

2000 TURKMENISTAN DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL WOMEN'S QUESTIONNAIRE

CLINICAL RESEARCH CENTER FOR MATERNAL AND CHILD HEALTH
MINISTRY OF HEALTH AND MEDICAL INDUSTRY OF TURKMENISTAN

IDENTIFICATION																			
PLACE NAME	<table border="1" style="margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		
NAME OF HOUSEHOLD HEAD																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																			
URBAN/RURAL (URBAN=1, RURAL=2)																			
NAME AND LINE NUMBER OF WOMAN _____																			

INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY MONTH YEAR NAME RESULT																
INTERVIEWER'S NAME RESULT*	_____	_____	_____	<table border="1" style="margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2</td><td>0</td><td>0</td><td>0</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					2	0	0	0								
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NEXT VISIT: DATE TIME	_____	_____		TOTAL NO. OF VISITS																
<p>* RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">5 PARTLY COMPLETED</td> <td style="width: 33%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>6 INCAPACITATED</td> <td></td> </tr> <tr> <td>3 POSTPONED</td> <td>7 OTHER _____</td> <td></td> </tr> <tr> <td>4 REFUSED</td> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </table>					1 COMPLETED	5 PARTLY COMPLETED		2 NOT AT HOME	6 INCAPACITATED		3 POSTPONED	7 OTHER _____		4 REFUSED	(SPECIFY)					
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2 NOT AT HOME	6 INCAPACITATED																			
3 POSTPONED	7 OTHER _____																			
4 REFUSED	(SPECIFY)																			

	TURKMEN	RUSSIAN	OTHER
1. LANGUAGE OF INTERVIEW	1	2	3
2. NATIVE LANGUAGE OF RESPONDENT	1	2	3
	YES	NO	
3. WHETHER TRANSLATOR USED	1	2	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____										

SECTION 1A. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Clinical Research Center for Maternal and Child Health of Turkmenistan. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government of Turkmenistan to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.¹

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____ 2000

RESPONDENT AGREES TO BE INTERVIEWED. 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 2 →END

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→110
108	What is the highest level of school you attended: primary, secondary, secondary-special or higher?	PRIMARY/SECONDARY 1 SECONDARY-SPECIAL 2 HIGHER 3	
109	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/> <input type="text"/>	
110	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	
111	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	
112	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	
113	What is your religion: Are you Muslim, Christian,, another religion, or do you not practice any religion?	MUSLIM 1 CHRISTIAN 2 OTHER 6 (SPECIFY) NOT RELIGIOUS 7 DON'T KNOW 8	
114	What is your nationality? Are you Turkmen? Russian? Kazakh? Uzbek? Other?	TURKMEN 1 RUSSIAN 2 KAZAKH 3 UZBEK 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
114A	Before proceeding further with the questionnaire, let me measure your blood pressure and pulse on the left hand. MEASURE THE BLOOD PRESSURE AND PULSE AND RECORD THE RESULTS	BLOOD PRESSURE: SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/>	
114B	Before proceeding further with the questionnaire, let me measure your blood pressure and pulse on the right hand. MEASURE THE BLOOD PRESSURE AND PULSE AND RECORD THE RESULTS.	BLOOD PRESSURE: SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 1B. ACCESS TO HEALTH CARE AND HEALTH STATUS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	The next questions are about places people go for their health problems. Is there a place that you usually go to when you are sick or need advice about your health?	YES 1 NO 2 OTHER _____ 6 DON'T KNOW 8	→118 →119 →119
116	What kind of place is it - a Rural or Urban Health House, a Women Counseling Center, Hospital, or some other place? _____ (RECORD NAME OF FACILITY)	RHH/UHH 1 WCC 2 HOSPITAL 3 OTHER _____ 6 DON'T KNOW 8	
117	Do you have a choice of changing place you usually go to for health care?	YES 1 NO 2 DON'T KNOW 8	} →119
118	What is the reason why you do not have a usual source of care?	NO SOURCE IS AVAILABLE 1 NO REASON TO HAVE BECAUSE SELDOM OR NEVER SICK 2 RECENTLY MOVED INTO THE AREA 3 OTHER _____ 6 DON'T KNOW 8	
119	During the past 12 months did you visit a doctor because of an illness or for preventive health care, including visits for prenatal care?	YES 1 NO 2 DON'T KNOW 8	} →123
120	In what month and year was your most recent visit to a doctor for health care?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
121	At that visit, was the doctor you saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?	FAMILY DOCTOR. 1 SPECIALIST 2 OTHER _____ 6 DON'T KNOW 8	
122	Was this visit in (MONTH OF VISIT) to the place you usually go to when you are sick or need advice about your health?	YES 1 NO 2 DON'T KNOW 8	
123	During the past 12 months has a doctor or nurse visited you at home for a health check?	YES 1 NO 2 DON'T KNOW 8	} →125
123A	Who has visited: doctor, or nurse or someone else?	DOCTOR 1 NURSE 2 OTHER _____ 6 DON'T KNOW 8	} →125
124	At that visit, was the doctor you saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?	FAMILY DOCTOR. 1 SPECIALIST 2 OTHER _____ 6 DON'T KNOW 8	
125	During the past 12 months, about how much did you spend out-of-pocket for medical care: less than 100 000 manat, more than 100 000 manat or did not spend any money?	NO SPENDING. 1 LESS THAN 100 000 MANAT. 2 MORE THAN 100 000 MANAT. 4 DON'T KNOW 8	→ 126 → 126

