NON-MEDICAL X	MED. P (SPECIFY) OTHER NON-MEDICAL X
_		(SPECIFY)	(SPECIFY)	(SPECIFY)
509	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES .	NUMBER OF TIMES .	NUMBER OF TIMES .
510	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS 0 DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
511	How many months pregnant were you when you last received antenatal care for this pregnancy?	MONTHS 0 DON'T KNOW98		
512	Were you charged a single fee for all of the antenatal visits you made before (NAME'S) birth or did you pay separately for each visit?	PAID SINGLE FEE		
513	How much did you pay in total for all of your antenatal care visits during this pregnancy including all the consultations with the provider and any drugs or laboratory tests you had at (FACILITY)?	POUNDS COST DON'T KNOW 9998		
513A 	How much did you pay for your last antenatal care visit including the consultation with the provider and any drugs or laboratory tests you had at (FACILITY)?			

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
514	Did you pay additional costs for drugs at a separate pharmacy/clinic/drug shop (at any time during the pregnancy/ as a result of your last antenatal visit)?	YES		
515	How much in total did you pay for the additional drugs?	POUNDS COST POUNDS DON'T KNOW 9998		
516	Did you pay additional costs for laboratory tests you got at a separate laboratory facility (at any time during the pregnancy/ as a result of your last antenatal visit)?	YES		
517	How much in total did you pay for the additional lab tests?	POUNDS COST DON'T KNOW 9998		
518	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES	YES	YES
519	During this pregnancy, how many times did you get this tetanus injection?	TIMES	TIMES 8	TIMES
520	Where did you receive the tetanus injection(s)? CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (1) (NAME OF PLACE(S)) (3) (NAME OF PLACE(S))	GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . C URBAN H'LTH UNIT . D HEALTH OFFICE E RURAL HOSPITAL (COMPLTARY) . F RURAL HEALITH UNIT	GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HEALITH UNIT G OTHER GOV'T (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT. MED P (SPECIFY) OTHER NON-MEDICAL X	GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HEALITH UNIT G OTHER GOV'T (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT. MED. P (SPECIFY) OTHER NON-MEDICAL

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
521	CHECK 507:	NO ANC HAD ANC (SKIP TO 523)		
522	Did any of the persons you saw for the tetanus injection(s) advise you that you should go for antenatal care?	YES		
523	CHECK 519:	2 OR MORE OTHER TIMES (SKIP TO 528)		
524	At any time before your pregnancy, with (NAME), did you receive any tetanus injections?	YES		
525	Before your pregnancy with (NAME) how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES		
526	In what month and year did you receive the last tetanus injection before your pregnancy with (NAME)?	MONTH 98 YEAR (SKIP TO 528) ◆		
527	How many years ago did you receive that tetanus injection?	DK YEAR 9998 YEARS AGO		
528	When you were pregnant with (NAME), did you see a doctor, nurse, or anyone else for health care (other than an antenatal checkup or a tetanus injection)? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 530)		

NO	OUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
529	Where did you get that care? CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE(S))	HOME YOUR HOME A OTHER HOME B GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C URBAN HLTH UNIT D HEALTH OFFICE E RURAL HOSPITAL (COMPL'TARY) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR N OTHER PVT. MED P (SPECIFY) OTHER NON-MEDICAL (SPECIFY)		
530	CHECK 507, 518, 528:	OTHER ANC/ NO CARE TT CARE ONLY (SKIP TO (SKIP 534) TO 537)		
531	At any time did you seek this care because you thought there was a problem with the pregnancy?	YES		
532	How many times did you receive care during this pregnancy?	NUMBER OF TIMES		
533	How many months pregnant were you when you last received care?	MONTHS 0 DON'T KNOW 98		
534	As part of the care you got during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 BP 1 2 URINE 1 2 BLOOD 1 2		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
535	During (any of) your care visit(s), were you told about the signs of pregnancy complications?	YES		
536	Were you told where to go if you had any of these complications?	YES		
537	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES		
538	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS DON'T KNOW 998		
539	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE	VERY LARGE 1 LARGER THAN 2 AVERAGE 2 AVERAGE 3 SMALLER THAN 4 AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN 2 AVERAGE 2 AVERAGE 3 SMALLER THAN 4 AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
540	Was (NAME) weighed at birth?	YES	YES	YES
541	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD KG FROM RECALL DON'T KNOW . 99998	KG FROM CARD KG FROM RECALL DON'T KNOW . 99998	KG FROM CARD 1 KG FROM RECALL 2 DON'T KNOW . 99998
542	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
543	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (1)	HOME YOUR HOME 11 (SKIP TO 546a) ← OTHER HOME 12 GOVERNMENT URBAN HOSPITAL (GNRAL/DSTRCT) 21 URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL (COMPL'TARY) 24 RURAL HLTH UNIT 25 MCH CENTER 26 OTHER GOV'T 27 (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT 32 OTHER NGO 36 (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR 42 OTHER PVT. MED 46 (SPECIFY) PRIVATE NON-MEDICAL (SPECIFY) (SKIP TO 546a) ← 96 (SPECIFY) (SKIP TO 546a) ←	HOME YOUR HOME 11 (SKIP TO 556) OTHER HOME 12 GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (COMPL'TARY) RURAL HLTH UNIT 25 MCH CENTER 26 OTHER GOV'T 27 (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT 32 OTHER NGO 36 (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED 46 (SPECIFY) PRIVATE NON-MEDICAL (SPECIFY) (SKIP TO 556) (SPECIFY)	HOME YOUR HOME 11 (SKIP TO 556) ← 1 OTHER HOME 12 GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (COMPL'TARY) RURAL HLTH UNIT 25 MCH CENTER 26 OTHER GOV'T 27 (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT 32 OTHER NGO 36 (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED 46 (SPECIFY) PRIVATE NON-MEDICAL (SPECIFY) PRIVATE NON-MEDICAL (SPECIFY) (SKIP TO 556) ←
544	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998	HOURS . 1 DAYS 2 WEEKS 3 DON'T KNOW 998	HOURS . 1 DAYS 2 WEEKS 3 DON'T KNOW 998
545	Was (NAME) delivered by caesarean section?	YES	YES	YES
546	How much did you pay for care for (NAME'S) delivery? Please include any payments to the health care providers, room and board and any drugs or laboratory tests in [FACILITY NAME].	IN KIND		
546a	How much did you pay for care for (NAME'S) delivery?			
547	Did you incur additional costs for drugs at a separate pharmacy/ clinic/drug shop for the delivery?	YES		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
548	How much in total did you for the additional drugs?	POUNDS COST POUNDS DON'T KNOW 9998		
549	Did you incur additional costs for laboratory tests conducted at a separate laboratory facility?	YES		
550	How much in total did you pay for the additional lab tests?	POUNDS COST POUNDS DON'T KNOW 9998		
551	CHECK 543:	GOVERNMENT/ OTHER PRIVATE MEDICAL (SKIP TO 555)		
552	Before you were discharged after (NAME) was born, did a health professional check on your health? IF YES: Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR	HEALTH PROFESSIONAL DOCTOR	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER 6 (SPECIFY) NO ONE 7
553	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 DAYS 2 WEEKS . 3 DON'T KNOW 998		
554	At any time in the two months after you were discharged, did a health professional or a traditional birth attendant check on your health? IF YES: Who checked on your health that time? RECORD ALL MENTIONED.	HEALTH PROFESSIONAL DOCTOR	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C- OTHER X (SPECIFY) NO ONE Y- (SKIP TO 557) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y − (SKIP TO 557) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
555	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H OTHER X (SPECIFY)		
556	At any time in the two months after (NAME) was born, did a health professional or a traditional birth attendant check on your health? IF YES: Who checked on your health? RECORD ALL MENTIONED.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 568)	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y
557	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 DAYS 2 WEEKS 3 DON'T KNOW 998		
558	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) 21 URBAN HILTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL (COMPLTARY) . 24 RURAL HLTH UNIT. 25 MCH CENTER 26 OTHER GOV'T		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
559	How much did you pay the provider for care for the first postnatal visit?	POUNDS COST FREE 9995 DON'T KNOW 9998		
560	Did you incur additional costs for drugs at a separate pharmacy/ clinic/drug shop for this postnatal visit?	YES		
561	How much in total did you for the additional drugs?	POUNDS COST POUNDS DON'T KNOW 9998		
562	Did you incur additional costs for laboratory tests conducted at a separate laboratory facility for this postnatal visit?	YES		
563	How much in total did you pay for the additional lab tests?	POUNDS COST POUNDS DON'T KNOW 9998		
564	CHECK 558:	IN OWN NOT IN HOME OWN HOME (SKIP TO 566)		
565	CHECK 556:	DAYA/ DOCTOR/ OTHER NURSE- MIDWIFE (SKIP TO 568)		
566	At any time during the two months after (NAME)'s delivery, did a doctor or nurse/midwife ever visit your home to check on your health?	YES		
567	How many times after delivery did a health professional visit your home to check on your health?	NUMBER OF TIMES DON'T KNOW98		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
568	During the two weeks after birth, was a blood sample taken from (NAME'S) heel?	YES		
569	How many days after birth was the blood sample taken from (NAME"S) heel?	NUMBER OF DAYS DON'T KNOW 98		
570	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health? IF YES: Who checked on (NAME'S) health at that time? RECORD ALL MENTIONED	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER	HEALTH PROFESSIONAL	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y DON'T KNOW Z
571	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 DAYS 2 WEEKS 3 DON'T KNOW 998		
572	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) 21 URBAN HLTH UNIT 22 HEALTH OFFICE 23 RURAL HOSPITAL (COMPL'TARY) 24 RURAL HLTH UNIT 25 MCH CENTER 26 OTHER GOV'T 27 (SPECIFY) NONGOVERNMENT EGYPTIAN FP ASSOC 31 CSI PROJECT 32 OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR 42 OTHER PVT. MED 46 (SPECIFY) OTHER NON-MEDICAL (SPECIFY) OTHER NON-MEDICAL 96 (SPECIFY)		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
573	When you were pregnant with (NAME), when you delivered, or in the two months after the delivery, did anyone give you advice about family planning? IF YES: Who gave you the advice? RECORD ALL MENTIONED.	HEALTH PROVIDER A SOCIAL WORKER B DAYA C RELIGIOUS LEADER D NEIGHBORS/FRIENDS E HOUSEHOLD MEMBER F OTHER RELATIVES G OTHER (SPECIFY) NO ONE Y		
574	When you were pregnant with (NAME), when you delivered, or in the two months after the delivery, did anyone give you advice about breastfeeding? IF YES: Who gave you the advice? RECORD ALL MENTIONED.	HEALTH PROVIDER A SOCIAL WORKER B DAYA C RELIGIOUS LEADER D NEIGHBORS/ FRIENDS E HOUSEHOLD MEMBER F OTHER RELATIVES G OTHER (SPECIFY) NO ONE Y		
575	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW (TYPES OF) CAPSULES.	YES	YES	YES
576	Has your menstrual period returned since the birth of (NAME)?	YES		
577	Did your period return between the birth of (NAME) and your next pregnancy?		YES	YES
578	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS 98	MONTHS 98	MONTHS 98
579	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT PREG- NANT UNSURE (SKIP TO 581)		
580	Have you resumed sexual relations since the birth of (NAME)?	YES		
581	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	DAYS . 1	DAYS . 1	DAYS . 1
	IF LESS THAN 2 MONTHS, RECORD DAYS. OTHERWISE, RECORD BY COMPLETED MONTHS.	MONTHS . 2 DON'T KNOW 998	MONTHS . 2 DON'T KNOW 998	MONTHS . 2 DON'T KNOW 998
582	Did you ever breastfeed (NAME)?	YES	YES	YES

