

ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY
FEMALE QUESTIONNAIRE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| WARD/VILLAGE _____ | <table border="1" style="margin: 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> <tr><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER..... | | | | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER..... | | | | | | | | | | | | | | | | | | | | | | |
| PROVINCE..... | | | | | | | | | | | | | | | | | | | | | | |
| URBAN/RURAL (urban=1, rural=2)..... | | | | | | | | | | | | | | | | | | | | | | |
| MAIN TOWN/OTHER URBAN/RURAL..... (main town=1, other urban=2, rural=3) | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WOMAN _____ | | | | | | | | | | | | | | | | | | | | | | |

| INTERVIEWER VISITS | | | | |
|--|---|---|---|---|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | | | | DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> NAME <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> |
| INTERVIEWER'S NAME | | | | |
| RESULT*** | | | | |
| NEXT VISIT: DATE TIME | | | | TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> |
| ***RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (specify) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED | | | | |

| | |
|---|---|
| LANGUAGE OF QUESTIONNAIRE: ENGLISH | 3 |
|---|---|

| | | | | |
|--|---|--|--|---|
| LANGUAGE INTV: SHONA.....1 NDEBELE.....2 ENGLISH.....3 OTHER.....6 | TEAM LEADER NAME _____ DATE _____ | FIELD EDITOR NAME _____ DATE _____ | OFFICE EDITOR <table border="1" style="width: 40px; height: 20px;"></table> | KEYED BY <table border="1" style="width: 40px; height: 20px;"></table> |
|--|---|--|--|---|

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SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 101 | RECORD THE TIME. | HOUR..... MINUTES..... | |
| 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 town or in a rural area? IF TOWN: Which town? | MAIN TOWN.....1 OTHER URBAN.....2 RURAL.....3 | |
| 105 | In what month and year were you born? | MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98 | |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS..... | |
| 107 | Have you ever attended school? | YES.....1 NO.....2 | →114 |
| 108 | What is the highest level of school you attended: primary, secondary, or higher? | PRIMARY.....1 SECONDARY.....2 HIGHER.....3 | |
| 109 | What is the highest (grade/form/year) you completed at that level? | YEARS..... | |
| 110 | CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/> | | →113 |
| 111 | Are you currently attending school? | YES.....1 NO.....2 | →113 |
| 112 | What was the main reason you stopped attending school? | GOT PREGNANT.....01 GOT MARRIED.....02 HAD TO CARE FOR YOUNGER CHILDREN..03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING...07 BAD GRADES.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR....10 OTHER.....96 (SPECIFY) DK.....98 | |
| 113 | CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> | | →115 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--|
| 114 | Can you read and understand a letter or newspaper easily, with difficulty, or not at all? | EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 | →116 |
| 115 | Do you usually read a newspaper or magazine at least once a week? | YES.....1 NO.....2 | |
| 116 | Do you usually listen to a radio every day? | YES.....1 NO.....2 | |
| 117 | Do you usually watch television at least once a week? | YES.....1 NO.....2 | |
| 118 | What is your religion? | TRADITIONAL.....1 SPIRITUAL.....2 CHRISTIAN.....3 OTHER.....6 (specify) | |
| 119 | RECORD ETHNICITY. | BLACK.....1 WHITE.....2 COLOURED.....3 ASIAN.....4 OTHER.....6 (specify) | |
| 120 | CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> | | →201 |
| 121 | Now I would like to ask about the place in which you usually live. Do you usually live in a town or in a rural area? IF TOWN: Which town? | MAIN TOWN.....1 OTHER URBAN.....2 RURAL AREA.....3 OUTSIDE ZIMBABWE.....4 | →123 |
| 122 | In which province is that located? | MANICALAND.....01 MASHONALAND CENTRAL.....02 MASHONALAND EAST.....03 MASHONALAND WEST.....04 MATABELELAND NORTH.....05 MATABELELAND SOUTH.....06 MIDLANDS.....07 MASVINGO.....08 HARARE/CHITUNGWIZA.....09 BULAWAYO.....10 | |
| 123 | Now I would like to ask about the household in which you usually live? What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO OWN RESIDENCE/YARD/PLOT.....11 COMMUNAL TAP.....12 WELL WATER PROTECTED WELL.....21 UNPROTECTED WELL.....22 BOREHOLE.....23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 OTHER.....96 (SPECIFY) | →125 →125 |
| 124 | How long does it take to go there, get water, and come back? | MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 125 | What kind of toilet facility does your household have? | FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 BLAIR TOILET.....22 NO FACILITY.....31 OTHER _____ 96 (SPECIFY) | |
| 126 | Does your household have: | YES NO | |
| | Electricity? | ELECTRICITY.....1 | 2 |
| | A radio? | RADIO.....1 | 2 |
| | A television | TELEVISION.....1 | 2 |
| | A refrigerator? | REFRIGERATOR.....1 | 2 |
| 127 | Could you describe the main material of the floor of your home? | NATURAL FLOOR EARTH/DUNG.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 96 (SPECIFY) | |
| 128 | Does any member of your household own: | YES NO | |
| | A modern oxcart? | MODERN OXCART.....1 | 2 |
| | A bicycle? | BICYCLE.....1 | 2 |
| | A motorcycle? | MOTORCYCLE.....1 | 2 |
| | A car? | CAR.....1 | 2 |

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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..... DAUGHTERS AT HOME..... | |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES.....1 NO.....2 | →206 |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'. | SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... | |
| 206 | Have you ever given birth to a boy or a 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..... GIRLS DEAD..... | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY | | |
| 210 | CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> | | →225 |

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

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

| 212 | 213 | 214 | 215 | 216 | 217 IF ALIVE: | 218 IF ALIVE: | 219 IF DEAD: | 220 |
|--|---------------------------------|----------------------------|--|-------------------------------|--|--------------------------------------|---|--|
| What name was given to your (first/next) baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | 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; OR YEARS. | FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH; IF 4 YRS. OR MORE, ASK: Were there any other live births between the birth of (NAME) and the birth of (PREVIOUS BIRTH) |
| 01 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH... YEAR... | YES...1 NO...2 ↓ 219 | AGE IN YEARS | YES....1 NO.....2 (NEXT BIRTH) | DAYS....1 MONTHS..2 YEARS...3 | |
| 02 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH... YEAR... | YES...1 NO...2 ↓ 219 | AGE IN YEARS | YES....1 NO.....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 03 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH... YEAR... | YES...1 NO...2 ↓ 219 | AGE IN YEARS | YES....1 NO.....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 04 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH... YEAR... | YES...1 NO...2 ↓ 219 | AGE IN YEARS | YES....1 NO.....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 05 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH... YEAR... | YES...1 NO...2 ↓ 219 | AGE IN YEARS | YES....1 NO.....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 06 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH... YEAR... | YES...1 NO...2 ↓ 219 | AGE IN YEARS | YES....1 NO.....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 07 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH... YEAR... | YES...1 NO...2 ↓ 219 | AGE IN YEARS | YES....1 NO.....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |

| | | | | | | | | |
|--|---------------------------------|----------------------------|--|------------------------|--|----------------------------|---|---|
| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 |
| What name was given to your next baby? | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | 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; OR YEARS. | FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH; If 4 YRS. OR MORE, ASK: Were there any other live births between the birth of (NAME) and the birth of (PREVIOUS BIRTH)? |
| (NAME) | | | | | | | | |

| | | | | | | | | |
|----|----------------------|---------------------|--|-------------------------------|--------------------------------------|------------------------------------|-------------------------------------|-----------------------|
| 08 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH.. <input type="text"/> YEAR... <input type="text"/> | YES...1 NO...2 ↓ 219 | AGE IN YEARS <input type="text"/> | YES....1 NO....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 09 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH.. <input type="text"/> YEAR... <input type="text"/> | YES...1 NO...2 ↓ 219 | AGE IN YEARS <input type="text"/> | YES....1 NO....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 10 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH.. <input type="text"/> YEAR... <input type="text"/> | YES...1 NO...2 ↓ 219 | AGE IN YEARS <input type="text"/> | YES....1 NO....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |
| 11 | SING...1 MULT...2 | BOY...1 GIRL...2 | MONTH.. <input type="text"/> YEAR... <input type="text"/> | YES...1 NO...2 ↓ 219 | AGE IN YEARS <input type="text"/> | YES....1 NO....2 (GO TO 220) | DAYS....1 MONTHS..2 YEARS...3 | YES.....1 NO.....2 |

| | | |
|-----|--|-----------------------|
| 221 | SUBTRACT YEAR OF LAST BIRTH FROM 1994: IF 4 YRS. OR MORE, ASK: Have you had any live births since the birth of (NAME OF LAST BIRTH)? | YES.....1 NO.....2 |
|-----|--|-----------------------|

| | | |
|-----|---|--|
| 222 | COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-----|---|--|

| | | |
|-----|--|----------------------|
| 223 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991. IF NONE, RECORD '0'. | <input type="text"/> |
|-----|--|----------------------|


| | |
|-----|---|
| 224 | FOR EACH BIRTH SINCE JANUARY 1989 ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE. |
|-----|---|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 225 | Are you pregnant now? | YES.....1 NO.....2 UNSURE.....8 | → 228 |
| 226 | How many months pregnant are you? ENTER 'P' IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT. | MONTHS..... | |
| 227 | 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 become pregnant at all? | THEN.....1 LATER.....2 NOT AT ALL.....3 | → 229 |
| 228 | When did your last menstrual period start? | DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996 | |
| 229 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES.....1 NO.....2 | → 301 |
| 230 | When did the last such pregnancy end? | MONTH..... YEAR..... | |
| 231 | CHECK 230: LAST PREGNANCY ENDED SINCE JAN. 1989 LAST PREGNANCY ENDED BEFORE JAN. 1989 | | → 301 |
| 232 | How many months pregnant were you when the last pregnancy ended? ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' IN EACH PRECEDING MONTH OF PREGNANCY. | MONTHS..... | |
| 233 | Have you ever had any other pregnancies which did not result in a live birth? | YES.....1 NO.....2 | → 301 |
| 234 | ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1989. ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' IN EACH PRECEDING MONTH OF PREGNANCY. | | |

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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.