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125A	Did you spend this money for medications, medical service, treatment or other?	MEDICATIONS. A MEDICAL SERVICE. B TREATMENT. C OTHER. X DON'T KNOW. Z	
126	Are you aware of a new Presidential health reform program which promotes primary health care and particularly family group practices?	YES 1 NO 2	
127	Now I would like to ask you about your own health. Has a doctor or nurse or staff member at a clinic or at hospital told you that you have any of the following conditions?		
128	Anemia?	YES 1 NO 2 DON'T KNOW 8	↳ 130
129	When was the first time that you were told you had anemia?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
130	Hypertention or high blood pressure?	YES 1 NO 2 DON'T KNOW 8	↳ 132
131	When was the first time that you were told you had high blood pressure?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
132	Diabetes or blood sugar?	YES 1 NO 2 DON'T KNOW 8	↳ 134
133	When was the first time that you were told you had diabetes?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
134	Kidney diseases, such as pyelonephritis or glomerulonephritis?	YES 1 NO 2 DON'T KNOW 8	↳ 136
135	When was the first time that you were told you had diabetes?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
136	Hepatitis or Botkin's Disease?	YES 1 NO 2 DON'T KNOW 8	↳ 138
137	When was the first time that you were told you had hepatitis?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
138	Are currently taking any tablets for prevention and treatment of anemia?	YES 1 NO 2 DON'T KNOW 8	↳ 143
139	Have you been given or have you bought any iron tablets for prevention and treatment of anemia in the past?	YES 1 NO 2 DON'T KNOW 8	↳ 142
140	When was the last time you took iron tablets for prevention and treatment of anemia	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
140A	Was it during your last pregnancy?	YES 1 NO 2	↳ 142
141	When you were taking the tablets last time, for how many days did you take them?	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
142	Are you currently taking any medicine, injections or other drug treatment regularly?	YES 1 NO 2	→144 →146															
143	Are you currently taking regularly any medicine, injections or other drug treatment other than tablets which you are taking for prevention and treatment of anemia?	YES 1 NO 2	→146															
144	Do you know what the medication is for? IF YES, against what disease?	DISEASE <table border="1" data-bbox="1218 409 1398 651"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																
145	Can you show me the package of medication which you are taking? IF SHOWS, RECORD THE NAMES OF MEDICATIONS	<table border="1" data-bbox="1218 693 1398 892"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> DOES NOT SHOW 9 9 8																
146	Have you heard of illness called tuberculosis?	YES 1 NO 2	→ 156															
147	Did you know that tuberculosis can be completely cured with proper medication?	YES 1 NO 2																
148	Have you or has anyone in your family ever had tuberculosis?	YES 1 NO 2																
149	Other than your family, is there anyone with whom you have frequent contact (neighbors, colleagues, or close friends) who has ever had tuberculosis?	YES 1 NO 2																
150	What signs or symptoms would lead you think that a person has tuberculosis?	COUGHING A COUGHING WITH SPUTUM B COUGHING MORE THAN 3 WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN A CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS K LETHARGY L OTHER _____ X (SPECIFY) DON'T KNOW Y	→ 152															

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 1 NO 2	) ▶206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	) ▶204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME +)))0)), * * * DAUGHTERS AT HOME /)))3)))1 * * *)))2)))-	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	) ▶206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE +)))0)), * * * DAUGHTERS ELSEWHERE /)))3)))1 * * *)))2)))-	
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 survived only a few hours or days?	YES 1 NO 2	) ▶208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD +)))0)), * * * GIRLS DEAD /)))3)))1 * * *)))2)))-	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL +)))0)), * * *)))2)))-	
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 +))), +))), PROBE AND /)))-NO .)))2))▶ CORRECT * * * * * ▼ NECESSARY.		
209A	Women sometime have pregnancies which do not result in a live born child. That is, a pregnancy can ended very early by a mini abortion or by an induced abortion, a miscarriage or a stillbirth. In total how many mini abortions, and induced abortions have you had?	TOTAL ABORTIONS +)))0)), * * *)))2)))-	
209B	How many miscarriages?	TOTAL MISCARRIAGES +)))0)), * * *)))2)))-	
209C	How many stillbirths?	TOTAL STILLBIRTHS +)))0)), * * *)))2)))-	
209D	SUM ANSWERS TO 208, 209A, 209B,209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'	TOTAL PREGNANCIES +)))0)), * * *)))2)))-	
210	CHECK 209D: ONE OR MORE PREGNANCIES +))), NO PREGNANCIES +))), /)))- .)))2))))))▶228 ▼)))))))		

211 Now I want to talk to you about each of your pregnancies, including those which ended in a live birth, an induced abortion, mini abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information

212	213	214	215	216	217	218	219	220	221	222	223
When did your (last/next-to-last/etc.) pregnancy end? In what month and year?	Did this pregnancy end in a live birth, an induced abortion, a miscarriage, or a stillbirth?	WAS THERE ANY OTHER PREGNANCY BETWEEN THIS AND THE PREVIOUS PREGNANCY?	CHECK 213: RECORD SAME RESPONSE	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	How old was (NAME) when he/she died? If '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS.
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11 +)))0))) MONTH ... * * * * .)))2)))- YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION ... 3 MISCARRIAGE 4 STILLBIRTH 5	YES 1 NO 2	LIVE BIRTH 1 ABORTION ... 2 MISCARRIAGE 3 STILLBIRTH ... 4 NEXT	SING 1 MULT 2	NAME -----	BOY 1 GIRL 2	YES 1 NO 2 * ▼ 223	AGE IN YEARS +)))0))) * * * * .)))2)))-	YES 1 NO 2	LINE NUMBER +)))0))) * * * * .)))2)))- * ▼ NEXT PREGNANCY	DAYS 1 * * * * (/))3)))1 MONTHS * * * * (/))3)))1 YEARS 3 * * * * .)))2)))- * ▼ NEXT