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
583	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. In the first three days after delivery, was (NAME) given	IMMEDIATELY 000 HOURS 1 DAYS 2 TES		
	anything to drink other than breast milk?	(SKIP TO 586) ←		
585	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER B SUGAR OR GLU- COSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/OTHER LIQUIDS H HONEY I OTHER		
586	CHECK 504: IS CHILD LIVING?	LIVING DEAD (GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	(GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	(GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601)
587	CHECK 582: EVER BREASTFED?	EVER NEVER BREASTFED BREAST- FED (GO TO 592)	EVER NEVER BREASTFED BREAST- FED (GO TO 592)	EVER NEVER BREASTFED BREAST- FED (GO TO 592)
588	Are you still breastfeeding (NAME)?	YES	YES	YES
589	For how many months did you breastfeed (NAME)?	MONTHS (SKIP TO 592) ←	MONTHS	MONTHS
		DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH NAME
590	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS .		
591	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS .		
592	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES	YES	YES
		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 601.

SECTION 6. CHILD IMMUNIZATION AND HEALTH

601	ASK THE QUESTIONS	THE LINE NUMBER, NAME, AND SU ABOUT ALL OF THESE BIRTHS. BEG THAN 3 BIRTHS, USE LAST 2 COLU		
602	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER
603	FROM 212 AND 216	LIVING DEAD (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 663)	NAME	LIVING DEAD (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE GO TO 660)
604	Has (NAME) ever received a vitamin A dose like (this)? SHOW CAPSULES	YES	YES	YES
605	Since how many months did (NAME) take the last dose?	MONTHS	MONTHS	MONTHS
606	Do you have a a birth certificate for (NAME)? IF YES: May I see it please? RECORD IF CERTIFICATE INCLUDES VACCINATION RECORD OR NOT.	YES, SEEN AND VACCINATION DATES RECORDED	YES, SEEN AND VACCINATION DATES RECORDED	YES, SEEN AND VACCINATION DATES RECORDED
607	Did you ever have a birth certificate for (NAME)? IF YES: Did the certificate include a vaccination record?	YES , HAD CERTICATE WITH RECORD 1 7 YES, CERTIFICATE WITH NO RECORD 2— NO CERTIFICATE 3— (SKIP TO 610)	YES , HAD CERTICATE WITH RECORD 1 7 YES, CERTIFICATE WITH NO RECORD 2— NO CERTIFICATE 3— (SKIP TO 610)	YES , HAD CERTICATE WITH RECORD 1 7 YES, CERTIFICATE WITH NO RECORD 2 7 NO CERTIFICATE

NO.	QUESTIONS AND	LAST BIRTH			NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH																
	FILTERS	N/	NAME				NAME				NAME														
608	(1) COPY VACCINAT DURING NIDS DA (2) WRITE '44' IN 'DA BUT NO DATE IS	AYS. AY' C	OLU	JMN	IF (Υ),	
		D/	\ \ \	MOI		BIR		EAR		-	NE Day				BIF	RTH					RON		ST B		+
	BCG			IVIO					вс			IVIO					ВС			I	<u> </u>				
	POLIO 1								P	1							T F	1							
	POLIO 2								Р	2							F	2							
	POLIO 3								Р	3							F	3							
	ACTIVATED DOSE								A								Δ	Р							
	DPT 1								D	1							٦ ,	1							
	DPT 2								D	2								2							
	DPT 3								D	3								3							
	ACTIVATED DOSE								Al								А	D							
	MEASLES								ME	A							ME	A							
	HEPATITIS 1								Н	1							_ H	1							
	HEPATITIS 2								Н	2							_	2							_
	HEPATITIS 3								Н	3							_	3							_
	VITAMIN A DOSE 1 POLIO 0 (POLIO			Ш					VA-	1					_		VA	1		<u> </u>					_
	GIVEN AT BIRTH)								P	0							_ F	0		┞		_			_
	POLIO 4			Ш					P	4					_		_ f	4		1	<u> </u>	ļ			_
	MMR			Ш					MM	R 					_		MM	R —		┡					_
	VITAMIN A DOSE 2			Ш					VA	┢					_		VA	.2		┡					_
	OTHER (SPECIFY)								ОТІ	1							ОТ	Н							
610	Has (NAME) received any vaccinations that are not recorded on the certificate other than those received during national immunization days? PROBE FOR INFORMATION FOR ALL VACCINATIONS NOT RECORDED. Do you have a health card where (NAME'S) vaccinations are	YES			N ₁	ES (PRC) VACC VACC VACC VACC VACC VACC VACC VA	BE I BE I THE I SHOW TO A SECOND SECO	FOR ATIO IE D IE D IN T W .	NS A AY C HE \	ND OLL /ACO	WRITUMN CINE	(S)) 2 8	V/ '6 IN NO DON	PRO ACC 6' IN 1 608	BE FINANTH THE SECOND	FOR TION E DA DR TI W	NS A NY C HE V	ND V OLUI ACC	VRIT MN IINE(S)) . 2 . 8					
	written down? IF YES: May I see it please?				(SK	IP T	O 61	14) 🛧			NO	(5	SKIF	TO	614)	←				(5	SKIP	TO 6	614)	←	_
611	Did (NAME) ever have a health card?				(SKIP	то	614)	1		YES . NO .		(SI	KIP T	O 6	14)	- ⊢				(SK	IP T	O 61	4) 🔻	Н

NO.	QUESTIONS AND	LAST	BIRTH	NEXT-TO	-LAST BIRTH	SECOND-FROM-LAST BIRTH				
NO.	FILTERS									
		NAME		NAME NAME						
612	DURING NIDS DA	AYS. AY' COLUMN IF CAI	COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN (OTHER THAN DURING A NIDS DAY),							
		LAST B DAY MONTH	SIRTH YEAR	NEXT-TO- DAY MONTH	LAST BIRTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR				
	BCG		BCC			pg				
	POLIO 1		P-	1		P1				
	DPT 1		D.			D1				
	HEPATITIS 1		H·	1		H1				
	POLIO 2		P	2		P2				
	DPT 2		D	2		D2				
	HEPATITIS 2		H:	2		H2				
	POLIO 3		P:	3		P3				
	DPT 3		D:	3		D3				
	HEPATITIS 3		H	3		нз				
	POLIO4		P	4		P4				
	MEASLES		MEA	4	М	EA				
	ACTIVATED POLIO		AF			AP				
	ACTIVATED DPT		AE		,	AD				
	VITAMIN A DOSE 1		VA·	1	V	A1				
	POLIO 0 (POLIO GIVEN AT		P			P0				
	MMR		MMF	1	M	MR				
	VITAMIN A DOSE 2		VA	2	V	A2				
	OTHER (SPECIFY)		ОТН	4	0	тн				
613	Has (NAME) received any vaccinations that are not recorded on the certificate excluding those received during national immunization days? PROBE FOR INFORMATION FOR ALL VACCINATIONS NOT RECORDED.	'66' IN THE DA IN 612 FOR TH NO	NS AND WRITE	'66' IN THE D IN 612 FOR T NO		YES				