| | 302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD. | 303 Have you ever used (METHOD)? |
|---|---|--|
| 01 PILL Women can take a pill every day. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 05 DIAPHRAGM, FOAMING TABLETS Women can place a diaphragm, foaming tablet, sponge, jelly, or cream inside themselves before intercourse. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 06 CONDOM Men can use a rubber sheath during sexual intercourse. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 07 FEMALE STERILIZATION Women can have an operation to avoid having any more children. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | Have you ever had an operation to avoid having any more children? YES.....1 NO.....2 |
| 08 MALE STERILIZATION Men can have an operation to avoid having any more children. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 09 SAFE PERIOD, RHYTHM Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 10 WITHDRAWAL Men can be careful and pull out before climax. | YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 |
| 11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES/SPONTANEOUS.....1 NO.....3 | |
| 1) _____ (SPECIFY) |  | YES.....1 NO.....2 |
| 2) _____ (SPECIFY) | | YES.....1 NO.....2 |

304 CHECK 303:

NOT A SINGLE
"YES"
(NEVER USED)

AT LEAST ONE
"YES"
(EVER USED)

→ SKIP TO 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.....1 NO.....2 | → 307 |
| 306 | ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. → 342 | | |
| 307 | What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY). | | |
| 308 | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used? | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/SPONGE...05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) | |
| 309 | How many living children did you have at that time, if any? IF NONE, RECORD '00'. | NUMBER OF CHILDREN..... | |
| 310 | CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> | | → 313A |
| 311 | CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | → 337 |
| 312 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES.....1 NO.....2 | → 337 |
| 313 | Which method are you using? | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/SPONGE...05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) | → 336 |
| 313A | (NOTE: DO NOT ASK Q.313A IF THE WOMAN IS NOT STERILIZED) You have said that you had an operation that keeps you from getting pregnant. Is that correct? IF RESPONDENT SAYS "NO", CORRECT 303-304 (AND 302 IF NECESSARY). IF RESPONDENT CONFIRMS WITH A "YES", CIRCLE '07' FOR FEMALE STERILIZATION. | | → 328 → 333 → 336 |
| 314 | At the time you first started using the pill, did you consult a doctor or a nurse? | YES.....1 NO.....2 DK.....8 | |
| 315 | Now I would like to ask some questions about the brand of pill that you are using. Please show me the package of pills you are now using. RECORD NAME OF BRAND. | BRAND NAME _____ NOT ABLE TO SHOW.....98 | → 318 |
| 316 | OBSERVE ORDER IN WHICH PILLS TAKEN FROM PACKET AND CIRCLE CORRECT CODE. | PILL MISSING IN ORDER.....1 PILL MISSING OUT OF ORDER.....2 NO PILL MISSING.....3 | → 320 |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|---|---------|-----|----|-------------------------|---|--|---------------------|---|--|---------------------------|---|--|------------------------|---|--|------------------------|---|--|----------------------|---|--|-------------|---|--|--|
| 317 | Why is it that you have not taken the pills (in order)? | DOESN'T KNOW WHAT TO DO.....01 HEALTH REASONS.....02 FOLLOWING INSTRUCTIONS ON PACKET/GIVEN BY SOURCE.....03 NEW PACKET.....04 MENSTRUATING.....05 OTHER.....96 (SPECIFY) | 320 | | | | | | | | | | | | | | | | | | | | | | | | |
| 318 | Why don't you have a package of pills in the house? | RAN OUT.....01 COST TOO MUCH.....02 HUSBAND AWAY.....03 MENSTRUATING.....04 OTHER.....96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 319 | Do you know the brand name of the pills you are now using? or: SHOW BRAND CHART FOR PILLS Please tell me which of these is the brand of pills that you are using. RECORD NAME OF BRAND. | BRAND NAME <input type="text"/> <input type="text"/> DK.....98 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | At any time in the past month, have you experienced any of the following (READ EACH PROBLEM): Had spotting or bleeding more than once? Had other illness? Period did not come when expected? Ran out of pills? Forgot to take pill or misplaced package? Loss of libido? Any other problem? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SPOTTING/BLEEDING.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER ILLNESS.....1</td> <td>2</td> <td></td> </tr> <tr> <td>PERIOD DID NOT COME.....1</td> <td>2</td> <td></td> </tr> <tr> <td>RAN OUT OF PILLS.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FORGOT/MISPLACED.....1</td> <td>2</td> <td></td> </tr> <tr> <td>LOSS OF LIBIDO.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER.....1</td> <td>2</td> <td></td> </tr> </tbody> </table> (SPECIFY) | | YES | NO | SPOTTING/BLEEDING.....1 | 2 | | OTHER ILLNESS.....1 | 2 | | PERIOD DID NOT COME.....1 | 2 | | RAN OUT OF PILLS.....1 | 2 | | FORGOT/MISPLACED.....1 | 2 | | LOSS OF LIBIDO.....1 | 2 | | OTHER.....1 | 2 | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPOTTING/BLEEDING.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER ILLNESS.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERIOD DID NOT COME.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RAN OUT OF PILLS.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FORGOT/MISPLACED.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOSS OF LIBIDO.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 321 | At any time in the past month, did you fail to take a pill for even one day because of the problems that you mentioned or for any other reason: IF YES: What was the main reason you stopped taking the pill? | SPOTTING/BLEEDING.....01 OTHER ILLNESS.....02 PERIOD DID NOT COME.....03 RAN OUT OF PILLS.....04 FORGOT/MISPLACED.....05 NOT SEXUALLY ACTIVE.....06 OTHER.....96 (SPECIFY) NEVER STOPPED TAKING THE PILL....97 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 322 | Sometimes people forget to take the pill. What did you do the last time you forgot to take the pill? | NEVER FORGOT.....01 TOOK ONE PILL THE NEXT DAY.....02 TOOK TWO PILLS THE NEXT DAY.....03 USED ANOTHER METHOD.....04 OTHER.....96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 323 | When was the last time you took a pill? | DAYS AGO..... <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO.....97 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 324 | CHECK 323: MORE THAN TWO DAYS AGO <input type="checkbox"/> | TWO DAYS AGO OR LESS <input type="checkbox"/> | 326 | | | | | | | | | | | | | | | | | | | | | | | | |

F11

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|---------|
| 325 | Why aren't you taking the pill these days? | HUSBAND AWAY.....01 FORGOT.....02 HEALTH REASONS.....03 COST TOO MUCH.....04 NO NEED TO TAKE DAILY.....05 RAN OUT.....06 MENSTRUATING.....07 OTHER.....96 (SPECIFY) | |
| 326 | At the time you last got pills, did you consult a doctor or a nurse? | YES.....1 NO.....2 DK.....8 | |
| 327 | How much does one (packet/cycle) of pills cost you? RECORD IN CENTS. | COST (CENTS)..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DK.....998 | →336 |
| 328 | Where did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) | PUBLIC SECTOR CENTRAL HOSPITAL.....11 PROVINCIAL HOSPITAL.....12 DISTRICT/RURAL HOSPITAL.....13 OTHER PUBLIC.....16 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL.....26 (SPECIFY) OTHER.....96 (SPECIFY) DK.....98 | |
| 329 | Do you regret that (you/your husband) had the operation not to have any (more) children? | YES.....1 NO.....2 | →331 |
| 330 | Why do you regret the operation? | RESPONDENT WANTS ANOTHER CHILD....01 PARTNER WANTS ANOTHER CHILD.....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER.....96 (SPECIFY) | |
| 331 | In what month and year was the sterilization performed? | MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> | |
| 332 | CHECK 331: STERILIZED BEFORE JANUARY 1989 <input type="checkbox"/> STERILIZED ON OR AFTER JANUARY 1989 <input type="checkbox"/> ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1989. THEN SKIP TO →340A | | |
| | 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. THEN SKIP TO →337 | | |
| 333 | Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times? | YES.....1 NO.....2 DK.....8 | →335 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 334 | During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant? | DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS.....04 OTHER_____ 96 (SPECIFY) DK.....98 | |
| 335 | How do you determine which days of your monthly cycle not to have sexual relations? | BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER_____ 96 (SPECIFY) | |

336 ENTER METHOD CODE FROM 313 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.

ILLUSTRATIVE QUESTIONS: When did you start using continuously?
How long have you been using this method continuously?

337 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.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1989.

USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

IN EACH MONTH, ENTER CODE FOR METHOD OR '0' FOR NONUSE IN COLUMN 1.
IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.

NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1.

ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.

ILLUSTRATIVE QUESTIONS: COLUMN 1:

- When was the last time you used a method? Which method was that?
- When did you start using that method? How long after the birth of (NAME)?
- How long did you use the method then?

COLUMN 2:

- Why did you stop using the (METHOD)?
- Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?

IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: "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.

CHECK 225:

NOT PREGNANT
OR UNSURE

☐

PREGNANT

☐

→343

338 CHECK 311 AND 313:

CIRCLE METHOD CODE:

NOT ASKED.....00 →342
PILL.....01
IUD.....02
INJECTIONS.....03
IMPLANTS.....04
DIAPHRAGM/FOAMING TABLET/CREAM....05
CONDOM.....06
FEMALE STERILIZATION.....07
MALE STERILIZATION.....08 →340A
SAFE PERIOD/RHYTHM.....09
WITHDRAWAL.....10