12	<p>+)))0))) MONTH ... * * * .)))2)))- YEAR | | | | |</p>	<p>LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION ... 3 MISCARRIAGE 4 STILLBIRTH 5</p>	<p>YES 1 NO 2</p>	<p>LIVE BIRTH 1 ABORTION ... 2 MISCARRIAGE 3 STILLBIRTH ... 4 NEXT</p>	<p>SING 1 MULT 2</p>	<p>NAME -----</p>	<p>BOY 1 GIRL 2</p>	<p>YES 1 NO 2 * 223</p>	<p>AGE IN YEARS +)))0))) * * * * .)))2)))-</p>	<p>YES 1 NO 2</p>	<p>LINE NUMBER +)))0))) * * * * .)))2)))- * NEXT PREGNANCY</p>	<p>+)))0))) DAYS 1 * * * (/))3)))1 MONTHS * * * (/))3)))1 YEARS 3 * * * .)))2)))- * NEXT</p>
13	<p>+)))0))) MONTH ... * * * .)))2)))- YEAR | | | | |</p>	<p>LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION ... 3 MISCARRIAGE 4 STILLBIRTH 5</p>	<p>YES 1 NO 2</p>	<p>LIVE BIRTH 1 ABORTION ... 2 MISCARRIAGE 3 STILLBIRTH ... 4 NEXT</p>	<p>SING 1 MULT 2</p>	<p>NAME -----</p>	<p>BOY 1 GIRL 2</p>	<p>YES 1 NO 2 * 223</p>	<p>AGE IN YEARS +)))0))) * * * * .)))2)))-</p>	<p>YES 1 NO 2</p>	<p>LINE NUMBER +)))0))) * * * * .)))2)))- * NEXT PREGNANCY</p>	<p>+)))0))) DAYS 1 * * * (/))3)))1 MONTHS * * * (/))3)))1 YEARS 3 * * * .)))2)))- * NEXT</p>
14	<p>+)))0))) MONTH ... * * * .)))2)))- YEAR | | | | |</p>	<p>LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION ... 3 MISCARRIAGE 4 STILLBIRTH 5</p>	<p>YES 1 NO 2</p>	<p>LIVE BIRTH 1 ABORTION ... 2 MISCARRIAGE 3 STILLBIRTH ... 4 NEXT</p>	<p>SING 1 MULT 2</p>	<p>NAME -----</p>	<p>BOY 1 GIRL 2</p>	<p>YES 1 NO 2 * 223</p>	<p>AGE IN YEARS +)))0))) * * * * .)))2)))-</p>	<p>YES 1 NO 2</p>	<p>LINE NUMBER +)))0))) * * * * .)))2)))- * NEXT PREGNANCY</p>	<p>+)))0))) DAYS 1 * * * (/))3)))1 MONTHS * * * (/))3)))1 YEARS 3 * * * .)))2)))- * NEXT</p>
15	<p>+)))0))) MONTH ... * * * .)))2)))- YEAR | | | | |</p>	<p>LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION ... 3 MISCARRIAGE 4 STILLBIRTH 5</p>	<p>YES 1 NO 2</p>	<p>LIVE BIRTH 1 ABORTION ... 2 MISCARRIAGE 3 STILLBIRTH ... 4 NEXT</p>	<p>SING 1 MULT 2</p>	<p>NAME -----</p>	<p>BOY 1 GIRL 2</p>	<p>YES 1 NO 2 * 223</p>	<p>AGE IN YEARS +)))0))) * * * * .)))2)))-</p>	<p>YES 1 NO 2</p>	<p>LINE NUMBER +)))0))) * * * * .)))2)))- * NEXT PREGNANCY</p>	<p>+)))0))) DAYS 1 * * * (/))3)))1 MONTHS * * * (/))3)))1 YEARS 3 * * * .)))2)))- * NEXT</p>
16	<p>+)))0))) MONTH ... * * * .)))2)))- YEAR | | | | |</p>	<p>LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION ... 3 MISCARRIAGE 4 STILLBIRTH 5</p>	<p>YES 1 NO 2</p>	<p>LIVE BIRTH 1 ABORTION ... 2 MISCARRIAGE 3 STILLBIRTH ... 4 NEXT</p>	<p>SING 1 MULT 2</p>	<p>NAME -----</p>	<p>BOY 1 GIRL 2</p>	<p>YES 1 NO 2 * 223</p>	<p>AGE IN YEARS +)))0))) * * * * .)))2)))-</p>	<p>YES 1 NO 2</p>	<p>LINE NUMBER +)))0))) * * * * .)))2)))- * NEXT PREGNANCY</p>	<p>+)))0))) DAYS 1 * * * (/))3)))1 MONTHS * * * (/))3)))1 YEARS 3 * * * .)))2)))- * NEXT</p>

225	<p>COMPARE 209D WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME +))) , /))) - * NUMBERS ARE DIFFERENT +))) , .)))2))> (PROBE AND RECONCILE) * ▼</p> <p>CHECK: FOR EACH PREGNANCY: YEAR OF PREGNANCY ENDED IS RECORDED. +))) , * * FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. /)))1 * * FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. /)))1 * * FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. /)))1 * * .))) -</p>
226	<p>CHECK 212 AND 213, AND ENTER THE NUMBER OF BIRTHS IN JANUARY 1995 OR LATER. +))) , * * IF NONE, RECORD '0'. .))) -</p>
227	<p>FOR EACH PREGNANCY THAT ENDED IN JANUARY 1994 OR LATER IN COLUMN 1 OF THE CALENDAR ENTER THE CODE OF THE PREGNANCY OUTCOME IN THE MONTH OF PREGNANCY ENDED:</p> <ul style="list-style-type: none"> • 'B' FOR LIVE BIRTHS, • 'S' FOR STILLBIRTH , • 'M' FOR MISCARRIAGE, • 'D' INDUCED ABORT BY D&C, • 'V' INDUCED ABORT BY VACUUM ASPIRATION. <p>THEN ASK THE NUMBER OF MONTHS THAT EACH PREGNANCY LASTED. RECORD "P" IN EACH OF THE PRECEDING MONTHS OF CALENDAR 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.) FINALLY, FOR EACH BIRTH WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE..</p> <p>FOR EACH ABORTION ASK: WHERE ABORTION WAS PERFORMED AND IN COLUMN 5 ENTER THE CODE FOR THE FACILITY.</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	Are you pregnant now?	YES 1 NO 2 UNSURE 8	) , 2>231
229	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS +)))0))) * * * .))2)) -	
230	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
231	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO +)))0))) 1 * * * WEEKS AGO /)))3)))1 2 * * * MONTHS AGO /)))3)))1 3 * * * YEARS AGO /)))3)))1 4 * * * .))2)) - IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
232	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	) , 2>301
233	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALF WAY BETWEEN PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
313	<p>Where did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, RURAL OR URBAN HEALTH CLINIC, OR WOMEN'S CONSULTING CENTER, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>RURAL OR URBAN HEALTH CLINIC 12</p> <p>WOMEN'S CONSULTING CENTER 13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 21</p> <p>PRV. DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>									
314	<p>Before the sterilization operation, were (you/your husband/your partner) told that you would not be able to have any (more) children?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 3</p>									
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
317	<p>CHECK 316:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>STERILIZED BEFORE JANUARY 1995</p> <p style="text-align: center;">[]</p> <p>└──────────┘</p> <p>▼</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1995</p> <p>THEN SKIP TO ───────────> 320</p> </td> <td style="width: 50%; vertical-align: top;"> <p>STERILIZED IN JANUARY 1995 OR LATER</p> <p style="text-align: center;">[]</p> <p>└──────────┘</p> <p>▼</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO ───────────> 319</p> </td> </tr> </table>			<p>STERILIZED BEFORE JANUARY 1995</p> <p style="text-align: center;">[]</p> <p>└──────────┘</p> <p>▼</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1995</p> <p>THEN SKIP TO ───────────> 320</p>	<p>STERILIZED IN JANUARY 1995 OR LATER</p> <p style="text-align: center;">[]</p> <p>└──────────┘</p> <p>▼</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO ───────────> 319</p>						
<p>STERILIZED BEFORE JANUARY 1995</p> <p style="text-align: center;">[]</p> <p>└──────────┘</p> <p>▼</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1995</p> <p>THEN SKIP TO ───────────> 320</p>	<p>STERILIZED IN JANUARY 1995 OR LATER</p> <p style="text-align: center;">[]</p> <p>└──────────┘</p> <p>▼</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO ───────────> 319</p>										
318	<p>ENTER METHOD CODE FROM 311 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. IF CURRENT METHOD STARTED IN JANUARY 1995 OR LATER, ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN THE SAME MONTH THAT USE OF CURRENT METHOD BEGAN.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • When did you start using this method continuously? • How long have you been using this method continuously? • When you started using this method, where did you obtain it? 										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1995. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1:</p> <ul style="list-style-type: none"> • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then? <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2:</p> <ul style="list-style-type: none"> • Where did you obtain the method when you started using it? • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]? <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3:</p> <ul style="list-style-type: none"> • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> • How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		
320	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>NOT ASKED 00 →327</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02 →325</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07 →325</p> <p>FEMALE CONDOM 08 →324</p> <p>DIAPHRAGM 09 →324</p> <p>FOAM/JELLY 10 →324</p> <p>LACTATIONAL AMEN. METHOD 11 →324</p> <p>PERIODIC ABSTINENCE 12 →325</p> <p>WITHDRAWAL 13 →325</p> <p>OTHER METHOD 96 →325</p>	
321	<p>CHECK COLUMN 1 OF CALENDAR FOR LENGTH OF USE OF CURRENT METHOD:</p> <p>STARTED USING AFTER JANUARY 1995 <input type="text"/></p> <p>STARTED USING IN JANUARY 1995 OR BEFORE <input type="text"/></p>		→325
322	<p>You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) on (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2 →324</p>	
323	<p>Were you told what to do if you experienced side effects?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
331	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2										
341	How easy is it to get pills? Is it a problem to get them ?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8										
342	Do you think that pills are a reliable method of contraception ?	RELIABLE 1 NO RELIABLE 2 DON'T KNOW 8										
343	Are any health problems or side effects with pills that would make you reluctant to use them ?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8										
350	Do you approve or disapprove of a woman having an abortion ?	APPROVE 1 DISAPPROVE 2 DEPENDS ON SITUATION 3 DON'T KNOW 8										
351	Would you have an abortion if you unintentionally become pregnant sometimes in the future ?	YES 1 NO 2 DON'T KNOW 8										
352	Would you prefer to use a method in the future or rely on abortion, or do neither ?	PREFER TO USE A METHOD 1 RELY ON ABORTION 2 PREFER TO DO NEITHER 3 DON'T KNOW 8										
353	Before proceeding further with the questionnaire, let me measure your blood pressure and pulse on the left hand. MEASURE THE BLOOD PRESSURE AND PULSE AND RECORD THE RESULTS	BLOOD PRESSURE: SYSTOLIC <table border="1" data-bbox="1156 903 1409 949"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC <table border="1" data-bbox="1156 953 1409 999"><tr><td></td><td></td><td></td></tr></table> PULSE <table border="1" data-bbox="1156 1045 1409 1092"><tr><td></td><td></td><td></td></tr></table>										
353B	Before proceeding further with the questionnaire, let me measure your blood pressure and pulse on the right hand. MEASURE THE BLOOD PRESSURE AND PULSE AND RECORD THE RESULTS	BLOOD PRESSURE: SYSTOLIC <table border="1" data-bbox="1156 1197 1409 1243"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC <table border="1" data-bbox="1156 1247 1409 1293"><tr><td></td><td></td><td></td></tr></table> PULSE <table border="1" data-bbox="1156 1339 1409 1386"><tr><td></td><td></td><td></td></tr></table>										