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
614	CHECK 608 AND 612	NO DATES/ RECORD CODES '44' OR '66'	NO DATES/ RECORD CODES '44' OR '66' (SKIP TO 626)	NO DATES/ RECORD CODES '44' OR '66' (SKIP TO 626)
615	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES	YES	YES
616	Please tell me if (NAME) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES	YES	YES
617	Polio vaccine, that is, drops in the mouth?	YES	YES	YES
618	Excluding any doses gotten during national immunization days, how many times was a polio immunization received?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
619	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS 1 AFTER FIRST 2 WEEKS 2	FIRST 2 WEEKS 1 AFTER FIRST 2 WEEKS 2	FIRST 2 WEEKS 1 AFTER FIRST 2 WEEKS 2
620	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes given at the same time as polio drops?	YES	YES	YES
621	How many times was a DPT vaccination received?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
622	An injection to prevent measles at nine months?	YES	YES	YES
623	An injection against hepatitis?	YES	YES	YES
624	How many times was a hepatitis vaccination received?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
625	An MMR injection, that is an injection against measles, mumps, and rubella given at 18 months?	YES	YES	YES
626	During the past two years, did (NAME) receive any polio vaccinations as part of the national immunization day campaigns?	YES	YES	YES

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
627	How many times did (NAME) receive a polio vaccination at national immunization days in the past two years? IF NON-NUMERIC ANSWER, PROBE TO GET ESTIMATE.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
627A	At any time when you took (NAME) for immunizations, did anyone talk to you about family planning?	YES		
627B	At any time when you took (NAME) for immunizations, did anyone talk to you about any other health services, for example, nutrition or antenatal care?	YES		
628	Has (NAME) had diarrhea in the last 2 weeks?	YES	YES	YES
629	Was there any blood in the stools?	YES	YES	YES
630	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
631	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
632	Did you seek advice or treatment for the diarrhea from any source?	YES	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
633	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T
	Anywhere else? RECORD ALL PLACES MENTIONED. (1) (NAME OF PLACE(S)) (NAME OF PLACE(S)) (3) (NAME OF PLACE(S))	(SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR N PHARMACY O OTHER PVT. MED P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	(SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR N PHARMACY O OTHER PVT. MED. P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	(SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR N PHARMACY O OTHER PVT. MED. P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)
634	CHECK 633:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 636)	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 636)	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 636)
635	Where did you first seek advice or treatment? USE LETTER CODE FROM 633.	FIRST PLACE	FIRST PLACE	FIRST PLACE
636	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS
637	Does (NAME) still have diarrhea?	YES	YES	YES
638	Was he/she given a fluid made from a special packet called mahloul moalget el gafaf?	YES	YES	YES
639	Was anything (else) given to treat the diarrhea?	YES	YES	YES

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
640	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI- BIOTIC, ANTI- MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY HERBAL MED- ICINE J HOMEMADE SS SOLUTION K OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC F NON-ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY HERBAL MED- ICINE J HOMEMADE SS SOLUTION K OTHER X	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC, ANTIBIOTIC F NON-ANTIBIOTIC F NON-ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY HERBAL MED- ICINE J HOMEMADE SS SOLUTION K OTHER X (SPECIFY)
641	CHECK 640: GIVEN ZINC?	CODE "C" CODE "C" CIRCLED NOT CIRCLED (SKIP TO 643)	CODE "C" CODE "C" CIRCLED NOT CIRCLED (SKIP TO 643)	CODE "C" CODE "C" CIRCLED NOT CIRCLED (SKIP TO 643)
642	How many times was (NAME) given zinc?	TIMES DON'T KNOW 98	TIMES DON'T KNOW 98	TIMES 98
643	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES	YES	YES
644	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES	YES	YES
645	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES	YES	YES
646	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 ¬ NOSE ONLY 2 ¬ BOTH 3 ¬ OTHER 6 ¬ (SPECIFY) DON'T KNOW 8 ¬ (SKIP TO 648)	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 CONTY 6 CONTY CONTY KNOW 8 CONTY CON	CHEST ONLY 1 ¬ NOSE ONLY 2 ¬ BOTH 3 ¬ OTHER (SPECIFY) DON'T KNOW 8 ¬ (SKIP TO 648)
647	CHECK 643: HAD FEVER?	YES NO OR DK	YES NO OR DK (SKIP TO 659)	YES NO OR DK ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
648	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
649	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
650	Did you seek advice or treatment for the illness from any source?	YES	YES	YES
651	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH UNIY OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. Anywhere else? RECORD ALL PLACES MENTIONED. (1)	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T [SPECIFY] NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO [SPECIFY] PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HITH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)
652	CHECK 651:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 654) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 654)	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 654)
653	Where did you first seek advice or treatment? USE LETTER CODE FROM 651.	FIRST PLACE	FIRST PLACE	FIRST PLACE

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
654	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS
655	Is (NAME) still sick with a (fever/cough)?	YES	YES	YES
656	At any time during the illness, did (NAME) take any drugs for the illness?	YES	YES	YES
657	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC PILL/SYRUP A INJECTION B — ANTI PYRETIC ASPIRIN C — ACETA- MINOPHEN D — IBUPROFEN E — OTHER ANTI PYRETIC F — (SPECIFY) COUGH DRUG G — OTHER X — (SPECIFY) DON'T KNOW Z — (SKIP TO 659)	ANTIBIOTIC PILL/SYRUP A INJECTION B ANTI PYRETIC ASPIRIN C ACETA- MINOPHEN D IBUPROFEN E OTHER ANTI PYRETIC F (SPECIFY) COUGH DRUG G OTHER	ANTI PYRETIC ASPIRIN C — ACETA- MINOPHEN D — IBUPROFEN E — OTHER ANTI PYRETIC F — (SPECIFY) COUGH DRUG G — OTHER X — (SPECIFY)
658	Did you already have the antibiotic at home when (NAME) became ill?	YES	YES	YES
659		GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 660.	GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 660.	GO BACK TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONN- AIRE; OR, IF NO MORE BIRTHS, GO TO 660.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
660	CHECK 215 AND 218, ALL ROWS:		
	NUMBER OF CHILDREN BORN IN 2003 OR LATER LIVING W	ITH THE RESPONDENT	
	ONE OR MORE	NONE -	→ 663
661	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY) DON'T KNOW 98	
662	RECEIVED FLUID R	NY CHILD ECEIVED FLUID ROM ORS PACKET	→ 664
663	Have you ever heard of a special product called mahloul moalget el gafaf you can get for the treatment of diarrhea?	YES	
664	In the last 6 months, have you heard/seen or received any information about the warning or danger signs women should be aware of in order to have a safe pregnancy?	YES	→ 701
665	What was the last source you got information from?	TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 PAMPHLET/BROCHURE 04 POSTER 05 MEDICAL PROVIDER 06 HUSBAND 07 OTHER RELATIVE 08 FRIENDS/NEIGHBORS 09 OTHER 96	

SECTION 7. MOTHER AND CHILD NUTRITION

TO1 CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 2005 OR LATER AND LIVING WITH HER RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 702) (NAME) (NAME) (NAME) TO2 As part of this saky, we are also looking at the nutrition of mothers and children. To help us understand these issues, I will first sak you about worth (NAME FROM 701) may have enterior or eatient yesterictary during the day or at night. Then I will also ask you about what you may have eaten or drunk yesteriday. TO3 First I would like to ask you about worth (NAME FROM 701) had yesterday during the day or at night. Did (NAME FROM 701) had: a. Plain water? b. Infant formula, that is, a special commercially produced breastmilk substitutes such as Similae, Bebeliack and Biomeai? c. Any commercially forified beby cered (like Carelae, or first or Gether)? d. Other pornidge or gruel made from wheat, rice or other grains? TO4 Now! would like to ask you about (other) liquids or foods that NAME FROM 701) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods. Did (Name/you) drink (eat): YES NO DK	NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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NO.	QUESTIONS AND FILTERS CODING CATEGORIES		SKIP
705	CHECK 704 (CHILD):		
	AT LEAST ONE "YES"	NOT A SINGLE "YES"	→ 801
706	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?	NUMBER OF TIMES	
	IF 7 OR MORE TIMES, RECORD '7'.	DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 106: MARITAL STATUS		
	CURRENTLY WIDOWED/ MARRIED DIVORCED/ SEPARATED		→ 804
802	RECORD LINE NUMBER OF HUSBAND FROM HOUSEHOLD SCHEDULE. IF HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.	HUSBAND'S LINE NUMBER	
803	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS	
804	In what month and year was your (last) husband born? COMPARE AND CORRECT 803 AND/OR 804 IF INCONSISTENT.	MONTH	
805	Before you got married, was your (last) husband related to you in anyway through blood or marriage?	YES	→ 807
806	What type of relationship was it?	FIRST COUSIN FATHER'S SIDE	
807	Did your (last) husband ever attend school?	YES	→ 810
808	What is the highest level of school he attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6	
809	What was the highest grade he completed at that level?	GRADE	
810	CHECK 801: CURRENTLY MARRIED What is your husband's occupation? That is, what kind of work does he mainly do? WIDOWED/DIVORCED/ SEPARATED What was your (last) husband's occupation? That is, what kind of work did he mainly do?	(RECORD ANSWER IN DETAIL)	
811	Aside from your own housework, have you done any work in the last seven days even if it was only for a short period of time?	YES	→ 815
812	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work even if it was only for a short period of time?	YES	→ 815