OTHER.....96 →343

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------|-------------|--------------|------------------------|--|--|---------------------|----|----|----------------------------|----|----|--------------------------------|----|----|-------------------------|--|--|------------------------------------|----|----|-----------------------|----|----|--------------------------|----|----|---------------------------|----|----|-------------------------------|----|----|---|----|----|-------------------------|----|----|-----------------------|----|----|----------------------|----|--|-------------|----|--|-----------|--|--|-------------|----|--|-----------|--|--|---------|----|--|------|
| 339 | <p>Where did you obtain (METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, 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>GOVERNMENT HOSPITAL/CLINIC.....11</p> <p>RURAL/MUNICIPAL CLINIC.....12</p> <p>RURAL HEALTH CENTRE.....13</p> <p>ZNFPD MOBILE CLINIC.....14</p> <p>MOH MOBILE CLINIC.....15</p> <p>ZNFPD CBD.....16</p> <p>MOH CBD.....17</p> <p>OTHER PUBLIC _____ 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY.....19</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>CBD.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 340 | Do you know another place where you could have obtained (METHOD) the last time? | <p>YES.....1</p> <p>NO.....2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 340A | At the time of the sterilisation operation, did you know another place where you could have received the operation? | | →345 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 341 | <p>People select the place where they get family planning services for various reasons.</p> <p>In your case, what was the main reason you went to the place you did rather than to some other place?</p> <p>RECORD RESPONSE BELOW AND CIRCLE CODE.</p> <p>_____</p> <p>Any other reason?</p> <p>RECORD RESPONSE BELOW AND CIRCLE CODE.</p> <p>_____</p> | <table border="1"> <thead> <tr> <th></th> <th>MAIN REASON</th> <th>OTHER REASON</th> </tr> </thead> <tbody> <tr> <td colspan="3">ACCESS-RELATED REASONS</td> </tr> <tr> <td>CLOSER TO HOME.....</td> <td>11</td> <td>11</td> </tr> <tr> <td>CLOSER TO MARKET/WORK.....</td> <td>12</td> <td>12</td> </tr> <tr> <td>AVAILABILITY OF TRANSPORT.....</td> <td>13</td> <td>13</td> </tr> <tr> <td colspan="3">SERVICE-RELATED REASONS</td> </tr> <tr> <td>STAFF MORE COMPETENT/FRIENDLY.....</td> <td>21</td> <td>21</td> </tr> <tr> <td>CLEANER FACILITY.....</td> <td>22</td> <td>22</td> </tr> <tr> <td>OFFERS MORE PRIVACY.....</td> <td>23</td> <td>23</td> </tr> <tr> <td>SHORTER WAITING TIME.....</td> <td>24</td> <td>24</td> </tr> <tr> <td>LONGER HRS. OF OPERATION.....</td> <td>25</td> <td>25</td> </tr> <tr> <td>USE OTHER SERVICES AT THE FACILITY.....</td> <td>26</td> <td>26</td> </tr> <tr> <td>LOWER COST/CHEAPER.....</td> <td>31</td> <td>31</td> </tr> <tr> <td>WANTED ANONYMITY.....</td> <td>41</td> <td>41</td> </tr> <tr> <td>NO OTHER REASON.....</td> <td>95</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td>96</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td>96</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DK.....</td> <td>98</td> <td></td> </tr> </tbody> </table> | | MAIN REASON | OTHER REASON | ACCESS-RELATED REASONS | | | CLOSER TO HOME..... | 11 | 11 | CLOSER TO MARKET/WORK..... | 12 | 12 | AVAILABILITY OF TRANSPORT..... | 13 | 13 | SERVICE-RELATED REASONS | | | STAFF MORE COMPETENT/FRIENDLY..... | 21 | 21 | CLEANER FACILITY..... | 22 | 22 | OFFERS MORE PRIVACY..... | 23 | 23 | SHORTER WAITING TIME..... | 24 | 24 | LONGER HRS. OF OPERATION..... | 25 | 25 | USE OTHER SERVICES AT THE FACILITY..... | 26 | 26 | LOWER COST/CHEAPER..... | 31 | 31 | WANTED ANONYMITY..... | 41 | 41 | NO OTHER REASON..... | 95 | | OTHER _____ | 96 | | (SPECIFY) | | | OTHER _____ | 96 | | (SPECIFY) | | | DK..... | 98 | | →345 |
| | MAIN REASON | OTHER REASON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCESS-RELATED REASONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOSER TO HOME..... | 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOSER TO MARKET/WORK..... | 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVAILABILITY OF TRANSPORT..... | 13 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SERVICE-RELATED REASONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STAFF MORE COMPETENT/FRIENDLY..... | 21 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLEANER FACILITY..... | 22 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFERS MORE PRIVACY..... | 23 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHORTER WAITING TIME..... | 24 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LONGER HRS. OF OPERATION..... | 25 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USE OTHER SERVICES AT THE FACILITY..... | 26 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOWER COST/CHEAPER..... | 31 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WANTED ANONYMITY..... | 41 | 41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO OTHER REASON..... | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DK..... | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|-------------|--------------|------------------|----|----|---------------------------|--|--|---------------------|----|----|---------------------|----|----|----------------------------|----|----|-------------------------|----|----|----------------------------|----|----|--------------------------|----|----|-------------------|--|--|-------------------------|----|----|----------------------|----|----|---------------------|----|----|---------------------------|----|----|-------------------|--|--|----------------------|----|----|----------------------|----|----|------------------------|--|--|----------------------|----|----|---------------------------|----|----|----------------------------|----|----|--------------------|----|----|--------------------------|----|----|---|----|----|----------------------|----|--|-------------|----|--|-----------|--|--|-------------|----|--|-----------|--|--|---------|----|--|--|
| 342 | <p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p> <p>Any other reason?</p> <p>RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.</p> | <table border="1"> <thead> <tr> <th></th> <th>MAIN REASON</th> <th>OTHER REASON</th> </tr> </thead> <tbody> <tr> <td>NOT MARRIED.....</td> <td>11</td> <td>11</td> </tr> <tr> <td colspan="3">FERTILITY-RELATED REASONS</td> </tr> <tr> <td>NOT HAVING SEX.....</td> <td>21</td> <td>21</td> </tr> <tr> <td>INFREQUENT SEX.....</td> <td>22</td> <td>22</td> </tr> <tr> <td>MENOPAUSAL/HYSTERECTOMY...</td> <td>23</td> <td>23</td> </tr> <tr> <td>SUBFECUND/INFECUND.....</td> <td>24</td> <td>24</td> </tr> <tr> <td>POSTPARTUM/BREASTFEEDING..</td> <td>25</td> <td>25</td> </tr> <tr> <td>WANTS MORE CHILDREN.....</td> <td>26</td> <td>26</td> </tr> <tr> <td colspan="3">OPPOSITION TO USE</td> </tr> <tr> <td>RESPONDENT OPPOSED.....</td> <td>31</td> <td>31</td> </tr> <tr> <td>HUSBAND OPPOSED.....</td> <td>32</td> <td>32</td> </tr> <tr> <td>OTHERS OPPOSED.....</td> <td>33</td> <td>33</td> </tr> <tr> <td>RELIGIOUS PROHIBITION....</td> <td>34</td> <td>34</td> </tr> <tr> <td colspan="3">LACK OF KNOWLEDGE</td> </tr> <tr> <td>KNOWS NO METHOD.....</td> <td>41</td> <td>41</td> </tr> <tr> <td>KNOWS NO SOURCE.....</td> <td>42</td> <td>42</td> </tr> <tr> <td colspan="3">METHOD-RELATED REASONS</td> </tr> <tr> <td>HEALTH CONCERNS.....</td> <td>51</td> <td>51</td> </tr> <tr> <td>FEAR OF SIDE EFFECTS.....</td> <td>52</td> <td>52</td> </tr> <tr> <td>LACK OF ACCESS/TOO FAR....</td> <td>53</td> <td>53</td> </tr> <tr> <td>COST TOO MUCH.....</td> <td>54</td> <td>54</td> </tr> <tr> <td>INCONVENIENT TO USE.....</td> <td>55</td> <td>55</td> </tr> <tr> <td>INTERFERES WITH BODY'S NORMAL PROCESSES.....</td> <td>56</td> <td>56</td> </tr> <tr> <td>NO OTHER REASON.....</td> <td>95</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td>96</td> <td></td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> <td></td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> <tr> <td>DK.....</td> <td>98</td> <td></td> </tr> </tbody> </table> | | MAIN REASON | OTHER REASON | NOT MARRIED..... | 11 | 11 | FERTILITY-RELATED REASONS | | | NOT HAVING SEX..... | 21 | 21 | INFREQUENT SEX..... | 22 | 22 | MENOPAUSAL/HYSTERECTOMY... | 23 | 23 | SUBFECUND/INFECUND..... | 24 | 24 | POSTPARTUM/BREASTFEEDING.. | 25 | 25 | WANTS MORE CHILDREN..... | 26 | 26 | OPPOSITION TO USE | | | RESPONDENT OPPOSED..... | 31 | 31 | HUSBAND OPPOSED..... | 32 | 32 | OTHERS OPPOSED..... | 33 | 33 | RELIGIOUS PROHIBITION.... | 34 | 34 | LACK OF KNOWLEDGE | | | KNOWS NO METHOD..... | 41 | 41 | KNOWS NO SOURCE..... | 42 | 42 | METHOD-RELATED REASONS | | | HEALTH CONCERNS..... | 51 | 51 | FEAR OF SIDE EFFECTS..... | 52 | 52 | LACK OF ACCESS/TOO FAR.... | 53 | 53 | COST TOO MUCH..... | 54 | 54 | INCONVENIENT TO USE..... | 55 | 55 | INTERFERES WITH BODY'S NORMAL PROCESSES..... | 56 | 56 | NO OTHER REASON..... | 95 | | OTHER _____ | 96 | | (SPECIFY) | | | OTHER _____ | 96 | | (SPECIFY) | | | DK..... | 98 | | |
| | MAIN REASON | OTHER REASON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOT MARRIED..... | 11 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FERTILITY-RELATED REASONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOT HAVING SEX..... | 21 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFREQUENT SEX..... | 22 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MENOPAUSAL/HYSTERECTOMY... | 23 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBFECUND/INFECUND..... | 24 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSTPARTUM/BREASTFEEDING.. | 25 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WANTS MORE CHILDREN..... | 26 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPPOSITION TO USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPONDENT OPPOSED..... | 31 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND OPPOSED..... | 32 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHERS OPPOSED..... | 33 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELIGIOUS PROHIBITION.... | 34 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LACK OF KNOWLEDGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KNOWS NO METHOD..... | 41 | 41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KNOWS NO SOURCE..... | 42 | 42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD-RELATED REASONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEALTH CONCERNS..... | 51 | 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEAR OF SIDE EFFECTS..... | 52 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LACK OF ACCESS/TOO FAR.... | 53 | 53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COST TOO MUCH..... | 54 | 54 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INCONVENIENT TO USE..... | 55 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERFERES WITH BODY'S NORMAL PROCESSES..... | 56 | 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO OTHER REASON..... | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DK..... | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 343 | Do you know of a place where you can obtain a method of family planning? | <p>YES.....1</p> <p>NO.....2</p> | → 345 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 344 | <p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, 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>GOVERNMENT HOSPITAL/CLINIC.....11</p> <p>RURAL/MUNICIPAL CLINIC.....12</p> <p>RURAL HEALTH CENTRE.....13</p> <p>ZNFPC MOBILE CLINIC.....14</p> <p>MOH MOBILE CLINIC.....15</p> <p>ZNFPC CBD.....16</p> <p>MOH CBD.....17</p> <p>OTHER PUBLIC _____ 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY.....19</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>CBD.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 345 | Were you visited by a CBD in the past 12 months? | <p>YES.....1</p> <p>NO.....2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|-------|
| 346 | Have you visited a health facility in the last 12 months? | YES.....1 NO.....2 | →349A |
| 347 | Did anyone at the health facility speak to you about family planning methods? | YES.....1 NO.....2 | |
| 348 | Did anyone at the health facility ever refuse to provide you with family planning information or services? | YES.....1 NO.....2 | |
| 349A | Do you think that breastfeeding can affect a woman's chance of becoming pregnant? | YES.....1 NO.....2 DK.....8 | →401 |
| 349B | Do you think that a woman's chance of becoming pregnant is increased or decreased by breastfeeding? | INCREASED.....1 DECREASED.....2 DEPENDS.....3 DK.....8 | →401 |
| 350 | CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> | | →401 |
| 351 | Have you ever relied on breastfeeding as a method of avoiding pregnancy? | YES.....1 NO.....2 | →401 |
| 352 | CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | →401 |
| 353 | Are you currently relying on breastfeeding to avoid getting pregnant? | YES.....1 NO.....2 | |