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ..... | | | DON'T KNOW 98		
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES ..... | | | DON'T KNOW 98		
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE +)), /))- ▼ (SKIP TO 412) MORE THAN ONCE OR DON'T KNOW +)), /))- ▼		
411	How many months pregnant were you the last time you received antenatal care?	MONTHS ..... | | | DON'T KNOW 98		
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE ... 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2		
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 416)•))))))1 DON'T KNOW 8		
414	Were you told where to go if you had these problems?	YES 1 NO 2 DON'T KNOW 8		
416	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 422)•))))))1 DON'T KNOW 8		
417	During the whole pregnancy, for how many days did you take the tablets?	NUMBER OF DAYS ..... | | | | | DON'T KNOW 998		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____
422	When (NAME) was born, was he/she: very large, larger than average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
423	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425)•))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425)•))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425)•))))))1 DON'T KNOW 8
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 DON'T KNOW 99998	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 DON'T KNOW 99998	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 DON'T KNOW 99998
425	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y
426	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 428)•))))))1 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 RURAL OR URBAN HEALTH CLINIC 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 428)•))))))	HOME YOUR HOME 11 (SKIP TO 428)•))))))1 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 RURAL OR URBAN HEALTH CLINIC 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 428)•))))))	HOME YOUR HOME 11 (SKIP TO 428)•))))))1 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 RURAL OR URBAN HEALTH CLINIC 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 428)•))))))
426A	When you delivered (NAME) how many nights did you stay in the hospital?	NIGHTS ..... | | |	NIGHTS ..... | | |	NIGHTS ..... | | |
427	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 433)•))))))1 NO 2	YES 1 (SKIP TO 434)•))))))1 NO 2	YES 1 (SKIP TO 434)•))))))1 NO 2

		LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	NEXT-TO-NEXT-TO-LAST BIRTH NAME_____
436	CHECK 228: RESPONDENT PREGNANT?	NOT PREGNANT +)), /))- ▼ (SKIP TO 438)	PREGNANT OR UNSURE +)), /))- ▼	
437	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439)•)))))))-		
438	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ..... | | | DON'T KNOW 98	MONTHS ... | | | DON'T KNOW 98	MONTHS ..... | | | DON'T KNOW 98
439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 444)•)))))))-	YES 1 NO 2 (SKIP TO 444)•)))))))-	YES 1 NO 2 (SKIP TO 444)•)))))))-
440	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . 000 MINUTES 0 | | | HOURS 1 | | | DAYS 2 | | |	IMMEDIATELY . 000 MINUTES ... 0 | | | HOURS 1 | | | DAYS 2 | | |	IMMEDIATELY . 000 MINUTES 0 | | | HOURS 1 | | | DAYS 2 | | |
440A	Within the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 441)•)))))))-	YES 1 NO 2 (SKIP TO 441)•)))))))-	YES 1 NO 2 (SKIP TO 441)•)))))))-
440B	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER_____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER_____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER_____ X (SPECIFY)
441	CHECK 404: CHILD ALIVE?	ALIVE +)), DEAD +)), /))- /))- ▼ ▼ (SKIP TO 443)	ALIVE DEAD +)), +)), /))- /))- /))- ▼ ▼ (SKIP TO 443)	ALIVE +)), DEAD +)), /))- /))- ▼ ▼ (SKIP TO 443)
442	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 445)•)))))))- NO 2	YES 1 (SKIP TO 445)•)))))))- NO 2	YES 1 (SKIP TO 445)•)))))))- NO 2