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES	→ 815
814	Have you done any work in the last 12 months even if it was only for a short period of time?	YES	→ 822
815	What is your occupation, that is, what kind of work do you mainly do?		
		(RECORD ANSWER IN DETAIL)	
816	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
818	Do you usually work at home or away from home?	HOME	
818	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR	
819	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
820	CHECK 815: WORKS IN DOES NOT WORK AGRICULTURE IN AGRICULTURE		822
821	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
822	CHECK 106: MARITAL STATUS CURRENTLY MARRIED DIVORCED/ SEPARATED		→ 828
823	CHECK 819: CODE 1 OR 2 CIRCLED OTHER		→ 826
824	Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND 3 HUSBAND JOINTLY 3 OTHER 6 (SPECIFY)	
825	Would you say that the money that you bring into the household is more than what your husband brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 DON'T KNOW/NOT APPLICABLE 8	→ 827

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
826	Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND 3 HUSBAND JOINTLY 3 HUSBAND DOESN'T 8 BRING IN ANY MONEY 4 OTHER 6 (SPECIFY)	
827	Who usually makes the following decisions: mainly you, mainly your husband, you and your husband jointly, or someone else? About health care for yourself?	RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
	About making major household purchases? About making purchases for daily household needs? About visits to your family or relatives?	1 2 3 4 6 1 2 3 4 6 1 2 3 4 6	
828	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. NOT PR	
829	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him?	YES NO DK GOES OUT	
830	If she burns the food? Now I would like to ask you some questions about medical care for yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BURNS FOOD 1 2 8 BIG NOT A BIG PROB- PROB- LEM LEM	
	Getting permission to go. Getting money needed for treatment.	PERMISSION TO GO 1 2 GETTING MONEY 1 2	
	The distance to the health facility.	DISTANCE 1 2	
	Having to take transportation.	TAKING TRANSPORT 1 2	
	Not wanting to go alone.	GO ALONE 1 2	
	Concern that there may not be a female health provider.	NO FEMALE PROV 1 2	
	Concern that there may not be any health provider.	NO PROVIDER 1 2	
	Concern that there may be no drugs available.	NO DRUGS 1 2	

SECTION 9: FEMALE CIRCUMCISION

NO.	QUESTIONS AND	QUESTIONS AND FILTERS			CODING CATE	GORIES	SKIP
	INTERVIEWER:CHECK FOR THE EFFORT TO ENSURE PRIVACY.						
901	Now I would like to talk about the Have you yourself been circumcis		cumcision.	YES			→ 904
902	How old were you when you were	circumcised?			COMPLETED YE		
903	Who performed the circumcision?			DOCTO NURSE, DAYA BARBEI	/OTHER HLTH PFRIA(SPEC		
904	CHECK 214, 216 AND 217 AT LEAST ONE DAUGHTER AGE 0-19 YEARS	DAUGHT 0-19 YE					→ 915
905	ENTER THE NAME, AND LINE N	17 AND IDENTIFY ALL OF THE WOMAN'S DAUGHTERS AGES 0-19 YEARS. IUMBER FOR EACH DAUGHTER IN 906 BELOW BEGINNING TER. USE AN ADDITIONAL QUESTIONNAIRE IF MORE questions about your daughters.					
906	CHECK 212: RECORD NAME(S) AND LINE NUMBER(S) FOR DAUGHTERS	LINE NO.	LINE NO.		LINE NO.	LINE NO. (NAME)	
907	CHECK 217:	AGE 15-19 0-14 YRS YRS (GO TO 909)	AGE 15-19 0- YRS YF (GO TO 909).	14 RS	AGE 15-19 0-14 YRS YRS (GO TO 909)	AGE 15-19 0-14 YRS YRS (GO TO 909)	
908	What is (NAME'S) marital status?	EVER MARRIED. 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED. NEVER MARRIED/ SIGNED CONTRACT	1	EVER MARRIED. 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED. 1 NEVER MARRIED/ SIGNED CONTRACT 2	
909	Is (NAME) circumcised?	YES 1 NO 2 DK 8– (GO TO NEXT DAUGHTER OR TO 912)	YES NO	2 8-	YES 1 NO 2 DK 8– GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8– (GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)	

NO.	QUESTIONS AND FILTERS			CODING CATE	GORIES	SKIP	
NO.	QUESTIONS AND FILTERS						
		(NAME)	(NAME	Ξ)	(NAME)	(NAME)	
910	Who performed the circumcision to (NAME)?	DOCTOR 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6	DOCTOR NURSE/ OTHER HLTH PR' DAYA BARBER GHAGARI OTHER	V. 2 3 . 4 A 5 6	DOCTOR 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6	DOCTOR 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER 4 GHAGARIA 5 OTHER 6	
		DK 8	DK	8	DK 8	DK 8	
911	How old was (NAME) when she was circumcised?	AGE	AGE DK	. 98	AGE	AGE	
		(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO N DAUGHTER IF NO M DAUGHTE GO TO	R OR MORE ERS,	(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)	
912	CHECK 909 AND RECORD THE DAUGHTERS AGE 0-19 YEARS OF CIRCUMCISED.		EN	NUM	1BER		
913	CHECK 912: AT LEAST ONE DAUGHTER NOT CIRCUMCISED	DAUGHT CIRCUMC					→ 915
914	You have (NUMBER IN 912) dauge not been circumcised. Do you intend that (she/they) will be future?		re)	NO	E NOT DECIDED/UN	2	
915	During the past year have you discircumcision withyour relatives, fri						
916	During the past year have you heard, seen or received any information about female circumcision?			NO	URE] ₉₁₈
917	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED			RAD NEW PAM POS COM HOM FAC HUS	EVISION		
918	Do you believe that the practice of female circumcision is required by religious precepts?		NO	I'T KNOW	2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
920	Do you think that men want this practice to continue or to stop?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
921	I will read you some statements about circumcision. Please tell me if you agree or disagree.	DIS- AGREE AGREE DK	
	A husband will prefer his wife to be circumcised.	HUSBAND PREFER 1 2 8	
	Circumcision prevents adultery.	PREVENTS ADULTERY 1 2 8	
	Childbirth is more difficult for a woman who has been circumcised.	CHILDBIRTH DIFFICULT 1 2 8	
	Circumcision can cause severe consequences that can lead to a girl's death.	MAY LEAD TO GIRL'S DEATH 1 2 8	

SECTION 10. SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BE EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWINOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT ON HAVE RECEIVED.	NG QUESTIONS IF THERE IS NO PRIVACY	
1001	CHECK 106: MARITAL STATUS		
	CURRENTLY WIDOWED/ MARRIED DIVORCED/ SEPARATED		1009
1002	Have you heard about infections that can be transmitted through sexual contact?	YES 1	
		NO 2	→ 1004
1003	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES	
1004	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES	
1005	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES	
1006	CHECK 1003, 1004, AND 1005: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW		→ 1009
1007	The last time you had (PROBLEM FROM 1003/1004/1005), did you seek any kind of advice or treatment?	YES	→ 1009
1008	Where did you go?	MINISTRY OF HEALTH AND POPULATION URBAN HOSPITAL (GNRL/DSTRCT) A URBAN HEALTH UNIT B HEALTH OFFICE C	
	Any other place?	RURAL HOSPITAL (COMPITARY) . D	
	RECORD ALL SOURCES MENTIONED.	RURAL HEALTH UNIT E MCH CENTER	
		OTHER GOVERNMENTAL UNIVERSITY HOSPITAL H TEACHING HOSPITAL I HEALTH INSURANCE ORG J CURATIVE CARE ORGANIZATION . K OTHER GOVERNMENTAL L	
		NON-GOVERNMENTAL EGYPT FAMILY PLANNING ASSOC. M CSI PROJECT	
		PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC P PRIVATE DOCTOR Q PHARMACY R MOSQUE HEALTH UNIT S	
		CHURCH HEALTH UNIT T OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK, ETC) U FRIEND/RELATIVE V OTHER X (SPECIFY) X	
		(31 LOII 1)	<u> </u>

1009	RECORD THE TIME.	HOUR	
1010	THANK THE RESPONDENT AND ADVISE THAT THE RESPONDE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERIN THE FUTURE.		
	Thank you for taking the time to answer these questions. We may return to interview you or other members of your household in other survey activities in the future. We hope that you will agree a		

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

1101 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:	
COMMENTS ON SPECIFIC QUESTIONS:	
ANY OTHER COMMENTS:	
	1102 SUPERVISOR'S OBSERVATIONS
NAME OF SUPERVISOR:	DATE:
	1103 EDITOR'S OBSERVATIONS
NAME OF EDITOR:	DATE:

									CHILD'S		SOURCE				
INSTRU		INS: CODE SHOULD APPEAR IN ANY BOX.		12	DEC	01	1	2	NAME	3	ADDRESS	4	01	DEC	
		NS 1, 2 ALL MONTHS SHOULD BE FILLED.		11	NOV	02			1	-	1		02	NOV	
				10	OCT	03							03	OCT	
COL. 1:	MA X	<u>\RRIAGE/UNION</u> IN UNION (MARRIED OR LIVING TOGETHI	2	09 08	SEP AUG	04 05				-	-		04 05	SEP AUG	2
	0	NOT IN UNION	0	07	JUL	06							06	JUL	0
COL. 2:		RTHS, PREGNANCIES, CONTRACEPTIVE US		06	JUN	07							07	JUN	0
	B P	BIRTHS PREGNANCIES	8	05 04	MAY APR	08 09				-	-		08 09	MAY APR	8
	M	MISCARRIAGE		03	MAR	10							10	MAR	
	Α	ABORTION		02	FEB	11							11	FEB	
	S	STILL BIRTH		01	JAN	12							12	JAN	
	0	NO METHOD		12	DEC	13							13	DEC	
	С	FEMALE STERILIZATION		11	NOV	14							14	NOV	
	D E	MALE STERILIZATION PILL		10 09	OCT SEP	15 16				-			15 16	OCT SEP	
	F	IUD	2	08	AUG	17			1				17	AUG	2
	G	INJECTABLES	0	07	JUL	18					4		18	JUL	0
	H	IMPLANTS CONDOM	0 7	06 05	JUN MAY	19 20				-	1		19 20	JUN MAY	0 7
	K	DIAPHRAGM/FOAM OR JELLY	•	04	APR	21			1				21	APR	•
	N	RHYTHM METHOD		03	MAR	22					4		22	MAR	
	R T	WITHDRAWAL PROLONGED BREASTFEEDING		02 01	FEB JAN	23 24				-	1		23 24	FEB JAN	
	Χ	OTHER			• • • • • • • • • • • • • • • • • • • •		I!		I!					•	_
COL. 3:	00	(SPECIFY)		12	DEC NOV	25 26	-				-		25 26	DEC NOV	
COL. 3.	30	URCE OF CONTRACEPTION MINISTRY OF HEALTH		11 10	OCT	27					-		27	OCT	
	1	URBAN HOSPITAL		09	SEP	28							28	SEP	
	2	URBAN HEALTH UNIT HEALTH OFFICE	2	08 07	AUG JUL	29 30	-				-		29	AUG JUL	2
	4	RURAL HOSPITAL	0	06	JUN	31			1	-	1		30 31	JUN	0
	5	RURAL HEALTH UNIT	6	05	MAY	32							32	MAY	6
	6 7	MCH CENTER MOBILE UNIT		04 03	APR MAR	33 34			4		-		33 34	APR MAR	
	′	OTHER GOVERNMENTAL		02	FEB	35				-	1		35	FEB	
	8	UNIVERSITY HOSPITAL		01	JAN	36							36	JAN	
	9 A	TEACHING HOSPITAL HEALTH INSURANCE ORGANIZATION		12	DEC	37	ı	ı	1	T	1 1		37	DEC	
	В	CURATIVE CARE ORGANIZATION		11	NOV	38							38	NOV	
	С	OTHER GOVERNMENTAL		10	OCT	39							39	OCT	
	D	NON-GOVERNMENTAL EGYPT FAMILY PLANNING ASSOC.	2	09 08	SEP AUG	40 41				-	-		40 41	SEP AUG	2
	E	CSI PROJECT	0	07	JUL	42							42	JUL	0
	F	OTHER NON-GOVERNMENTAL	0	06	JUN	43					1		43	JUN	0
	G	PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC	5	05 04	MAY APR	44 45			1	-	-		44 45	MAY APR	5
	H	PRIVATE DOCTOR		03	MAR	46			•]		46	MAR	
	- 1	PHARMACY.		02	FEB	47							47	FEB	
	J	OTHER PRIVATE MOSQUE HEALTH UNIT		01	JAN	48		ļ	1	1	<u>l</u>		48	JAN	
	K	CHURCH HEALTH UNIT			DEC	49							49	DEC	
	L	OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK, ETC.,)			NOV OCT	50 51			1		-			NOV OCT	
	М	FRIENDS / RELATIVES		09		52								SEP	
	Χ	OTHER	2	08		53]			AUG	2
	Υ	(SPECIFY) NO ONE	0	07 06		54 55				-	-		54 55	JUL JUN	0
	Z	DON'T KNOW	4	05	MAY	56			•]		56	MAY	4
COL. 4:		SCONTINUATION OF CONTRACEPTIVE USE INFREQUENT SEX/HUSBAND AWAY			APR	57								APR	
	0 1	BECAME PREGNANT WHILE USING			MAR FEB	58 59			1	-	1			MAR FEB	
	2	WANTED TO BECOME PREGNANT		01	JAN	60							60	JAN	
	3 4	HUSBAND DISAPPROVED WANTED MORE EFFECTIVE METHOD		12	DEC	61		I		1			61	DEC	
	5	HEALTH CONCERNS		11		62			1		<u> </u>			NOV	
	6	SIDE EFFECTS			OCT	63								OCT	
	7 8	LACK OF ACCESS/TOO FAR COSTS TOO MUCH	2	09 08		64 65			1	-	1			SEP AUG	2
	9	INCONVENIENT TO USE	0	07		66			•]		66	JUL	0
	F	FATALISTIC	0		JUN	67			4		4			JUN	0
	A D	DIFFICULT TO GET PREGNANT/MENOPA MARITA	3		MAY APR	68 69		1	1	—	1			MAY APR	3
	X	OTHER (SPECIFY)			MAR	70			•]			MAR	
	Z	DON'T KNOW		02 01	FEB JAN	71 72		ļ	4	<u> </u>	4				
	_	DOM I MAOW		υI	JAIN	12	1			1	1		12	OMIN	_
		OUTCOME AND DATE OF LAST PRE					ГСОМЕ		 						
		TERMINATION PRIOR TO JANU IF NONE, RECORD '0' IN C				MOI YEA			+ +			1			
		ii Hone, Neoond o iiv c		UIVIL	-		•					Į.			
		RIDTH DATE OF LAST OF	ם חו	OPNI		MOI	NTH								
		BIRTH DATE OF LAST CHII PRIOR TO JANU				YEA	NTH AR		+						
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EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2008

HEALTH ISSUES QUESTIONNAIRE

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

HEALTH ISSUES QUESTIONNAIRE

		IDENTIFICATION		
KISM/MARKAZ SHIAKHA/VILLAGE HOUSEHOLD NUMBER URBAN LARGE CITY NAME OF HOUSEHOLE ADDRESS IN DETAIL	INSIDE PSU: SMALL CITY HEAD	PSU/SEGMENT NO. BUILDING NO. HOUSING UNIT NO 1 RURAL		PSU/SEGMENT NO. HOUSEHOLD NO. URBAN/RURAI LOCALITY LINE NUMBER
		INTERVIEWER VISITS	3	
	1	2	3	FINAL VISIT
DATE TEAM INTERVIEWER SUPERVISOR RESULT				DAY MONTH YEAR 0 0 8 TEAM
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
NAME DATE / SIGNATURE	/ 2008	OFFICE EDITOR / / 2008	/ / 200	08 / / 2008

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RESPONDENT'S GENDER		
	FEMALE .	MALE	104
102	CHECK Q012 IN HOUSEHOLD QUESTIONNAIRE		
	WOMAN ELIGIBLE FOR INDIVIDUAL INTERVIEW FOR INDIVIDUAL	VOMAN NOT ELIGIBLE INTERVIEW	→ 104
103	CHECK IF WOMAN QUESTIONNAIRE COMPLETED		
	COMPLETED NO	COMPLETED COMPLETE WOMAN'S QUESTIONNAIRE BEFORE STARTING HEALTH INTERVIEW	
104	INFORMED CONSENT Hello. My name is We are conducting a national survey about health in Egypt. We wo in this survey. I would like to ask you (some additional) questions a help the government to plan health services. The interview usually information you provide will be kept strictly confidential and will not be a However, we hope that you will participate in this survey since your At this time, do you want to ask me anything about the survey? May I begin the interview now? Signature of interviewer:	bout your health. This information will takes between 15 minutes to complete. Whatever be shown to other persons. Inswer any individual question or all of the question	
	RESPONDENT AGREES TO BE INTERVIE . 1 RESPONDEN'	T DOES NOT AGREE TO BE INTERVIEWED	2→ 1101
105	RECORD THE TIME.	HOUR	
106	During the interview I would like to measure your blood pressure. The	nis will be done three times during the interview.	
	This is a harmless procedure. It is used to find out if a person has hi blood pressure may eventually cause serious damage to the heart.	gh blood pressure. If it is not treated, high	
	The results of this blood pressure measurement will be given to you explanation of the meaning of your blood pressure numbers. If your that you consult a health facility or doctor since we cannot provide a	blood pressure is high, we will suggest	
	Do you have any questions about the blood pressure measurement the procedure at any time, please ask me.	so far? If you have any questions about	
	You can say yes or not to having the blood pressure measurement You can also decide at anytime not to participate in the blood press		
	Would you allow me to proceed to take your blood pressure measure	rement at this time?	
	Signature of interviewer:	Date:	
	RESPONDENT AGREES	T DOES NOT AGREE	2→ 108D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	Before taking your blood pressure, I would to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:	YES NO	
	Eaten anything?	EATEN 1 2	
	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1 2	
	Smoked any tobacco product?	SMOKED 1 2	
108A	May I begin the process of measuring your blood pressure?		
	BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS)	
108B	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM	
108C	TAKE THE FIRST BLOOD PRESSURE READING.	BLOOD PRESSURE MEASURED	
	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q109.	SYSTOLIC 1	
	IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q108D.	DIASTOLIC 2	
108D	RECORD REASON BLOOD PRESSURE NOT MEASURED.	REASON BLOOD PRESSURE NOT MEASURED REFUSED	
		TECHNICAL PROBLEMS	
109	NOT ELIGIBLE FOR EVE	IGIBLE FOR CR-MARRIED INTERVIEW	→ 301
110	In what month and year were you born?	MONTH	
		DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
112	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4 SIGNED CONTRACT 5 NEVER MARRIED 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
113	Have you ever attended school?	YES	→ 117
114	What is the highest level of school you attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6	
115	What is the highest grade you successfully completed at that level?	GRADE	
116	CHECK 114:		
		PARATORY OR HIGHER	→ 118
117	Can you read a newspaper or a letter easily, with difficulty or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→ 119
118	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	Have you done any work in the last seven days even if it was only for a short period of time?	YES	→ 123
122	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES	→ 125
123	What is your occupation, that is, what kind of work do you mainly do?		
		(RECORD ANSWER IN DETAIL)	
124	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
125	What is your religion?	MUSLEM 1 CHRISTIAN 2 OTHER 6 (SPECIFY)	