F16

SECTION 4A. PREGNANCY AND BREASTFEEDING

| | | | |
|---|---|--|--|
| 401 | CHECK 223: ONE OR MORE BIRTHS SINCE JAN. 1991 <input type="checkbox"/> | NO BIRTHS SINCE JAN. 1991 <input type="checkbox"/> | SKIP TO 469) |
| 402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL FORMS). Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.) | | | |
| 403 | LINE NUMBER FROM Q212 | LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/> |
| 404 | FROM Q212 AND Q216 | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all? | THEN.....1 (SKIP TO 407)← LATER.....2 NO MORE.....3 (SKIP TO 407)← | THEN.....1 (SKIP TO 407)← LATER.....2 NO MORE.....3 (SKIP TO 407)← |
| 406 | How much longer would you like to have waited? | MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DK.....998 | MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DK.....998 |
| 407 | When you were pregnant with (NAME), 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.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C TRADITIONAL MIDWIFE TRAINED.....D UNTRAINED.....E TRAINING UNCERTAIN.....F OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)← | HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C TRADITIONAL MIDWIFE TRAINED.....D UNTRAINED.....E TRAINING UNCERTAIN.....F OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)← |
| 408 | How many months pregnant were you when you first received antenatal care? | MONTHS..... <input type="text"/> <input type="text"/> DK.....98 | MONTHS..... <input type="text"/> <input type="text"/> DK.....98 |
| 409 | How many times did you receive antenatal care during this pregnancy? | NO. OF TIMES..... <input type="text"/> <input type="text"/> DK.....98 | NO. OF TIMES..... <input type="text"/> <input type="text"/> DK.....98 |
| 410 | When you were pregnant with (NAME) were you given an injection in the right upper arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES.....1 NO.....2 (SKIP TO 412)← DK.....8 | YES.....1 NO.....2 (SKIP TO 412)← DK.....8 |
| 411 | During this pregnancy, how many times did you get this injection? | TIMES..... <input type="text"/> DK.....8 | TIMES..... <input type="text"/> DK.....8 |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|--|---|---|
| | | NAME _____ | NAME _____ |
| 412 | Where did you give birth to (NAME)? | HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR CENTRAL HOSPITAL.....21 PROVINCIAL HOSPITAL...22 DIST/RURAL HOSPITAL...23 RURAL HEALTH CENTRE...24 RURAL/MUNICIPAL CLNC..25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION HOSPITAL/CLNC...29 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) | HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR CENTRAL HOSPITAL.....21 PROVINCIAL HOSPITAL...22 DIST/RURAL HOSPITAL...23 RURAL HEALTH CENTRE...24 RURAL MUNICIPAL CLNC..25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION HOSPITAL/CLNC...29 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) |
| 413 | 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.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL MIDWIFE TRAINEDD UNTRAINED.....E TRAINING UNCERTAIN...F RELATIVE/FRIEND.....G OTHER _____ X (SPECIFY) NO ONE.....Y | HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL MIDWIFE TRAINEDD UNTRAINED.....E TRAINING UNCERTAIN...F RELATIVE/FRIEND.....G OTHER _____ X (SPECIFY) NO ONE.....Y |
| 414 | At the time of the birth of (NAME), did you have: | YES NO | YES NO |
| | Long labor, that is, did your regular contractions last more than 12 hours? | PROLONGED LABOR.....1 2 | PROLONGED LABOR.....1 2 |
| | Excessive bleeding that was so much that you felt that it threatened your life? | EXCESSIVE BLEEDING.....1 2 | EXCESSIVE BLEEDING.....1 2 |
| | A high fever with bad smelling vaginal discharge? | HIGH FEVER WITH FOUL VAG. DISCHARGE.....1 2 | HIGH FEVER WITH FOUL VAG. DISCHARGE.....1 2 |
| | Convulsions not caused by fever? | CONVULSIONS.....1 2 | CONVULSIONS.....1 2 |
| | Any other complications? IF YES: What kind of complication? | OTHER _____ 1 2 (SPECIFY) | OTHER _____ 1 2 (SPECIFY) |
| 415 | Was (NAME) delivered by caesarian section? | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 416 | When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small? | VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8 | VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8 |

| | LAST BIRTH | NEXT-TO-LAST BIRTH |
|---|--|--|
| | NAME _____ | NAME _____ |
| 417 Was (NAME) weighed at birth? | YES.....1 NO.....2 (SKIP TO 419)← | YES.....1 NO.....2 (SKIP TO 420)← |
| 418 How much did (NAME) weigh? | GRAMS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DK.....9998 | GRAMS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DK.....9998 |
| 419 Has your period returned since the birth of (NAME)? | YES.....1 (SKIP TO 421)← NO.....2 (SKIP TO 422)← | |
| 420 Did your period return between the birth of (NAME) and your next pregnancy? | | YES.....1 NO.....2 (SKIP TO 424)← |
| 421 For how many months after the birth of (NAME) did you <u>not</u> have a period? | MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DK.....98 | MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DK.....98 |
| 422 CHECK 225: RESPONDENT PREGNANT? | NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424) | |
| 423 Have you resumed sexual relations since the birth of (NAME)? | YES.....1 NO.....2 (SKIP TO 425)← | |
| 424 For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? | MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DK.....98 | MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DK.....98 |
| 425 Did you ever breastfeed (NAME)? | YES.....1 (SKIP TO 427)← NO.....2 | YES.....1 (SKIP TO 427)← NO.....2 |
| 426 Why did you not breastfeed (NAME)? | MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....96 (SPECIFY) (SKIP TO 432)← | MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....96 (SPECIFY) (SKIP TO 432)← |
| 427 How long after birth did you first put (NAME) to the breast? | IMMEDIATELY.....000 IF LESS THAN 1 HOUR, RECORD '00' HOURS. HOURS.....1 IF LESS THAN 24 HOURS, RECORD HOURS. DAYS.....2 | IMMEDIATELY.....000 IMMEDIATELY.....000 HOURS.....1 DAYS.....2 |
| 428 CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 430) | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 430) |

F19

| | | LAST BIRTH | NEXT-TO-LAST BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|--|---|-----|----|----|------------------|---|---|---|------------------|---|---|---|------------|---|---|---|------------------|---|---|---|-------------------|---|---|---|-----------------|---|---|---|----------------------|---|---|---|--------------------|---|---|---|---------------|---|---|---|-------------|---|---|---|---------------------|---|---|---|---------------------|---|---|---|-----------|---|---|---|------------------------------------|---|---|---|---|--|-----|----|----|------------------|---|---|---|------------------|---|---|---|------------|---|---|---|-----------------|---|---|---|-------------------|---|---|---|-----------------|---|---|---|----------------------|---|---|---|--------------------|---|---|---|---------------|---|---|---|-------------|---|---|---|---------------------|---|---|---|---------------------|---|---|---|-----------|---|---|---|------------------------------------|---|---|---|
| | | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 429 | Are you still breastfeeding (NAME)? | YES.....1 (SKIP TO 433)← NO.....2 | YES.....1 (SKIP TO 433)← NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 430 | For how many months did you breastfeed (NAME)? | MONTHS..... <input type="text"/> <input type="text"/> DK.....98 | MONTHS..... <input type="text"/> <input type="text"/> DK.....98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 431 | Why did you stop breastfeeding (NAME)? | MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 HUSBAND DISAPPROVED.....10 STARTED USING CONTRACEPTION.....11 OTHER.....96 (SPECIFY) | MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 HUSBAND DISAPPROVED.....10 STARTED USING CONTRACEPTION.....11 OTHER.....96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 432 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443) | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 435) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 433 | How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 434 | How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 435 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 436 | At any time yesterday or last night, was (NAME) given any of the following:* | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td>PLAIN WATER.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>SUGAR WATER.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>JUICE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>HERBS/ROOTS.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>BABY FORMULA.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FRESH MILK.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>TINNED/POWDR'D MLK..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER LIQUIDS.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>PORRIDGE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>MAHEWU.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FRUITS/VEGETABLES..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>EGGS/FISH/POULTRY..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>MEAT.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER SOLID/ SEMI-SOLID FOODS..</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> | | YES | NO | DK | PLAIN WATER..... | 1 | 2 | 8 | SUGAR WATER..... | 1 | 2 | 8 | JUICE..... | 1 | 2 | 8 | HERBS/ROOTS..... | 1 | 2 | 8 | BABY FORMULA..... | 1 | 2 | 8 | FRESH MILK..... | 1 | 2 | 8 | TINNED/POWDR'D MLK.. | 1 | 2 | 8 | OTHER LIQUIDS..... | 1 | 2 | 8 | PORRIDGE..... | 1 | 2 | 8 | MAHEWU..... | 1 | 2 | 8 | FRUITS/VEGETABLES.. | 1 | 2 | 8 | EGGS/FISH/POULTRY.. | 1 | 2 | 8 | MEAT..... | 1 | 2 | 8 | OTHER SOLID/ SEMI-SOLID FOODS.. | 1 | 2 | 8 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td>PLAIN WATER.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>SUGAR WATER.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>JUICE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>HERBAL TEA.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>BABY FORMULA.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FRESH MILK.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>TINNED/POWDR'D MLK..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER LIQUIDS.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>PORRIDGE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>MAHEWU.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FRUITS/VEGETABLES..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>EGGS/FISH/POULTRY..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>MEAT.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER SOLID/ SEMI-SOLID FOODS..</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> | | YES | NO | DK | PLAIN WATER..... | 1 | 2 | 8 | SUGAR WATER..... | 1 | 2 | 8 | JUICE..... | 1 | 2 | 8 | HERBAL TEA..... | 1 | 2 | 8 | BABY FORMULA..... | 1 | 2 | 8 | FRESH MILK..... | 1 | 2 | 8 | TINNED/POWDR'D MLK.. | 1 | 2 | 8 | OTHER LIQUIDS..... | 1 | 2 | 8 | PORRIDGE..... | 1 | 2 | 8 | MAHEWU..... | 1 | 2 | 8 | FRUITS/VEGETABLES.. | 1 | 2 | 8 | EGGS/FISH/POULTRY.. | 1 | 2 | 8 | MEAT..... | 1 | 2 | 8 | OTHER SOLID/ SEMI-SOLID FOODS.. | 1 | 2 | 8 |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAIN WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUGAR WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUICE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HERBS/ROOTS..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BABY FORMULA..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRESH MILK..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TINNED/POWDR'D MLK.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER LIQUIDS..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PORRIDGE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAHEWU..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRUITS/VEGETABLES.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EGGS/FISH/POULTRY.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEAT..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER SOLID/ SEMI-SOLID FOODS.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAIN WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUGAR WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUICE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HERBAL TEA..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BABY FORMULA..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRESH MILK..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TINNED/POWDR'D MLK.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER LIQUIDS..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PORRIDGE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAHEWU..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRUITS/VEGETABLES.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EGGS/FISH/POULTRY.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEAT..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER SOLID/ SEMI-SOLID FOODS.. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | LAST BIRTH | | NEXT-TO-LAST BIRTH | |
|-----|---|--|---|--|---|
| | | NAME _____ | | NAME _____ | |
| 437 | CHECK 436: FOOD OR LIQUID GIVEN YESTERDAY? | "YES" TO ONE <input type="checkbox"/> OR MORE ↓ (SKIP TO 440) | "NO/DK" TO ALL <input type="checkbox"/> ↓ (SKIP TO 440) | "YES" TO ONE <input type="checkbox"/> OR MORE ↓ (SKIP TO 440) | "NO/DK" TO ALL <input type="checkbox"/> ↓ (SKIP TO 440) |
| 438 | CHECK 429: STILL BREASTFED? | "YES" <input type="checkbox"/> ↓ (SKIP TO 440) | "NO" OR NOT ASKED <input type="checkbox"/> ↓ (SKIP TO 440) | "YES" <input type="checkbox"/> ↓ (SKIP TO 440) | "NO" OR NOT ASKED <input type="checkbox"/> ↓ (SKIP TO 440) |
| 439 | Did (NAME) get anything at all, other than breastmilk, to eat or drink yesterday during daylight hours or last night? IF YES: What did (NAME) eat or drink? CORRECT 436. | YES.....1 NO.....2 (SKIP TO 441)← | | YES.....1 NO.....2 (SKIP TO 441)← | |
| 440 | (Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? | NUMBER OF TIMES..... <input type="checkbox"/> DK.....8 | | NUMBER OF TIMES..... <input type="checkbox"/> DK.....8 | |
| 441 | On how many days during the last seven days was (NAME) given any of the following: Plain water? Any kind of milk (other than breast milk)? Any liquids other than plain water or milk? Any type of porridge? Fruits or vegetables? Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8' | RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> PORRIDGE..... <input type="checkbox"/> FRUITS/VEGETABLES..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI- SOLID FOODS..... <input type="checkbox"/> | | RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> PORRIDGE..... <input type="checkbox"/> FRUITS/VEGETABLES..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI- SOLID FOODS..... <input type="checkbox"/> | |
| 442 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443. | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443. | |