457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44 IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.														
			DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR		
A	BGG	BCG					BCG					BCG			
B	POLIO 0 (POLIO GIVEN AT BIRTH)	P0					P0					P0			
C	POLIO 1	P1					P1					P1			
D	POLIO 2	P2					P2					P2			
E	POLIO 3	P3					P3					P3			
G	DPT 1	D1					D1					D1			
H	DPT 2	D2					D2					D2			
I	DPT 3	D3					D3					D3			
K	DPT 4	D4					D4					D4			
L	MEASLES	M					M					M			
M	PARTUSIS	PER					PER					PER			
N	HEPATITIS B (B1) VACCINE	HEP 1					HEP 1					HEP 1			
O	HEPATITIS B (B2) VACCINE	HEP 2					HEP 2					HEP 2			
P	HEPATITIS B (B3) VACCINE	HEP 3					HEP 3					HEP 3			
458	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8					YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8					YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8			
463	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8					YES 1 NO 2 DON'T KNOW 8					YES 1 NO 2 DON'T KNOW 8			
464	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 466)←-----| DON'T KNOW 8					YES 1 NO 2 (SKIP TO 466)←-----| DON'T KNOW 8					YES 1 NO 2 (SKIP TO 466)←-----| DON'T KNOW 8			
465	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8					YES 1 NO 2 DON'T KNOW 8					YES 1 NO 2 DON'T KNOW 8			

466	CHECK 463 AND 464: FEVER OR COUGH?	"YES" IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 472)	"YES" IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 472)	"YES" IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 472)
467	Did you seek advice or treatment for the illness?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
467A	What signs or symptoms led you to seek advice or treatment?	WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING ... B HAS A FEVER C IS BREATHING FAST ... D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z	WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING ... B HAS A FEVER C IS BREATHING FAST ... D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z	WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING ... B HAS A FEVER C IS BREATHING FAST ... D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z
468	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A RURAL/URBAN HEALTH CLINIC B PHARMACY E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY)	PUBLIC SECTOR HOSPITAL A RURAL/URBAN HEALTH CLINIC B PHARMACY E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL A RURAL/URBAN HEALTH CLINIC B PHARMACY E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER ... K OTHER _____ X (SPECIFY)
472	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8
473	When (NAME) had diarrhea, was he/she given less than usual to drink, about the same amount, or more than usual to drink?	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8
474	Was he/she given less than usual to eat, about the same amount, or more than usual to eat?	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8