SECTION 2 FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	RESPONDENT'S GENDER: FEMALE	MALE	→ 206
202	INTERVIEWER:CHECK FOR THE PRESENCE OF OTHERS. BEI EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWI		
203	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES	→ 206
204	How old were you when you were circumcised?	AGE IN COMPLETED YEARS DON'T KNOW	
205	Who performed the circumcision?	DOCTOR 1 NURSE/OTHER HLTH PROVIDER 2 DAYA 3 BARBER 4 GHAGARIA 5 OTHER 6 (SPECIFY) DON'T KNOW	
206	Now I would like to ask some (other) questions about female circumcision. During the past year have you discussed female circumcision with your relatives, friends, or neighbors?	YES	
207	During the past year have you heard, seen or received any information about female circumcision?	YES 1 NO 2 UNSURE 8	<u>1</u> →209
208	Where did you hear or see that information? PROBE: Anywhere else? RECORD ALL MENTIONED	TELEVISION A RADIO B NEWSPAPER/MAGAZIN C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND/WIFE I OTHER RELATIVE/FRIENDS/ NEIGHBORS J OTHER (SPECIFY)	
209	Do you believe that female circumcision is required by religious precepts?	YES 1 NO 2 DON'T KNOW 8	
210	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
211	Do you think that women want this practice to be continued or to be stopped? FEMALE Do you think that men want this practice to be continued or to be stopped?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGO	RIES	SKIP TO
212	I will read you some statements about female circumcision. Please tell me if you agree or disagree.	AGREE	DIS- DON'T AGREE KNOW	
	A husband will prefer his wife to be circumcised.	HUSBAND PREFER 1	2 8	
	Circumcision prevents adultery.	PREVENTS ADULTERY 1	2 8	
	Childbirth is more difficult for a woman who has been circumcised.	CHILDBIRTH IS MORE DIFFICULT 1	2 8	
	Circumcision can cause severe consequences that can lead to a girl's death.	MAY LEAD TO GIRL'S DEATH 1	2 8	

SECTION 3. HEALTH INSURANCE AND HEALTH CARE COSTS

	SECTION 3. HEALTH INSURANCE	į	l 0//15 TO
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	Have you been ill at any time during the last four weeks?	YES	
302	Do you have health insurance?	YES	→ 310
303	What type of health insurance do you have? Any other insurance? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER	
304	CHECK 303:		
	MORE THAN ONE TYPE OF INSURANCE	ONLY ONE TYPE OF INSURANCE	→ 306
305	Among the insurance plans you mentioned, which one do you consider to be your primary insurance? PROBE: Which of the insurances you mentioned do you use most often?	HEALTH INSURANCE THROUGH EMPLOYER	
306	Do you pay for this insurance on a monthly or yearly basis?	MONTHLY 1 YEARLY 2 OTHER INTERVAL 3 (SPECIFY) FREE/DOES NOT PAY 4 DON'T KNOW 8	→ 309
307	In total, how much is spent monthly (ANNUALLY/OTHER INTERVAL SPECIFIED IN Q306) for this insurance?	COST IN POUNDS	
308	Does the amount you pay for insurance cover only the costs for insuring yourself or does it also cover the costs of insuring other persons?	COVERS ONLY RESPONDENT 1 COVERS RESPONDENT AND OTHER PERSONS 2 DON'T KNOW 8	→ 310
309	In total, including yourself how many persons are covered by this insurance?	NUMBER OF PERSONS DON'T KNOW	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
310	In the past 4 weeks, have you visited a health provider for a medical consultation, either because you were ill or for preventative care? IF YES: How many times did you visit any health provider for a medical consultation in the past four weeks?	NUMBER OF VISITS	317
311	Where did your last medical consultation with a health provider take place? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) 1 URBAN HEALTH UNIT. 2 HEALTH OFFICE 3 RURAL HOSP'L (COMPLEMENTARY 4 RURAL HEALTH UNIT 5 MCH CENTER 6 MOBILE UNIT 7 OTHER GOVERNMENTAL UNIVERSITY HOSPITAL 8 TEACHING HOSPITAL 9 HEALTH INSURANCE ORG A CURATIVE CARE ORGANIZATION B OTHER GOVERNMENTAL C NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC. D CSI PROJECT E OTHER NON-GOVERNMENTAL F PRIVATE MEDICAL	
		PRIVATE HOSPITAL/ CLINIC G PRIVATE DOCTOR H PHARMACY I OTHER PRIVATE MOSQUE HEALTH UNIT J CHURCH HEALTH UNIT K OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK, ETC.,) L FRIEND/RELATIVE M OTHER X (SPECIFY) DON'T KNOW Z	
312	How much did you pay in total for your last consultation at (FACILITY IN Q311) including, for example, drugs, x-rays, or laboratory services?	COST IN POUNDS	
313	Did you incur additional expense for drugs at a separate pharmacy/clinic/drug shop (outside the facility) as a result of this medical consultation?	YES	→ 315
314	How much in total did you pay for the additional drugs?	COST IN POUNDS DON'T KNOW 9998	
315	Did you incur additional expense for lab tests conducted at a laboratory other than one at the provider you visited?	YES	→ 317
316	How much in total did you pay for the additional lab tests?	COST IN POUNDS 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
317	In the past 12 months, were you ever admitted to a hospital or health facility for at least one night?	YES	→ 401
318	In total, how many nights did you stay in a hospital or health facility in the past 12 months?	NUMBER OF NIGHTS 98	
319	Did you spend any of these nights in the hospital or health facility during the last four weeks?	YES	→ 321
320	In total, how many nights did you stay in a hospital or health facility in the past four weeks?	NUMBER OF NIGHTS DON'T KNOW 98	
321	Now I would like to ask a few questions about the last time you stayed in a hospital or health facility during the past 12 months. The last time you were admitted to a hospital/health facility for at least one night, where were you admitted? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) 1 URBAN HEALTH UNIT	
322	In total, how many nights did you stay in (FACILITY IN 321) facility the last time?	NUMBER OF NIGHTS DON'T KNOW 98	
323	How much did you pay for your last stay at (FACILITY IN 321) including all charges for consultations, room and board, drugs, and supplies?	COST IN POUNDS	

SECTION 4. KNOWLEDGE OF HIV/AIDS

SECTION 4. KNOWLEDGE O		OKID TO
	•	SKIP TO
Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES	→ 501
Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES	
Can people get the AIDS virus from mosquito bites?	YES	
Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES	
Can people get the AIDS virus by sharing food with a person who has AIDS?	YES	
Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES	
Can the HIV virus be transmitted from a mother to her baby:	YES NO DK	
During pregnancy?	PREGNANCY 1 2 8	
During delivery?	DELIVERY 1 2 8	
By breastfeeding?	BREASTFEEDING 1 2 8	
Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES	1,410
What can a person do? PROBE: Anything else? RECORD ALL WAYS MENTIONED.	ABSTAINING FROM SEXUAL INTERCOURSE	
	INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFOE EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWIN Now I would like to talk about something else. Have you ever heard of an illness called AIDS? Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners? Can people get the AIDS virus from mosquito bites? Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex? Can people get the AIDS virus by sharing food with a person who has AIDS? Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? Can the HIV virus be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding? Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus? What can a person do? PROBE: Anything else?	INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY FEFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY Now! would like to talk about something else. Have you ever heard of an illness called AIDS? Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners? Can people get the AIDS virus from mosquito bites? Can people get the AIDS virus from mosquito bites? Can people get the AIDS virus from mosquito bites? Can people get the AIDS virus by using a condom every time they have sex? Can people get the AIDS virus by sharing food with a person who has AIDS? Can people get the AIDS virus by sharing food with a person who has AIDS? Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse? DONT KNOW Can people get the AIDS virus by abstaining from sexual intercourse. DONT KNOW Can people get the AIDS virus by abstaining from sexual intercourse. DONT KNOW Can people get the AIDS virus by abstaining from sexual intercourse. DONT KNOW Can people get the AIDS virus by abstaining from sexual intercourse. DONT KNOW Can people ge