F21

SECTION 4B. IMMUNIZATION AND HEALTH

| 443 | ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL FORMS.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|--|--|--|--|-----|----|----|---------|--|--|--|---------|--|--|--|---------|--|--|--|---------|--|--|--|-------|--|--|--|-------|--|--|--|-------|--|--|--|---------|--|--|--|--|-----|----|----|---------|--|--|--|--------|--|--|--|--------|--|--|--|--------|--|--|--|--------|--|--|--|--------|--|--|--|--------|--|--|--|---------|--|--|--|
| 444 | LINE NUMBER FROM Q212 | LAST BIRTH LINE..... | NEXT-TO-LAST BIRTH LINE..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 445 | FROM Q212 AND Q216 | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;">(GO TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.)</div> | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;">(GO TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.)</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 446 | Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please? | YES, SEEN.....1- (SKIP TO 448) YES, NOT SEEN.....2- (SKIP TO 451) NO CARD.....3 | YES, SEEN.....1- (SKIP TO 448) YES, NOT SEEN.....2- (SKIP TO 451) NO CARD.....3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 447 | Did you ever have a vaccination card for (NAME)? | YES.....1- (SKIP TO 451) NO.....2 | YES.....1- (SKIP TO 451) NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 448 | BIRTH WEIGHT RECORDED ON CARD? IF YES: COPY BIRTH WEIGHT. | YES.....1- GRAMS..... NO.....2 | YES.....1- GRAMS..... NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 449 | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>Polio 1</td><td></td><td></td><td></td></tr> <tr><td>Polio 2</td><td></td><td></td><td></td></tr> <tr><td>Polio 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td></tr> <tr><td>Measles</td><td></td><td></td><td></td></tr> </tbody> </table> </div> <div style="width: 45%;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>D1....</td><td></td><td></td><td></td></tr> <tr><td>D2....</td><td></td><td></td><td></td></tr> <tr><td>D3....</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </tbody> </table> </div> </div> | | | | | DAY | MO | YR | BCG.... | | | | Polio 1 | | | | Polio 2 | | | | Polio 3 | | | | DPT 1 | | | | DPT 2 | | | | DPT 3 | | | | Measles | | | | | DAY | MO | YR | BCG.... | | | | P1.... | | | | P2.... | | | | P3.... | | | | D1.... | | | | D2.... | | | | D3.... | | | | MEA.... | | | |
| | DAY | MO | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DAY | MO | YR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P3.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D2.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D3.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEA.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 450 | Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S). | YES.....1- (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 449) NO.....2- OK.....8- (SKIP TO 453) | YES.....1- (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 449) NO.....2- OK.....8- (SKIP TO 453) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|---|--|--|
| | | NAME _____ | NAME _____ |
| 451 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases? | YES.....1 NO.....2 (SKIP TO 453) ← DK.....8 | YES.....1 NO.....2 (SKIP TO 453) ← DK.....8 |
| 452 | Please tell me if (NAME) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the right upper arm that left a scar? Polio vaccine, that is, drops in the mouth? IF YES: How many times? DPT vaccination, that is, an injection, usually given at the same time as polio drops? IF YES: How many times? An injection to prevent measles? | YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8 |
| 453 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 |
| 454 | Has (NAME) been ill with a cough at any time in the last 2 weeks? | YES.....1 NO.....2 (SKIP TO 458) ← DK.....8 | YES.....1 NO.....2 (SKIP TO 458) ← DK.....8 |
| 455 | When (NAME) was ill with a cough, did he/she breathe faster than usual with short, rapid breaths? | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 |
| 456 | Did you seek advice or treatment for the cough? | YES.....1 NO.....2 (SKIP TO 458) ← | YES.....1 NO.....2 (SKIP TO 458) ← |

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| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|--|---|---|
| | | NAME _____ | NAME _____ |
| 457 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER.....O OTHER _____ X (SPECIFY) | PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER.....O OTHER _____ X (SPECIFY) |
| 458 | Has (NAME) had diarrhea in the last two weeks? | YES.....1 NO.....2 (SKIP TO 468)← DK.....8 | YES.....1 NO.....2 (SKIP TO 468)← DK.....8 |
| 459 | Was there any blood in the stools? | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 |
| 460 | On the worst day of the diarrhea, how many bowel movements did (NAME) have? | NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DK.....98 | NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DK.....98 |
| 461 | Was he/she given the same amount to drink as before the diarrhea, or more, or less? | SAME.....1 MORE.....2 LESS.....3 DK.....8 | SAME.....1 MORE.....2 LESS.....3 DK.....8 |
| 462 | Was he/she given the same amount of food to eat as before the diarrhea, or more, or less? | SAME.....1 MORE.....2 LESS.....3 DK.....8 | SAME.....1 MORE.....2 LESS.....3 DK.....8 |
| 463 | Was (NAME) given a salt and sugar solution to drink? | YES.....1 NO.....2 DK.....8 | YES.....1 NO.....2 DK.....8 |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|--|--|--|
| | | NAME _____ | NAME _____ |
| 464 | Was anything (else) given to treat the diarrhoea? | YES.....1 NO.....2 (SKIP TO 466)← DK.....8 | YES.....1 NO.....2 (SKIP TO 466)← DK.....8 |
| 465 | What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED. | RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY) | RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY) |
| 466 | Did you seek advice or treatment for the diarrhoea? | YES.....1 NO.....2 (SKIP TO 468)← | YES.....1 NO.....2 (SKIP TO 468)← |
| 467 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER....O OTHER _____ X (SPECIFY) | PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER....O OTHER _____ X (SPECIFY) |
| 468 | | GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469. | GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 469 | When a child has diarrhea, should he/she be given less <u>to drink</u> than usual, about the same amount, or more than usual? | LESS TO DRINK.....1 ABOUT SAME AMOUNT OF TO DRINK.....2 MORE TO DRINK.....3 DK.....8 | |
| 470 | When a child has diarrhea, should he/she be given less <u>to eat</u> than usual, about the same amount, or more than usual? | LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DK.....8 | |
| 471 | When a child is sick with diarrhoea, what signs of illness would tell you that he/she should be taken to a health facility? Any other signs? RECORD ALL MENTIONED. | REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL.....H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER _____ X (SPECIFY) DK.....Z | |
| 472 | When a child is sick with a cough, what signs of illness would tell you that he/she should be taken to a health facility? Any other signs? RECORD ALL MENTIONED. | FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER _____ X (SPECIFY) DK.....Z | |
| 473 | CHECK 463, ALL COLUMNS: NO CHILD RECEIVED SALT-SUGAR SOLUTION <input type="checkbox"/> ANY CHILD RECEIVED SALT-SUGAR SOLUTION <input type="checkbox"/> | | 501 |
| 474 | Have you ever heard of a special solution prepared using salt and sugar and water that is used for the treatment of diarrhoea? | YES.....1 NO.....2 | 501 |
| 475 | Have you ever used this solution for treating diarrhoea? | YES.....1 NO.....2 | |