475	Was he/she given any of the following to drink: A fluid, made from a special packet called REHYDRON? Water? Milk or Infant formula? Soup? Kefir, airan? Coca cola/Pepsi Cola/ Sprite/Fanta? Other fluids?	YES NO DK REHYDRON 1 2 8 WATER 1 2 8 MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 KEFIR/AIRAN 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS ... 1 2 8	YES NO DK REHYDRON 1 2 8 WATER 1 2 8 MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 KEFIR/AIRAN 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS ... 1 2 8	YES NO DK REHYDRON 1 2 8 WATER 1 2 8 MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 KEFIR/AIRAN 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS ... 1 2 8
476	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 478)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 478)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 478)← DON'T KNOW 8
477	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS ... C HOME REMEDIES/ HERBAL MEDICINE ... D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS ... C HOME REMEDIES/ HERBAL MEDICINE ... D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS ... C HOME REMEDIES/ HERBAL MEDICINE ... D OTHER _____ X (SPECIFY)
478	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 480)←	YES 1 NO 2 (SKIP TO 480)←	YES 1 NO 2 (SKIP TO 480)←
479	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A RURAL/URBAN HEALTH CLINIC B PHARMACY E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER ... K OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL A RURAL/URBAN HEALTH CLINIC B PHARMACY E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER ... K OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL A RURAL/URBAN HEALTH CLINIC B PHARMACY E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL _____ J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER ... K OTHER _____ X (SPECIFY)
480		GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	RESPONDENT 1 HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
516	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS * * * FIRST TIME WHEN MARRIED 96	) ) ▶526
517	When was the last time you had sexual intercourse?	DAYS AGO 1 * * * WEEKS AGO 2 * * * MONTHS AGO 3 * * * YEARS AGO 4 * * * .)) 2 ) ) -	) ) ▶526
518	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	
519	What is your relationship to the man with whom you last had sex?	SPOUSE 1 GIRL FRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 RELATIVE 5 OTHER 6 (SPECIFY)	) ) ▶521
520	For how long have you had a sexual relationship with this man?	DAYS 1 * * * WEEKS 2 * * * MONTHS 3 * * * YEARS 4 * * * .)) 2)) -	
521	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	) ) ▶526
522	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	
523	What is your relationship to this man?	SPOUSE 1 GIRL FRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 RELATIVE 5 OTHER 6 (SPECIFY)	) ) ▶525
524	For how long have you had a sexual relationship with this man?	DAYS 1 * * * WEEKS 2 * * * MONTHS 3 * * * YEARS 4 * * * .)) 2)) -	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	Altogether, with how many different men have you had sex in the last 12 months?	+)))0))) NUMBER OF PARTNERS .. * * * * .)))2)))-	
526	Do you know of a place where one can get condoms?	YES 1 NO 2	) ▶529
527	Where is that? IF SOURCE IS POLYCLINIC, FGP, FAP, WOMEN'S CONSULTING CENTER (WCC), WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL 11 WCC 12 URBAN/RUARAL HEALTH CLINIC .. 13 PHARMACY 14 OTHER PUBLIC .....16 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 20 PHARMACY 21 PVT. DOCTOR 22 OTHER PVT. MEDICAL .....26 (SPECIFY) OTHER SOURCE SHOP 30 RELIGIOUS ORGANIZATION 31 FRIENDS/RELATIVES 32 OTHER .....36 (SPECIFY)	
528	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
529	Do you know of a place where one can get female condoms?	YES 1 NO 2	) ▶601
530	Where is that? IF SOURCE IS POLYCLINIC, FGP, FAP, WOMEN'S CONSULTING CENTER (WCC), WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL 11 WCC 12 URBAN/RUARAL HEALTH CLINIC .. 13 PHARMACY 14 OTHER PUBLIC .....16 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 20 PHARMACY 21 PVT. DOCTOR 22 OTHER PVT. MEDICAL .....26 (SPECIFY) OTHER SOURCE SHOP 30 RELIGIOUS ORGANIZATION 31 FRIENDS/RELATIVES 32 OTHER .....36 (SPECIFY)	
531	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p>NEITHER STERILIZED +))), HE OR SHE STERILIZED /))) - +))), ▼ .)))2))))))))))))))))))))))))))))))))))))))))))</p>		) ) ▶614
602	<p>CHECK 228:</p> <p>NOT PREGNANT +))), PREGNANT +))), OR UNSURE /))) - /))) - * * ▼ ▼</p> <p>Now I have some questions about the future. 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? After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8</p>	) ) ▶604)) ▶609)) ▶608
603	<p>CHECK 226:</p> <p>NOT PREGNANT +))), PREGNANT +))), OR UNSURE /))) - /))) - * * ▼ ▼</p> <p>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 wait before the birth of another child?</p>	<p>MONTHS 1 * * * /)))3)))1 YEARS 2 * * * .)))2))) - SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998</p>	) , * * / ▶609 * * -
604	<p>CHECK 228:</p> <p>NOT PREGNANT +))), PREGNANT OR UNSURE /))) - +))), ▼ .)))2))))))))))))))))))))))))))))))))))))))))))</p>		) ) ▶610
605	<p>CHECK 310: USING A METHOD?</p> <p>NOT ASKED NOT CURRENTLY USING CURRENTLY USING +))), +))), +))), /))) - /))) - /))) - ▼ ▼</p>		) ) ▶608
606	<p>CHECK 603:</p> <p>NOT ASKED 24 OR MORE MONTHS OR 02 00-23 MONTHS OR 00-01 YEAR +))), +))), +))), /))) - /))) - /))) - ▼ +))), +))), /))) - /))) -</p>		) ) ▶610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<p style="text-align: right;">BOYS +)))0))) NUMBER * * *</p> <p style="text-align: right;">OTHER 96 (SPECIFY)</p> <p style="text-align: right;">GIRLS +)))0))) NUMBER * * *</p> <p style="text-align: right;">OTHER 96 (SPECIFY)</p> <p style="text-align: right;">EITHER +)))0))) NUMBER * * *</p> <p style="text-align: right;">OTHER 96 (SPECIFY)</p>	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	
617	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	<p style="text-align: right;">YES NO</p> <p>RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE . 1 2</p>	
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	) ) *621
620	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER X (SPECIFY)	
621	CHECK 501: YES, CURRENTLY MARRIED +))).)))) - ▼	YES, LIVING WITH A MAN +))).)))) - ▼	NO, NOT IN UNION +))).))))2)))) *625
622	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
623	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
624	Do you think your husband/partner 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
625	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She is tired or not in the mood?</p> <p>She has recently given birth?</p> <p>She knows he has sex with other women?¹</p> <p>She knows he has the AIDS virus?</p>	<p style="text-align: right;">YES NO DK</p> <p>TIRED/MOOD 1 2 8</p> <p>RECENT BIRTH 1 2 8</p> <p>OTHER WOMEN 1 2 8</p> <p>HAS THE AIDS VIRUS . . . 1 2 8</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p style="margin-left: 100px;">+))) , /))) - ▼</p>	<p>FORMERLY MARRIED +))) , .)))2))))))))))))))))))))))))))))))))))</p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN +))) , .)))2))))))))))))))))))))))))))))))))))</p>	<p>)) *703</p> <p>)) *707</p>	
702	How old was your husband/partner on his last birthday?	<p>AGE IN COMPLETED YEARS +)))0))) , * * * .)))2))) -</p>		
703	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	)) *706
704	What was the highest level of school he attended: primary, secondary, secondary-special, or higher?	<p>PRIMARY/SECONDARY 1</p> <p>SECONDARY-SPECIAL 2</p> <p>HIGHER 3</p> <p>DON'T KNOW 8</p>	)) *706
705	What was the highest (grade/form/year) he completed at that level?	<p>GRADE +)))0))) , * * * .)))2))) -</p> <p>DON'T KNOW 98</p>		
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p style="margin-left: 100px;">+))) , /))) - ▼</p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p>	<p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <p style="margin-left: 100px;">+))) , /))) - ▼</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<p>+)))0))) , * * * .)))2))) -</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
707	Aside from your own housework, are you currently working?	<p>YES 1</p> <p>NO 2</p>	)) *710
708	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. Are you currently doing any of these things or any other work?	<p>YES 1</p> <p>NO 2</p>	)) *710
709	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	)) *719

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<p style="text-align: center;">PRES/ PRES/ NOT LISTEN. NOT PRS LISTEN.</p> <p>CHILDREN <10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES . . 1 2 3</p>	
721	<p>Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses sex with him? If she burns the food?</p>	<p style="text-align: center;">YES NO DK</p> <p>GOES OUT 1 2 8 NEGL. CHILDREN . . 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8</p>	
722	Have you ever been beaten by your husband?	<p>YES 1 NO 2 REFUSED TO ANSWER 3 DOESN'T REMEMBER 8</p>	
723	Is your husband your relative?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>)) *801)) *801</p>
724	How close is he to you: cousin or other ?	<p>COUSIN 1 OTHER RELATIVE 2 DON'T KNOW 8</p>	

SECTION 8A: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	) >818
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	) >810
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS, BLADES N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Is it possible to avoid AIDS by having only one not infected sexual partner who doesn't have other sexual partners?	YES 1 NO 2 DON'T KNOW 8	
805	Is it possible to get AIDS through mosquito bite?	YES 1 NO 2 DON'T KNOW 8	
806	Is it possible to avoid AIDS using condom during every sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
807	Can a person get AIDS through eating together with sick person?	YES 1 NO 2 DON'T KNOW 8	
808	Is it possible to prevent AIDS by abstain from sexual intercourses at all?	YES 1 NO 2 DON'T KNOW 8	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	) >814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
828	When you had (INFECTION FROM 822/823/824), did you inform the persons with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3									
829	When you had (INFECTION FROM 822/823/824) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3)),))2→831								
830	What did you do to avoid infecting your partner? Did you.... Stop having sex? Used a condom when having sex? Take medicine?	<table border="0"> <thead> <tr> <th data-bbox="922 422 976 449">YES</th> <th data-bbox="1110 422 1164 449">NO</th> </tr> </thead> <tbody> <tr> <td data-bbox="948 499 966 527">1</td> <td data-bbox="1133 499 1151 527">2</td> </tr> <tr> <td data-bbox="948 548 966 575">1</td> <td data-bbox="1133 548 1151 575">2</td> </tr> <tr> <td data-bbox="948 596 966 623">1</td> <td data-bbox="1133 596 1151 623">2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	
YES	NO										
1	2										
1	2										
1	2										