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
410	Is it possible for a healthy-looking person to have the AIDS virus?	YES	
411	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES	→ 413
412	Where is that? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	GOVERNMENT	
	PROBE: Any other place?	NON GOVERNMENTAL G	
	RECORD ALL SOURCES MENTIONED.	(SPECIFY) PRIVATE MEDICAL PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR	
	(NAME AND ADDRESS OF PLACE)	(SPECIFY) OTHER NON-MEDICAL	
		(SPECIFY)	
413	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
414	If a member of your family became sick with the virus, that causes AIDS would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
415	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES	
416	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED	
417	In the last 6 months have you heard, seen, or received any information about HIV/AIDS?	YES	<u></u> 501
418	Where did you hear or see that information? PROBE: Anywhere else? RECORD ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND I OTHER RELATIVE/FRIENDS/ NEIGHBORS J OTHER X (SPECIFY)	

SECTION 5. HEALTH CARE PROCEDURES AND SAFE INJECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to ask about some health care procedures which you may have had. At any time in your life, have you ever had:	YES NO DK	
	Surgery?	SURGERY 1 2 8	
	A blood transfusion?	BLOOD TRANSFUSION 1 2 8	
	Dental treatment of any type (e.g., extraction, treatment for gum disease, filling)?	DENTAL TREATMENT 1 2 8	
502	At anytime in your life, have you received an injection:	YES NO DK	
	To treat for schistosomiasis (bilharziasis)?	SCHISTOSOMIASIS 1 2 8	
	For any other purpose?	OTHER PURPOSE 1 2 8	
503	CHECK 502: EVER HAD INJECTION NEVER HAD	INJECTION .	→ 509
504	On any of the occasions in which you received an injection, was the same needle and syringe used to give an injection to someone else?	YES 1 NO 2 DON'T KNOW 8	
505	Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months (including family planning or tetanus injections)? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 95, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.	NUMBER OF INJECTIONS	→ 509
	IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.		
506	Among these injections, how many were administered by a doctor, a nurse, a pharmacist or a dentist, or any other health worker?	NUMBER OF INJECTIONS	
	IF NUMBER OF INJECTIONS IS GREATER THAN 95, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NONE00	→ 509
507	The last time you had an injection given to you by a health worker, where did you get the injection? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME AND ADDRESS OF PLACE)	HOME	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	The last time you had an injection from a health worker did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES	
509	In the last 6 months have you heard, seen, or received any information about what people should do to be sure that injections are given safely?	YES	<u></u> 511
510	Where did you hear or see that information? PROBE: Anywhere else? RECORD ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER/MAGAZIN C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND/WIFE I OTHER RELATIVE/FRIENDS/ NEIGHBORS NEIGHBORS J OTHER X (SPECIFY)	
511	RECORD THE TIME.	HOUR	
512	CHECK 106: AGREED TO MEASUREMENT DID NOT AGREE TO	MEASUREMENT	→ 601
513	May I measure your blood pressure at this time?		
	INTERVIEWER SIGNATURE DATE RESPONDENT RESPONDENT AGREES DOES NOT AGREES	BLOOD PRESSURE MEASURED SYSTOLIC 1	
	AGREES DOES NOT AGREES RECORD OUTCOME RECORD 9994. OF BLOOD PRESSURE MEASUREMENT.	DIASTOLIC 2 REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS 9995 OTHER 9996 (SPECIFY)	

SECTION 6. HEPATITIS C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard the illness hepatitis C?	YES	→ 610
602	In the last 6 months have you heard, seen, or received any information about hepatitis C?	YES	1 604
603	Where did you hear or see that information? PROBE: Any other source? RECORD ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND/WIFE I OTHER RELATIVE/FRIENDS/ NEIGHBORS OTHER X (SPECIFY)	
604	How is hepatitis C spread from one person to another? Please mention at least four ways that you know. RECORD ALL MENTIONED.	HETEROSEXUAL SEX A HOMOSEXUAL SEX B CONTACT WITH INFECTED PERSON'S BLOOD THROUGH: TRANSFUSION C UNCLEAN NEEDLES D OTHER (E.G., RAZORS) E CASUAL PHYSICAL CONTACT(S) (E.G., SHAKING HANDS, SHARING FOOD OR DRINK, ETC.) F MOTHER-TO-CHILD TRANSMISSION G MOSQUITO/OTHER INSECT BITE H OTHER X (SPECIFY) DON'T KNOW Z	
605	Were you ever told by a doctor or other health professional that you had a positive hepatitis C test?	YES	→ 607
606	Have you ever been tested to see if you had the hepatitis C virus?	YES	610
607	How old were you when you were first told that you had a positive hepatitis C test?	AGE IN COMPLETED YEARS	
608	Were you ever given or did you ever take anything to treat the hepatitis C?	YES	→ 610
609	What treatment were you given? RECORD ALL MENTIONED.	INTERFERON	
610	Have you ever had either of the following: Jaundice, that is, a yellowing of the skin or eyes? Change in urine color, that is, dark urine?	YES NO DK JAUNDICE 1 2 8 DARK URINE 1 2 8	
610A		OW RECORDED FOR CE AND DARK URINE	→ 612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Do you know the cause of the jaundice and/or the change in urine color? IF MENTIONS HEPATITIS WITHOUT SPECIFYING TYPE ASK: Do you know the type of hepatitis? RECORD ALL MENTIONED.	HEPATITIS A	
612	Have you ever told by a doctor or health professional that you had any (other) kind of liver disease?	YES	→ 616
613	Have you been told by a doctor or health professional that you currently have (any other) liver disease?	YES	
614	How old were you when you were first told you had liver disease?	AGE IN COMPLETED YEARS	
615	Do you know the cause of the liver disease? IF MENTIONS HEPATITIS WITHOUT SPECIFYING TYPE ASK: Do you know the type of hepatitis? RECORD ALL MENTIONED.	HEPATITIS A	
616	Does anyone (else) who is living in this household have the liver disease? IF YES: How many other people?	NUMBER OF OTHER HH MEMBERS WITH LIVER DISEASE NO ONE ELSE	→ 701
617	Do you know the cause(s) of the liver disease that this (these) other household member(s) has (have)? IF MENTIONS HEPATITIS WITHOUT SPECIFYING TYPE ASK: Do you know the type of hepatitis? RECORD ALL MENTIONED.	HEPATITIS A	

SECTION 7. BLOOD PRESSURE, HEART DISEASE AND DIABETES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES	704
702	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES	
703	To lower your hypertension or high blood pressure, are you now: a. Taking prescribed medicine? b. Controlling your weight or losing weight? c. Cutting down on salt in your diet? d. Exercising? e. Stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 STOP SMOKING 1 2 3	
704	Have you ever heard of an illness called diabetes or high sugar?	YES	
705	(Other than during pregnancy), has a doctor or other health professional ever told you that you had diabetes?	YES	709
706	How old were you when you were <u>first</u> told by a doctor or health professional that you had diabetes?	AGE IN COMPLETED YRS	
707	Are you taking insulin at this time?	YES	<u>→</u> 709
708	Are you taking pills to lower your blood sugar?	YES	
709	Have you ever been told by a doctor or other health professional that you had had a heart attack or myocardial infarction?	YES	
710	Have you ever been told by a doctor or other health professional that you had had a stroke?	YES	

SECTION 8. AVIAN INFLUENZA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard the illness avian influenza?	YES	→ 901
802	In the last 6 months have you heard, seen, or received any information about avian influenza?	YES	3 804
803	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND/WIFE I OTHER RELATIVE/FRIENDS/ NEIGHBORS NEIGHBORS J OTHER X (SPECIFY)	
804	Do you know the symptoms of avian flu virus among poultry/birds?	YES	→ 806
805	What are these symptoms? RECORD ALL MENTIONED.	WEAKNESS A FEVER B DIARRHEA C LOSS OF APPETITE D BLOWZY IN THE FEATHERS E NO EGG PRODUCTION F CREST/WATTLE AND SKIN BLUE G DISCHARGE FROM NOSE H SUDDEN DEATH I OTHER X (SPECIFY)	
806	Do you know that ducks may have avian influenza but not look ill?	YES	
807	Do you know what to do when birds have these signs of disease or die suddenly?	YES	→ 809
808	There are several ways to deal with birds that appear to be sick or have died. Can you tell me about any ways that you know about? RECORD ALL MENTIONED.	PUT IN SEALED PLASTIC BAG A SUBMERGE IN DISINFECTANT B BURN C BURY D CONTACT VETERINARY AUTHORITIES E NOTIFY OTHER AUTHORITIES F WARN OTHER PEOPLE G OTHER X (SPECIFY)	
809	Do you think that it is possible for humans to get avian influenza?	YES	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	Can you tell me about four or more ways that a person can get avian influenza? RECORD ALL MENTIONED.	CONTACT WITH SICK POULTRY/ BIRDS	
811	There are several ways to reduce the likelihood of the spread of avian influenza. Can you tell me about four or more ways you know? RECORD ALL MENTIONED.	WASH HANDS AFTER CONTACT WITH POULTRY/BIRDS	
812	Do you know the symptoms of avian flu virus among humans?	YES	→ 816
813	What are these symptoms? RECORD ALL MENTIONED.	FEVER A GENERAL MAILAISE B SORE THROAT C RED EYES/EYE INFECTION (CONJUNCTIVITIS) D COUGHING E CHEST PAIN F DIFFICULTY BREATHING G DEATH H OTHER X (SPECIFY)	
814	How soon would you seek medical care if a child had any of these symptoms?	NUMBER OF DAYS IMMEDIATELY 95 DON'T KNOW/NOT SURE 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	How soon would you seek medical care if an adult had any of these symptoms?	NUMBER OF DAYS	
		IMMEDIATELY	
816	Do you think it is possible for humans to die from avian influenza?	YES	
817	Have you been involved in any of the following types of activities in the last month:	YES NO	
	a. Breeding or handling poultry/birds? b. Slaughtering poultry/other types of birds?	BREEDING	
818	How do you know that poultry is fully cooked? PROBE: What else? RECORD ALL MENTIONED.	JUICE RUNS CLEAR A NO VISIBLE PINK MEAT B INTERNAL TEMPERATURE 85° C OTHER X (SPECIFY)	
819	How do you know that eggs are fully cooked? RECORD ALL MENTIONED.	COOK UNTIL YOLK NO LONGER RUNNY A OTHER X (SPECIFY)	
	From what you have seen or heard about avian influenza, I would like	you to give your opinions about the following	
820	For a person who becomes infected, would it be extremely dangerous, somewhat dangerous, not very dangerous or not dangerous at all?	EXTREMELY DANGEROUS	
821	Is it very likely, somewhat likely or not very likely or not likely at all that you or a member of your family might become infected with avian influenza?	EXTREMELY DANGEROUS	
822	Are you extremely confident, somewhat confident, not very confident or not at all confident that the spread of avain influenza can be prevented?	EXTREMELY CONFIDENT 1 SOMEWHAT CONFIDENT 2 NOT VERY CONFIDENT 3 NOT CONFIDENT AT ALL 4 DON'T KNOW 8	
823	Are you extremely confident, somewhat confident, not very confident or not at all confident that you can protect yourself and your family from becoming infected?	EXTREMELY CONFIDENT 1 SOMEWHAT CONFIDENT 2 NOT VERY CONFIDENT 3 NOT CONFIDENT AT ALL 4 DON'T KNOW 8	