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SECTION 5. MARRIAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|-------|
| 501 | PRESENCE OF OTHERS AT THIS POINT. | <div style="text-align: right;">YES NO</div> CHILDREN UNDER 10.....1 2 HUSBAND/PARTNER.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2 | |
| 502 | Are you currently married? | YES, CURRENTLY MARRIED.....1 NO, NOT CURRENTLY MARRIED.....2 | →506 |
| 503 | Have you ever been married or lived with a man? | YES.....1 NO.....2 | →505 |
| 504 | ENTER '0' IN COLUMN 3 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1989, THEN SKIP TO | | →514 |
| 505 | What is your marital status now: are you widowed or divorced? | WIDOWED.....1 DIVORCED.....2 | →510 |
| 506 | Is your husband living with you now or is he staying elsewhere? | LIVES WITH HER.....1 STAYING ELSEWHERE.....2 | |
| 507 | Besides yourself, how many other wives does your husband have? | NUMBER OF OTHER WIVES..... <input type="text"/> <input type="text"/> | |
| 510 | Have you been married or lived with a man only once, or more than once? | ONCE.....1 MORE THAN ONCE.....2 | |
| 511 | In what month and year did you start living with your (first) husband? NOTE: IF RESPONDENT SAYS SHE HAS NEVER LIVED WITH A HUSBAND, PROBE FOR DATE OF FIRST MARRIAGE AND RECORD HER ANSWER. | MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98 | →513 |
| 512 | How old were you when you started living with him? | AGE..... <input type="text"/> <input type="text"/> | |
| 513 | DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1989. ENTER 'X' IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE JANUARY 1989. FOR WOMEN NOT CURRENTLY IN UNION OR WITH MORE THAN ONE UNION: PROBE FOR DATE COUPLE STARTED LIVING TOGETHER OR DATE WIDOWED/DIVORCED/SEPARATED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION. THEN SKIP TO | | →515 |
| 514 | CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> | | →515A |
| 515 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse? | NEVER.....000 DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....996 | →613 |
| 515A | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse, if ever? | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 516 | <p>CHECK 302:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>✓ Now I need to ask you some more questions about sexual activity. The last time you had sex, was a condom used?</p> </div> <div style="width: 45%;"> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>✓ Now I need to ask you some more questions about sexual activity. Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p> </div> </div> | <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> | |
| 517 | Do you know where you can get condoms? | <p>YES.....1</p> <p>NO.....2</p> | →519 |
| 518 | <p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, 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>GOVERNMENT HOSPITAL/CLINIC.....10</p> <p>RURAL/MUNICIPAL CLINIC.....11</p> <p>ZNFPC CLINIC.....12</p> <p>RURAL HEALTH CENTRE.....13</p> <p>ZNFPC MOBILE CLINIC.....14</p> <p>MOH MOBILE CLINIC.....15</p> <p>ZNFPC CBD.....16</p> <p>MOH CBD.....17</p> <p>OTHER PUBLIC _____ 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY.....19</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>CBD.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 519 | <p>CHECK 502:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>NOT CURRENTLY MARRIED <input type="checkbox"/></p> | | →528 |
| 520 | Who did you have sex with the last time you had sexual intercourse? Was it with your husband or was it with someone else? | <p>HUSBAND.....1</p> <p>SOMEONE ELSE.....2</p> | |
| 521 | Have you had sex with your husband in the last four weeks? | <p>YES.....1</p> <p>NO.....2</p> | →524 |
| 522 | How many times? | <p>NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p> | |
| 523 | <p>Was a condom used on any of these occasions?</p> <p>IF YES: Was it each time or sometimes?</p> | <p>YES, EACH TIME.....1</p> <p>YES, SOMETIMES.....2</p> <p>NEVER.....3</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 524 | Have you had sex with anyone other than your husband in the last four weeks? | YES.....1 NO.....2 | → 532 |
| 525 | With how many persons other than your husband have you had sex with in the last 4 weeks? | NUMBER OF PERSONS..... <input type="text"/> <input type="text"/> DK.....98 | |
| 526 | How many times have you had sex with someone apart from your husband in the last 4 weeks? | NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DK.....98 | |
| 527 | Was a condom used on any of these occasions? IF YES: Was it each time or sometimes? | YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3 | → 532 |
| 528 | Have you had sex with anyone in the last four weeks? | YES.....1 NO.....2 | → 532 |
| 529 | With how many persons have you had sex in the last 4 weeks? | NUMBER OF PERSONS..... <input type="text"/> <input type="text"/> DK.....98 | |
| 530 | How many times have you had sex with someone in the last 4 weeks? | NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DK.....98 | |
| 531 | Was a condom used on any of these occasions? IF YES: Was it each time or sometimes? | YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3 | |
| 532 | How old were you when you first had sexual intercourse? | AGE..... <input type="text"/> <input type="text"/> WHEN FIRST MARRIED.....96 | |

F29

SECTION 6. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------------|
| 601 | CHECK 313: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | 613 |
| 602 | CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DK.....8 | 606 604 |
| 603 | CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? How long would you like to wait after the birth of the child you are expecting before the birth of another child? | MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT.....994 AFTER MARRIAGE.....995 OTHER.....996 (SPECIFY) DK.....998 | 606 |
| 604 | CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | 606 |
| 605 | If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much? | HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3 | |
| 606 | CHECK 312: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> | | 613 |
| 607 | Do you intend to use a method to delay or avoid pregnancy within the next 12 months? | YES.....1 NO.....2 DK.....8 | 609 |
| 608 | Do you intend to use a method at any time in the future? | YES.....1 NO.....2 DK.....8 | 610 |
| 609 | Which method would you prefer to use? | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98 | 613 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 610 | What is the main reason you never intend to use a method? | NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DK..... 98 | |
| 611 | CHECK 610: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE 11 CIRCLED <input type="checkbox"/></div> <div>CODE 11 NOT CIRCLED <input type="checkbox"/></div> </div> | | 613 |
| 612 | Would you ever use a method if you were married? | YES.....1 NO.....2 DK.....8 | |
| 613 | CHECK 216: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="width: 45%;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p> | NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) | 615 |
| 614 | How many of these children would you like to be boys and how many would you like to be girls? | <div style="display: flex; justify-content: space-around;"> <div>BOYS</div> <div>GIRLS</div> <div>EITHER</div> </div> NUMBER.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 999996 (SPECIFY) | |
| 615 | Do you approve or disapprove of couples using a method of family planning to avoid getting pregnant? | APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3 | 617 |
| 616 | Have you ever recommended family planning to a friend, relative, or anyone else? | YES.....1 NO.....2 | |

| NO. | QUESTIONS AND FILTERS | COOING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---|----------------------|-----------------|------------------------|------------|---------------------|---|-----------------|---|-----------------|----------------------------|---------------|---|--------------------|---|--------------|----------------------------|------------|---|-----------|---|---|--|
| 617 | Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television? By a CBD? | <table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CBD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | ACCEPT- ABLE | NOT ACCEPT- ABLE | DK | RADIO..... | 1 | 2 | 8 | TELEVISION..... | 1 | 2 | 8 | CBD..... | 1 | 2 | 8 | | | | | | |
| | ACCEPT- ABLE | NOT ACCEPT- ABLE | DK | | | | | | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| CBD..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| 618 | In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From a CBD? | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CBD.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | RADIO..... | 1 | 2 | TELEVISION..... | 1 | 2 | NEWSPAPER OR MAGAZINE..... | 1 | 2 | POSTER..... | 1 | 2 | LEAFLETS OR BROCHURES..... | 1 | 2 | CBD..... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER OR MAGAZINE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| POSTER..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| LEAFLETS OR BROCHURES..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| CBD..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 619 | In the last six months have you discussed the practice of family planning with your friends or relatives? | <table border="1"> <tbody> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </tbody> </table> | YES..... | 1 | NO..... | 2 | →621 | | | | | | | | | | | | | | | | | |
| YES..... | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 620 | With whom? Anyone else? RECORD ALL MENTIONED. | <table border="1"> <tbody> <tr><td>HUSBAND/PARTNER.....</td><td>A</td></tr> <tr><td>MOTHER.....</td><td>B</td></tr> <tr><td>FATHER.....</td><td>C</td></tr> <tr><td>SISTER(S).....</td><td>D</td></tr> <tr><td>BROTHER(S).....</td><td>E</td></tr> <tr><td>DAUGHTER.....</td><td>F</td></tr> <tr><td>MOTHER-IN-LAW.....</td><td>G</td></tr> <tr><td>FRIENDS.....</td><td>H</td></tr> <tr><td>OTHER.....</td><td>X</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </tbody> </table> | HUSBAND/PARTNER..... | A | MOTHER..... | B | FATHER..... | C | SISTER(S)..... | D | BROTHER(S)..... | E | DAUGHTER..... | F | MOTHER-IN-LAW..... | G | FRIENDS..... | H | OTHER..... | X | (SPECIFY) | | | |
| HUSBAND/PARTNER..... | A | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER..... | B | | | | | | | | | | | | | | | | | | | | | | | |
| FATHER..... | C | | | | | | | | | | | | | | | | | | | | | | | |
| SISTER(S)..... | D | | | | | | | | | | | | | | | | | | | | | | | |
| BROTHER(S)..... | E | | | | | | | | | | | | | | | | | | | | | | | |
| DAUGHTER..... | F | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER-IN-LAW..... | G | | | | | | | | | | | | | | | | | | | | | | | |
| FRIENDS..... | H | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER..... | X | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | |
| 621 | Do you think most, some, or none of the women you know use some kind of family planning? | <table border="1"> <tbody> <tr><td>MOST.....</td><td>1</td></tr> <tr><td>SOME.....</td><td>2</td></tr> <tr><td>NONE.....</td><td>3</td></tr> <tr><td>DK.....</td><td>8</td></tr> </tbody> </table> | MOST..... | 1 | SOME..... | 2 | NONE..... | 3 | DK..... | 8 | | | | | | | | | | | | | | |
| MOST..... | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| SOME..... | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| NONE..... | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| DK..... | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| 622 | CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> NO, NOT CURRENTLY MARRIED <input type="checkbox"/> | | →626 | | | | | | | | | | | | | | | | | | | | | |
| 623 | Now I want to ask you about your husband's view on family planning. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy? | <table border="1"> <tbody> <tr><td>APPROVES.....</td><td>1</td></tr> <tr><td>DISAPPROVES.....</td><td>2</td></tr> <tr><td>DK.....</td><td>8</td></tr> </tbody> </table> | APPROVES..... | 1 | DISAPPROVES..... | 2 | DK..... | 8 | | | | | | | | | | | | | | | | |
| APPROVES..... | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| DISAPPROVES..... | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| DK..... | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| 624 | Have you and your husband ever discussed the number of children you would like to have? | <table border="1"> <tbody> <tr><td>YES.....</td><td>1</td></tr> <tr><td>NO.....</td><td>2</td></tr> </tbody> </table> | YES..... | 1 | NO..... | 2 | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 625 | Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want? | <table border="1"> <tbody> <tr><td>SAME NUMBER.....</td><td>1</td></tr> <tr><td>MORE CHILDREN.....</td><td>2</td></tr> <tr><td>FEWER CHILDREN.....</td><td>3</td></tr> <tr><td>DK.....</td><td>8</td></tr> </tbody> </table> | SAME NUMBER..... | 1 | MORE CHILDREN..... | 2 | FEWER CHILDREN..... | 3 | DK..... | 8 | | | | | | | | | | | | | | |
| SAME NUMBER..... | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| MORE CHILDREN..... | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| FEWER CHILDREN..... | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| DK..... | 8 | | | | | | | | | | | | | | | | | | | | | | | |