SECTION 8B. LIFESTYLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
831	Following questions will concern about you nutrition and you habits as well.		
832	How do you think about yourself, are you normal weight or stout?	THIN 1 NORMAL WEIGHT 2 STOUT 3 DON'T KNOW 6	
833	Do you usually eat food with moderate salt, very salty, or without salt at all?	VERY SALTY 1 MODERATE SALT 2 WITHOUT SALT AT ALL 3 DON'T KNOW 6	
834	Do add salt into food before eating?	NEVER ADD 1 YES BUT FIRSTLY TASTE IT 2 ALWAYS ADD 3 DON'T KNOW 6	
835	Have you ever smoked cigarettes, cigarettes with hardboard holder, or other?	YES 1 NO 2	)) >118
836	Have you smoked at least 100 cigarettes or other for the whole life?	YES 1 NO 2	
837	Do you smoke daily, from time to time, or not at all?	DAILY 1 FROM TIME TO TIME 2 NOT AT ALL 3	
838	Did you smoke daily in the past?	YES 1 NO 2	)) >118
839	How much time past when you smoked daily?	SMOKE AT THE PRESENT MOMENT 11 LESS 1 MONTH AGO 12 1-6 MONTHS AGO 13 6-12 MONTHS AGO 14 1-5 YEARS AGO 15 5-10 YEARS AGO 16 MORE THAN 10 YEARS AGO 17 DON'T REMEMBER 98	
840	How many years did you smoke every day?	YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98	
841	How many cigarettes did (do) you smoke a day?	QUANTITY <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98	
842	How old were you when you started to smoke every day?	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98	
843	Have you tried to quit smoking?	YES. 1 NO. 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
844	Do you live in the family where other people smoke every day?	YES 1 NO 2	
845	Do you work in a place where people smoke daily?	YES 1 NO 2 DOESN'T WORK AT ALL 3	
846	Have you ever drunk alcoholic drinks?	YES 1 NO 2	) >854
847	Do you drink alcoholics now?	YES 1 NO 2 ONLY ON HOLIDAYS 3	) >854) >854
848	How many glasses do you usually drink a week in average?	QUANTITY <input type="text"/> <input type="text"/> DON'T KNOW 98	
849	How many glasses do you usually drink on weekends in average?	QUANTITY <input type="text"/> <input type="text"/> DON'T KNOW 98	
850	Did you think that you should stop drinking alcoholics?	YES 1 NO 2	
851	Have you been criticized or run down by somebody that you drink alcoholics?	YES 1 NO 2	
852	Did you feel guilty that you drink alcoholics?	YES 1 NO 2	
853	Does it happen you drink on the mornings to calm or to cure a hang over?	YES 1 NO 2	
854	Have you been injected last three months?	YES 1 NO 2	) > 857
855	How many times have you been injected last three months?	QUANTITY <input type="text"/> <input type="text"/> DON'T KNOW 98	
856	How have made you injection last time?	SPECIALIST 1 PHARMACEUTIC 2 PRACTITIONER 3 FRIEND/RELATIVE 4 HERSELF 5 OTHER _____ 6 (SPECIFY)	
857	Before proceeding further with the questionnaire, let me measure your blood pressure and pulse on the left hand. MEASURE THE BLOOD PRESSURE AND PULSE AND RECORD THE RESULTS	BLOOD PRESSURE: SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> PULSE <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
857A	<p>Before proceeding further with the questionnaire, let me measure your blood pressure and pulse on the right hand.</p> <p>MEASURE THE BLOOD PRESSURE AND PULSE AND RECORD THE RESULTS</p>	<p>BLOOD PRESSURE:</p> <p>SYSTOLIC</p> <p>DIASTOLIC</p> <p>PULSE</p>	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>									
858	RECORD THE TIME.	<p>HOUR +))0)) ,</p> <p>MINUTES /))3))1</p> <p>..... .))2))-</p>										

SECTION 9. HEIGHT AND WEIGHT

IN 901 AND 902, RECORD THE HEIGHT AND WEIGHT OF THE RESPONDENT.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																
901	RESPONDENT'S HEIGHT (IN CENTIMETERS)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																																
902	RESPONDENT'S WEIGHT (IN KILOGRAMS)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																																
903	RESULT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER _____ 6 (SPECIFY)																																
904	CHECK 215 AND 219: <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ONE OR MORE LIVING CHILDREN BORN IN JAN. 1995 OR LATER <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> </td> <td style="width: 50%; vertical-align: top;"> NO LIVING CHILDREN BORN IN JAN. 1995 OR LATER <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> </td> </tr> </table>		ONE OR MORE LIVING CHILDREN BORN IN JAN. 1995 OR LATER <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											NO LIVING CHILDREN BORN IN JAN. 1995 OR LATER <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																				
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IN 905 AND 906 RECORD THE LINE NUMBER AND NAME OF EACH CHILD BORN SINCE JANUARY 1995 AND STILL ALIVE. IN 907 RECORD THE BIRTH DATE FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1995. IN 908 AND 910 RECORD HEIGHT AND WEIGHT OF THE LIVING CHILDREN.																																		
		1) YOUNGEST LIVING CHILD	2) NEXT-TO-YOUNGEST LIVING CHILD	3) NEXT-TO-NEXT-TO-YOUNGEST LIVING CHILD																														
905	LINE NO. FROM 212	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
906	NAME FROM 217	(NAME) _____	(NAME) _____	(NAME) _____																														
908	HEIGHT (IN CENTIMETERS)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
909	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING 1 STANDING 2	LYING 1 STANDING 2	LYING 1 STANDING 2																														
910	WEIGHT (IN KILOGRAMS)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
911	DATE WEIGHED AND MEASURED	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR																														

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES
912	RESULT OF WEIGHING AND MEASURING	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT ... 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT ... 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)
913	NAME OF MEASURER : NAME OF ASSISTANT : _____ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;" type="text"/> </div> </div>		

IN 1005 AND 1006 RECORD THE LINE NUMBER AND NAME OF EACH CHILD BORN IN JANUARY 1994 OR LATER AND STILL ALIVE. IN 1007 RECORD THE HEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN.