SECTION 9. SMOKING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Do you currently smoke cigarettes?	YES	→ 903
902	In the last 24 hours, how many cigarettes did you smoke?		
	IF DIDN'T SMOKE DURING THE LAST 24 HOURS RECORD '00'	CIGARETTES	
903	Do you currently smoke or use any other type of tobacco?	YES	→ 905
904	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C ROLLED CIGARETTES D WATER PIPE E OTHER X (SPECIFY)	
905	Does anyone else in your household currently smoke cigarettes or use any other type of tobacco?	YES,CIGARETTES 1 YES, OTHER TOBACCO 2 YES, BOTH 3 NO 4	
906	In the last 6 months have you heard, seen, or received any information about the health effects of second-hand smoke (that is, exposure to direct smoke from smokers)?	YES]→908
907	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND/WIFE I OTHER RELATIVE/FRIENDS/ NEIGHBORS J OTHER X (SPECIFY)	
908	RECORD THE TIME.	HOUR	
909	CHECK 106 AND 512: AGREED TO BOTH MEASUREMENTS	OTHER	→ 1008
910	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE RESPONDENT AGREES RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT. DATE RESPONDENT DOES NOT AGREES RECORD 9994.	BLOOD PRESSURE SYSTOLIC	

SECTION 10. AVERAGING BLOOD PRESSURE MEASURES NO. QUESTIONS AND FILTERS SKIP **CODING CATEGORIES** CHECK Q512 AND Q908. 1001 SYSTOLIC AND SYSTOLIC AND DIASTOLIC BLOOD DIASTOLIC BLOOD PRESSURE MEASURES NOT **→** 1007 PRESSURE RECORDED RECORDED IN BOTH IN BOTH Q513 AND Q910 IN BOTH Q513 AND Q910 1002 RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q513 AND Q910. 1003 **BLOOD PRESSURE SYSTOLIC** DIASTOLIC MEASUREMENTS FROM Q513 1004 **BLOOD PRESSURE** SYSTOLIC DIASTOLIC MEASUREMENTS FROM Q910 1005 RECORD THE SUM OF SUM SUM THE SYSTOLIC AND **SYSTOLIC** DIASTOLIC DIASTOLIC MEASURES. 1006 CALCULATE THE **AVERAGE SYSTOLIC AVERAGE AVERAGE** AND DIASTOLIC SYSTOLIC DIASTOLIC PRESSURES BY **→** 1011 THE SUM IN Q1005 BY 2. 1007 CHECK Q910: BOTH SYSTOLIC AND SYSTOLIC AND DIASTOLIC BLOOD DIASTOLIC BLOOD PRESSURE **→** 1010 PRESSURE NOT **RECORDED IN Q910** RECORDED IN Q910 1008 CHECK Q513: BOTH SYSTOLIC AND SYSTOLIC AND DIASTOLIC BLOOD DIASTOLIC BLOOD PRESSURE **→** 1010 PRESSURE NOT **RECORDED IN Q513** RECORDED IN Q513 CHECK Q108C: 1009 SYSTOLIC AND **BOTH SYSTOLIC AND** DIASTOLIC BLOOD DIASTOLIC BLOOD PRESSURE 1013 PRESSURE RECORDED NOT RECORDED IN Q108C IN Q108C 1010 RECORD THE SYSTOLIC AND SYSTOLIC DIASTOLIC DIASTOLIC PRESUSRE.

		QUESTIONS AND F	FILTERS				CODING CA	TEGORIES	SKIP
1011		BLE BELOW TO DETE REPORT AND REFER		CORREC	T CODE 1	TO RECORD	ON THE BLO	OOD	
		ROW IN WHICH THE OR Q1010 IS FOUNI		R THE SYS	STOLIC B	LOOD PRES	SURE		
		E THE COLUMN IN W OR Q1010 IS FOUND	-	ALUE FOR	R THE DIA	ASTOLIC BLO	OOD		
		WHERE THE ROW AN COMPLETING Q1012		YOU HAV	E CIRCLE	ED INTERSEC	CT IN THE TA	ABLE WILL	
		AVERAGE							
		SYSTOLIC PRESSURE	<84	AVERAGE 85-89	90-99	LIC PRESSU 100-109	RE 110-119	<u>></u> 120	
		<130	1	2	3	4	5	6	
		130-139	2	2	3	4	5	6	
		140-159	3	3	3	4	5	6	
		160-179	4	4	4	4	5	6	
		180-209	5	5	5	5	5	6	
		<u>></u> 210	6	6	6	6	6	6	
	ANSWER AN'	RAL FORM FOR THE Y QUESTIONS HE/SH			THE FORM			REPORT - AND	
	ANSWER AN'		HE MAY HAV	E. CO	NSULT HI		SPONDENT		
		Y QUESTIONS HE/SH RESPONDEN' BLOOD PRES	HE MAY HAV	COI CHI	NSULT HI	M TO THE RE	SPONDENT		
		RESPONDEN BLOOD PRES CATEGORY	HE MAY HAV	E. COI CHI	NSULT HI ECK BLO	M TO THE RE	SPONDENT		
	-	RESPONDEN BLOOD PRES CATEGORY NORMAL AT THE HIG	T'S SURE SH END OF AL RANGE	E. COI CHI 2	NSULT HI ECK BLOO	M TO THE RE EALTH PROV OD PRESSUI	SPONDENT		
	:	RESPONDEN BLOOD PRES CATEGORY 1 NORMAL 2 AT THE HIC THE NORM 3 ABOVE	HE MAY HAV T'S SURE GH END OF AL RANGE	E. COI CHI	NSULT HI ECK BLOO 24 MONTH	M TO THE RE EALTH PROV OD PRESSUI	SPONDENT		
	:	RESPONDEN' BLOOD PRES CATEGORY NORMAL AT THE HIC THE NORM ABOVE NORMAL R MODERATE	HE MAY HAV T'S SURE GH END OF AL RANGE ANGE	E. COI CHI	NSULT HI ECK BLOO 4 MONTH	M TO THE RE EALTH PROV OD PRESSUI	SPONDENT		
	:	RESPONDEN' BLOOD PRES CATEGORY NORMAL AT THE HIG THE NORM ABOVE NORMAL R MODERATE HIGH	HE MAY HAV T'S SURE SH END OF AL RANGE ANGE ELY	E. CO CHI	NSULT HI ECK BLOO 24 MONTH 2 MONTH MONTH	M TO THE RE EALTH PROV OD PRESSUI	SPONDENT		
1013	;	RESPONDEN BLOOD PRES CATEGORY 1 NORMAL 2 AT THE HIG THE NORM 3 ABOVE NORMAL R 4 MODERATE HIGH 5 VERY HIGH	HE MAY HAV T'S SURE GH END OF AL RANGE ANGE ELY H Y HIGH	E. COI CHI	NSULT HI ECK BLOO 24 MONTH 2 MONTH MONTH 7 DAYS	EALTH PROVOD PRESSUI	SPONDENT		
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OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

1101 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:		
COMMENTS ON SPECIFIC QUESTIONS:		
ANY OTHER COMMENTS:		
	1102 SUPERVISOR'S OBSERVATIONS	
NAME OF SUPERVISOR:	DATE:	
	1103 EDITOR'S OBSERVATIONS	
NAME OF EDITOR:	DATE:	