F32

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------------|
| 626 | CHECK 515: HAD SEXUAL INTERCOURSE <input type="checkbox"/> | NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | 701 |
| 627 | Sometimes a woman becomes pregnant when she does not want to be. Have you ever become pregnant when you did not want to be? | YES.....1 NO.....2 | 701 |
| 628 | How long ago was the last time that you became pregnant when you did not want to be? | YEARS AGO..... <input type="text"/> | |
| 629 | When that happened to you, what did you do about it? | STOPPED THE PREGNANCY.....01 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED.....02 HAD A MISCARRIAGE.....03 NOTHING/CONTINUED THE PREGNANCY...04 OTHER.....96 (SPECIFY) DK.....98 | 632 636 |
| 630 | What was done? | PRAYER/GOD'S WILL.....01 STRENUOUS WORK.....02 SCRUBBING FLOORS.....03 BITTER DRINKS (HERBS).....04 TABLETS.....05 HARD MASSAGE/SQUEEZING ABDOMEN...06 OBJECT IN WOMB.....07 INJECTION.....08 SUCTION.....09 CURRETAGE.....10 OTHER.....96 (SPECIFY) DK.....98 | |
| 631 | Who provided the methods for you? Anyone else? | DOCTOR.....A TRAINED NURSE/MIDWIFE.....B UNTRAINED BIRTH ATTENDANT.....C PHARMACIST.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y | 633 |
| 632 | What do you think caused you to have a miscarriage? | PRAYER/GOD'S WILL.....01 STRENUOUS WORK.....02 SCRUBBING FLOORS.....03 BITTER DRINKS (HERBS).....04 TABLETS.....05 HARD MASSAGE/SQUEEZING ABDOMEN...06 OBJECT PLACED IN WOMB.....07 INJECTION.....08 SUCTION.....09 CURRETAGE.....10 SOMETHING WRONG WITH BABY.....11 HAD A FIGHT.....12 RESPONDENT WAS SICK.....13 OTHER.....96 (SPECIFY) DK.....98 | |
| 633 | Did you have any health problems as a result? | YES.....1 NO.....2 | 636 |
| 634 | Were you hospitalised? | YES.....1 NO.....2 | 636 |
| 635 | How many nights did you spend in the hospital? IF NO NIGHTS, RECORD '00'. | NIGHTS IN HOSPITAL..... <input type="text"/> | |
| 636 | Did you ever have an earlier unwanted pregnancy that you or someone else stopped? | YES.....1 NO.....2 | |

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 701 | CHECK 503: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT ASKED <input type="checkbox"/> ↓ ASK QUESTIONS ABOUT CURRENT HUSBAND </div> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ ASK QUESTIONS ABOUT MOST RECENT HUSBAND </div> <div style="text-align: center;"> NO <input type="checkbox"/> → 708 </div> </div> | | |
| 702 | Did your (last) husband/partner ever attend school? | YES.....1 NO.....2 | → 705 |
| 703 | What was the highest level of school he attended: primary, secondary, or higher? | PRIMARY.....1 SECONDARY.....2 HIGHER.....3 DK.....8 | → 705 |
| 704 | How many years did he complete at that level? | YEARS..... <input type="text"/> <input type="text"/> DK.....98 | |
| 705 | What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do? | <input type="text"/> <input type="text"/> _____ _____ _____ | |
| 706 | CHECK 705: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK <input type="checkbox"/> IN AGRICULTURE → 708 | | |
| 707 | (Does/did) your husband/partner work mainly on his own land or on family land, on communal land, or (does/did) he rent land, or (does/did) he work on someone else's land? | HIS LAND.....1 COMMUNAL/RESETTLEMENT LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 | |
| 708 | Aside from your own housework, are you currently working? | YES.....1 NO.....2 | → 711 |
| 709 | 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? | YES.....1 NO.....2 | → 711 |
| 710 | Have you done any work in the last 12 months? | YES.....1 NO.....2 | → 726 |
| 711 | What is your occupation, that is, what kind of work do you mainly do? | <input type="text"/> <input type="text"/> _____ _____ _____ | |
| 712 | CHECK 711: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> → 714 | | |
| 713 | Do you work mainly on your own land or on family land, do you work on communal land, or do you rent land, or work on someone else's land? | OWN LAND.....1 COMMUNAL/RESETTLEMENT LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|----------------------|
| 714 | Do (did) 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 | |
| 715 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR.....1 SEASONALLY.....2 ONCE IN A WHILE.....3 | →717 →718 |
| 716 | During the last 12 months, how many months did you work? | NUMBER OF MONTHS..... <input type="text"/> | |
| 717 | (In the months you worked,) How many days a week did you usually work? | NUMBER OF DAYS..... <input type="text"/> | →719 |
| 718 | During the last 12 months, approximately how many days did you work? | NUMBER OF DAYS..... <input type="text"/> | |
| 719 | On a typical working day, how many hours do you spend working? | NUMBER OF HOURS..... <input type="text"/> DK.....98 | |
| 720 | Do you earn cash for your work? PROBE: Do you make money for working? | YES.....1 NO.....2 | →723 |
| 721 | How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month? RECORD IN ZIMBABWEAN DOLLARS | PER DAY.....1 PER WEEK.....2 PER MONTH.....3 | <input type="text"/> |
| 722 | CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> NO, NOT CURRENTLY MARRIED <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly? | RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5 | |
| 723 | Do you usually work at home or away from home? | HOME.....1 AWAY.....2 | |
| 724 | CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | →726 |
| 725 | Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working? | RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH...95 OTHER.....96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 726 | <p>Who in your household decides whether to purchase a major household item, such as a radio or television?</p> <p>RECORD ALL MENTIONED</p> <p>THEN ASK: Who has the greatest say in the final decision to make such a purchase?</p> | <p>RESPONDENT.....A HUSBAND/PARTNER.....B OTHER SENIOR MALE.....C OTHER SENIOR FEMALE.....D OTHERE NO ONE.....F</p> <p>CODE OF PERSON WITH GREATEST SAY IN DECISION <input type="checkbox"/></p> | |
| 727 | <p>Who in your household decides whether you should work outside the home?</p> <p>RECORD ALL MENTIONED</p> <p>THEN ASK: Who has the greatest say in the final decision for you to work outside the home?</p> | <p>RESPONDENT.....A HUSBAND/PARTNER.....B OTHER SENIOR MALE.....C OTHER SENIOR FEMALE.....D OTHERE NO ONE.....F</p> <p>CODE OF PERSON WITH GREATEST SAY IN DECISION <input type="checkbox"/></p> | |
| 728 | <p>Who decides how many children you will have?</p> <p>RECORD ALL MENTIONED</p> <p>THEN ASK: Who has the greatest say in deciding how many children to have?</p> | <p>RESPONDENT.....A HUSBAND/PARTNER.....B OTHER SENIOR MALE.....C OTHER SENIOR FEMALE.....D OTHERE NO ONE.....F</p> <p>CODE OF PERSON WITH GREATEST SAY IN DECISION <input type="checkbox"/></p> | |
| 729 | <p>Have you lived in only one community or in more than one community since January 1989?</p> | <p>ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2</p> | → 731 |
| 730 | <p>ENTER (IN COL. 4 OF CALENDAR) THE APPROPRIATE CODE FOR CURRENT COMMUNITY. ('1' MAIN TOWN, '2' OTHER URBAN, '3' RURAL AREA). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1989</p> <p>THEN SKIP TO → 801</p> | | |
| 731 | <p>In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)?</p> <p>ENTER (IN COL. 4 OF CALENDAR) 'X' IN THE MONTH AND YEAR OF THE MOVE, AND IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ('1' MAIN TOWN, '2' OTHER URBAN, '3' RURAL AREA). CONTINUE PROBING FOR PREVIOUS COMMUNITIES AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY.</p> <p>ILLUSTRATIVE QUESTIONS</p> <ul style="list-style-type: none"> • Where did you live before.....? • In what month and year did you arrive there? • Is that place in a main town, another urban area, or a rural area? | | |