		1) YOUNGEST LIVING CHILD	2) NEXT-TO-YOUNGEST LIVING CHILD	3) NEXT-TO-NEXT-TO-YOUNGEST LIVING CHILD
1005	LINE NO. FROM 212	+)))0)), * * * .))2))-	+)))0)), * * * .))2))-	+)))0)), * * * .))2))-
1006	NAME FROM 217	(NAME) _____	(NAME) _____	(NAME) _____
1007	HEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	+)))0)), +)), * * * * * .))2))-..))-	+)))0)), +)), * * * * * .))2))-..))-	+)))0)), +)), * * * * * .))2))-..))-
1008	RESULT	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)
1009	NAME OF HEMOGLOBIN MEASURER: _____			
1010	CHECK 1002 AND 1007: NO VALUES BELOW 7 G/DL	+)), .))2)))))	+)), .))2)))))	+)), .))2)))))
	ONE OR MORE VALUES BELOW 7 G/DL	+)), .))2)))))	+)), .))2)))))	+)), .))2)))))
1011	CHECK HOUSEHOLD QUESTIONNAIRE Q5: RESPONDENT IS USUAL RESIDENT +)),)-)) ▼	RESPONDENT IS VISITOR	+)), .))2)))))	+)), .))2)))))

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____

DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____

DATE: _____

CALENDAR

INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN. INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, REGNANCIES, PREGNANCY TERMINATIONS, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- S STILLBIRTH
- M MISCARRIAGE
- D INDUCED ABORTIONS BY D&C
- V INDUCED ABORTION BY VACUUM ASPIRATION
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTIONS
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHEA METHOD
- A PERIODIC ABSTINENCE
- W WITHDRAWAL
- X OTHER _____

(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 HOSPITAL
- 2 POLYCLINIC
- 3 WOMEN'S CONSULTING CENTER
- 4 FGP
- 5 FAP
- 6 OTHER PUBLIC
- 7 PVT. HOSPITAL/CLINIC
- 8 PHARMACY
- 9 PRIVATE DOCTOR
- A NON GOVT. MOBILE CLINIC
- B NON GOVT. FIELD WORKER
- C OTHER PRIVATE MEDICAL
- D SHOP
- E CHURCH
- F FRIENDS/RELATIVES
- X OTHER _____

(SPECIFY)

NAME OF CHILD	DATA	1	2	3	4	5	DATA
-----	12 DEC	01					01 12 DEC
	11 NOV	02					02 11 NOV
	10 OCT	03					03 10 OCT
	09 SEP	04					04 09 SEP
	08 AUG	05					05 08 AUG
	07 JUL	06					06 07 JUL
	06 JUN	07					07 06 JUN
	05 MAY	08					08 05 MAY
	04 APR	09					09 04 APR
	03 MAR	10					10 03 MAR
	02 FEB	11					11 02 FEB
	01 JAN	12					12 01 JAN
-----	12 DEC	13					13 12 DEC
	11 NOV	14					14 11 NOV
	10 OCT	15					15 10 OCT
	09 SEP	16					16 09 SEP
	08 AUG	17					17 08 AUG
	07 JUL	18					18 07 JUL
	06 JUN	19					19 06 JUN
	05 MAY	20					20 05 MAY
	04 APR	21					21 04 APR
	03 MAR	22					22 03 MAR
	02 FEB	23					23 02 FEB
	01 JAN	24					24 01 JAN
-----	12 DEC	25					25 12 DEC
	11 NOV	26					26 11 NOV
	10 OCT	27					27 10 OCT
	09 SEP	28					28 09 SEP
	08 AUG	29					29 08 AUG
	07 JUL	30					30 07 JUL
	06 JUN	31					31 06 JUN
	05 MAY	32					32 05 MAY
	04 APR	33					33 04 APR
	03 MAR	34					34 03 MAR
	02 FEB	35					35 02 FEB
	01 JAN	36					36 01 JAN

		NAME OF CHILD	DATA	1	2	3	4	5	DATA
COL. 3:	<u>DISCONTINUATION OF CONTRACEPTIVE USE</u>		12 DEC 37						37 12 DEC
			11 NOV 38						38 11 NOV
			10 OCT 39						39 10 OCT
0	INFREQUENT SEX/HUSBAND AWAY		09 SEP 40						40 09 SEP
1	BECAME PREGNANT WHILE USING		08 AUG 41						41 08 AUG
2	WANTED TO BECOME PREGNANT	-----	1 07 JUL 41						41 07 JUL 1
3	HUSBAND DISAPPROVED		9 06 JUN 42						42 06 JUN 9
4	WANTED MORE EFFECTIVE METHOD		9 05 MAY 43						43 05 MAY 9
5	HEALTH CONCERNS		7 04 APR 44						44 04 APR 7
6	SIDE EFFECTS		03 MAR 45						45 03 MAR
7	LACK OF ACCESS/TOO FAR		02 FEB 46						46 02 FEB
8	COST TOO MUCH		01 JAN 47						47 01 JAN
9	INCONVENIENT TO USE		48						48
F	FATALISTIC								
A	DIFFICULT TO GET PREGNANT/MENOPAUSAL		12 DEC 49						49 12 DEC
D	MARITAL DISSOLUTION/SEPARATION		11 NOV 50						50 11 NOV
X	OTHER ----- (SPECIFY)		10 OCT 51						51 10 OCT
Z	DON'T KNOW	-----	09 SEP 52						52 09 SEP
			1 08 AUG 53						53 08 AUG 1
			9 07 JUL 54						54 07 JUL 9
			9 06 JUN 55						55 06 JUN 9
COL. 4:	<u>MARRIAGE/UNION</u>		9 05 MAY 55						55 05 MAY 9
X	IN UNION (MARRIED OR LIVING TOGETHER)		6 04 APR 56						56 04 APR 6
0	NOT IN UNION		03 MAR 57						57 03 MAR
			02 FEB 58						58 02 FEB
			01 JAN 59						59 01 JAN
COL. 5:	<u>PLACE OF ABORTION</u>		60						60
1	DELIVERY HOSPITAL		12 DEC 61						61 12 DEC
2	GOVERNMENT HOSPITAL		11 NOV 62						62 11 NOV
3	FEE-FOR SERVICE DEPARTMENT OF HOSPITAL		10 OCT 63						63 10 OCT
4	PRIVATE CLINIC		09 SEP 64						64 09 SEP
5	WOMEN'S CONSULTING CENTER		08 AUG 64						64 08 AUG
6	FAMILY GROUP PRACTICE		1 07 JUL 65						65 07 JUL 1
7	OTHER ----- (SPECIFY)	-----	9 06 JUN 66						66 06 JUN 9
			9 05 MAY 67						67 05 MAY 9
			5 04 APR 68						68 04 APR 5
			03 MAR 69						69 03 MAR
			02 FEB 70						70 02 FEB
			01 JAN 71						71 01 JAN
			72						72