SECTION 8. AIDS AND SEXUALLY TRANSMITTED DISEASES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 801 | Have you heard about diseases that can be transmitted through sex? | YES.....1 NO.....2 | 814 |
| 802 | Which diseases have you heard about? RECORD ALL RESPONSES | SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER.....W OTHER.....X (SPECIFY) DK.....Z | |
| 803 | CHECK 515: <div style="display: flex; justify-content: space-around;"> <div>HAS HAD SEX <input type="checkbox"/></div> <div>HAS NEVER HAD SEX <input type="checkbox"/></div> </div> <div style="text-align: center; margin-top: 5px;">v</div> | | 813 |
| 804 | During the last 12 months, did you have any of these diseases? | YES.....1 NO.....2 DK.....8 | 813 |
| 805 | Which? RECORD ALL RESPONSES | SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER.....W OTHER.....X (SPECIFY) DON'T KNOW.....Z | |
| 808 | When you had the most recent episode of (DISEASE FROM Q.805) did you seek advice or treatment? | ADVICE /TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....3 | 810 |
| 809 | Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED | PUBLIC SECTOR CENTRAL HOSPITAL.....A PROVINCIAL HOSPITAL.....B DISTRICT/RURAL HOSPITAL.....C RURAL HEALTH CENTRE.....D RURAL/MUNICIPAL CLINIC.....E VILLAGE COMMUNITY WORKER.....F OTHER PUBLIC SECTOR.....G (specify) MISSION HOSPITAL/CLINIC.....H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....I PHARMACY.....J PRIVATE DOCTOR.....K VILLAGE COMMUNITY WORKER.....L OTHER MED. PRIVATE SECTOR.....M (specify) OTHER PRIVATE SECTOR SHOP.....N RELATIVES/FRIENDS.....O TRADITIONAL HEALER.....P OTHER.....X (specify) | |
| 810 | When you had (DISEASE of Q.805) did you advise your partner to seek treatment? | YES.....1 NO.....2 | |
| 811 | When you had (DISEASE of Q.805) did you do something not to infect your partner? | YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3 | 813 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 812 | What did you do? RECORD ALL MENTIONED | NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B RECEIVED MEDICAL TREATMENT.....C OTHER.....X (SPECIFY) | |
| 813 | SEE QUESTION 802 DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/> | | 815 |
| 814 | Have you ever heard of an illness called AIDS? Any other sources? RECORD ALL MENTIONED | YES.....1 NO.....2 | 831 |
| 815 | From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED | RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY) | |
| 816 | How can a person get the AIDS virus? Any other ways? RECORD ALL MENTIONED | SEXUAL INTERCOURSE.....A SEX WITH PROSTITUTES.....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E INJECTIONS.....F KISSING.....G MOSQUITO BITES.....H OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DK.....Z | |
| 817 | Is there anything a person can do to avoid getting the AIDS virus? | YES.....1 NO.....2 DK.....8 | 821 |
| 818 | What can a person do to avoid getting the AIDS virus? Any other ways? RECORD ALL MENTIONED | SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS DURING SEX.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DK.....Z | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 819 | SEE QUESTION 818: MENTIONED SAFE SEX <input type="checkbox"/> DID NOT MENTION SAFE SEX <input type="checkbox"/> | | 821 |
| 820 | What does "safe sex" mean to you? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B AVOID MULTIPLE SEX PARTNERS.....C AVOID SEX WITH PROSTITUTES.....D AVOID SEX WITH HOMOSEXUALS.....E OTHER _____ X (SPECIFY) DK..... Z | |
| 821 | Is it possible for a healthy-looking person to have the AIDS virus? | YES.....1 NO.....2 DK.....8 | |
| 822 | Can AIDS be cured, or do all persons with AIDS die from the disease? | YES, THERE IS A CURE.....1 NO, EVERYONE WITH AIDS DIES.....2 DK.....8 | |
| 823 | Can the AIDS virus be transmitted from mother to child during pregnancy or childbirth? | YES.....1 NO.....2 DK.....8 | |
| 824 | Do you personally know someone who has AIDS or has died of AIDS? | YES.....1 NO.....2 DK.....8 | |
| 825 | Do you think a person who has AIDS should be cared for at home, cared for in a medical facility, or left alone to take care of himself/herself? | HOME CARE.....1 MEDICAL FACILITY.....2 LEFT ALONE.....3 DK.....8 | |
| 826 | Do you think your chances of getting the AIDS virus are small, moderate, great, or no risk at all? | NO RISK AT ALL.....1 SMALL.....2 MODERATE.....3 GREAT.....4 | 828 |
| 827 | Why do you think that you have (NO RISK/A SMALL CHANCE) of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B HAVE ONLY ONE SEX PARTNER.....C LIMITED NUMBER OF SEX PARTNERS.....D NO HOMOSEXUAL CONTACT.....E NO BLOOD TRANSFUSIONS.....F NO INJECTIONS.....G OTHER _____ X (SPECIFY) DK..... Z | 829 |
| 828 | Why do you think that you have a (MODERATE/GREAT) chance of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED | DO NOT USE CONDOMS.....A MULTIPLE SEX PARTNERS.....B SPOUSE HAS MULTIPLE PARTNERS.....C HOMOSEXUAL CONTACT.....D HAD BLOOD TRANSFUSION.....E HAD INJECTIONS.....F OTHER _____ X (SPECIFY) DK..... Z | |
| 829 | Since you heard of AIDS, have you changed your behavior to prevent getting the AIDS virus? | YES.....1 NO.....2 | 831 |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 830 | What did you do? Anything else? Anything else? RECORD ALL MENTIONED | STOPPED ALL SEX.....A STARTED USING CONDOMS.....B RESTRICTED SEX TO ONE PARTNER....C REDUCED NUMBER OF PARTNERS.....D NO MORE HOMOSEXUAL CONTACTS.....E STOPPED INJECTIONS.....F OTHER _____ X (SPECIFY) DK.....Z | |
| 831 | Some people use a condom during sexual intercourse to avoid getting the AIDS virus or other sexually transmitted diseases. Have you ever heard of this? | YES.....1 NO.....2 | |
| 832 | CHECK 515: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> HAS HAD SEX <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; margin-left: 10px;"></div> </div> <div> HAS NEVER HAD SEX <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; margin-left: 10px;"></div> </div> </div> <div style="text-align: center; margin-top: 5px;"> ↓ </div> | | 901 |
| 833 | Have you ever used a condom during sex to avoid getting or transmitting diseases, such as the AIDS virus? | YES.....1 NO.....2 | |
| 834 | Have you given or received money, gifts or favours in return for sex at any time in the last 4 weeks? | YES.....1 NO.....2 | |

F40

SECTION 9. MATERNAL MORTALITY

901 Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died.

How many children did your mother give birth to, including you?

NUMBER OF BIRTHS TO
NATURAL MOTHER.....

902 CHECK 901: TWO OR MORE BIRTHS

ONLY ONE BIRTH
(RESPONDENT ONLY)

☐ → SKIP TO 915

903 How many of these births did your mother have before you were born?

NUMBER OF
PRECEDING BIRTHS.....

| | | | | | | | |
|--|---|---|---|---|---|---|---|
| 904 What was the name given to your oldest (next oldest) brother or sister? | [1] | [2] | [3] | [4] | [5] | [6] | [7] |
| | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 905 Is (NAME) male or female? | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 |
| 906 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 908< | YES.....1 NO.....2 GO TO 908< | YES.....1 NO.....2 GO TO 908< | YES.....1 NO.....2 GO TO 908< | YES.....1 NO.....2 GO TO 908< | YES.....1 NO.....2 GO TO 908< | YES.....1 NO.....2 GO TO 908< |
| | DK.....8 GO TO [2]< | DK.....8 GO TO [3]< | DK.....8 GO TO [4]< | DK.....8 GO TO [5]< | DK.....8 GO TO [6]< | DK.....8 GO TO [7]< | DK.....8 GO TO [8]< |
| 907 How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO [2] | <input type="text"/> <input type="text"/> GO TO [3] | <input type="text"/> <input type="text"/> GO TO [4] | <input type="text"/> <input type="text"/> GO TO [5] | <input type="text"/> <input type="text"/> GO TO [6] | <input type="text"/> <input type="text"/> GO TO [7] | <input type="text"/> <input type="text"/> GO TO [8] |
| 908 How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 909 How old was (NAME) when she/he died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [2] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [3] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [4] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [5] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [6] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [7] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [8] |
| 910 Did (NAME) die during childbirth? | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 |
| 911 Was (NAME) pregnant when she died? | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 |
| 912 Did (NAME) die within six weeks after the end of a pregnancy or childbirth? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 913 Did (NAME) die because of complications of pregnancy or childbirth? | YES.....1 NO.....2 GO TO [2]< DK.....8 | YES.....1 NO.....2 GO TO [3]< DK.....8 | YES.....1 NO.....2 GO TO [4]< DK.....8 | YES.....1 NO.....2 GO TO [5]< DK.....8 | YES.....1 NO.....2 GO TO [6]< DK.....8 | YES.....1 NO.....2 GO TO [7]< DK.....8 | YES.....1 NO.....2 GO TO [8]< DK.....8 |
| 914 How many children had (NAME) given birth to before that pregnancy? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

| | [8] | [9] | [10] | [11] | [12] | [13] | [14] |
|---|---|--|--|--|--|--|--|
| 904 What was the name given to your oldest (next oldest) brother or sister? | | | | | | | |
| 905 Is (NAME) male or female? | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 |
| 906 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [9]< | YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [10]< | YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [11]< | YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [12]< | YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [13]< | YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [14]< | YES.....1 NO.....2 GO TO 908< DK.....8 GO TO [15]< |
| 907 How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO [9] | <input type="text"/> <input type="text"/> GO TO [10] | <input type="text"/> <input type="text"/> GO TO [11] | <input type="text"/> <input type="text"/> GO TO [12] | <input type="text"/> <input type="text"/> GO TO [13] | <input type="text"/> <input type="text"/> GO TO [14] | <input type="text"/> <input type="text"/> GO TO [15] |
| 908 How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 909 How old was (NAME) when she/he died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [9] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [10] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [11] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [12] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [13] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [14] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS GO TO [15] |
| 910 Did (NAME) die during childbirth? | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 | YES.....1 GO TO 914< NO.....2 |
| 911 Was (NAME) pregnant when she died? | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 | YES.....1 GO TO 913< NO.....2 |
| 912 Did (NAME) die within six weeks after the end of a pregnancy or childbirth? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 913 Did (NAME) die because of complications of pregnancy or childbirth? | YES.....1 NO.....2 GO TO [9]< DK.....8 | YES.....1 NO.....2 GO TO [10]< DK.....8 | YES.....1 NO.....2 GO TO [11]< DK.....8 | YES.....1 NO.....2 GO TO [12]< DK.....8 | YES.....1 NO.....2 GO TO [13]< DK.....8 | YES.....1 NO.....2 GO TO [14]< DK.....8 | YES.....1 NO.....2 GO TO [15]< DK.....8 |
| 914 How many children had (NAME) given birth to before that pregnancy? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

915 RECORD THE TIME.

HOUR.....

MINUTES.....

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

SECTION 10. HEIGHT AND WEIGHT

| | | | | | |
|------|---|-------------------------------|------------------------------|----------------------------|-----|
| 1001 | CHECK 215: ONE OR MORE BIRTHS SINCE JAN. 1991 | <input type="checkbox"/> ↓ | NO BIRTHS SINCE JAN. 1991 | <input type="checkbox"/> → | END |
|------|---|-------------------------------|------------------------------|----------------------------|-----|

INTERVIEWER:

IN 1002 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1991, USE ADDITIONAL FORMS).

| | 1 RESPONDENT | 2 YOUNGEST LIVING CHILD | 3 NEXT-TO- YOUNGEST LIVING CHILD | 4 SECOND-TO- YOUNGEST LIVING CHILD |
|--|--|--|--|--|
| 1002 LINE NO. FROM Q.212 | <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> |
| 1003 NAME FROM Q.212 FOR CHILDREN | (NAME) _____ | (NAME) _____ | (NAME) _____ | (NAME) _____ |
| 1004 DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH | <div style="border: 1px solid black; width: 100px; height: 60px;"></div> | DAY..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> MONTH.... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | DAY..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> MONTH.... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | DAY..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> MONTH.... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> |
| 1005 BCG SCAR ON TOP OF RIGHT SHOULDER | <div style="border: 1px solid black; width: 100px; height: 60px;"></div> | SCAR SEEN.....1 NO SCAR.....2 | SCAR SEEN.....1 NO SCAR.....2 | SCAR SEEN.....1 NO SCAR.....2 |
| 1006 HEIGHT (in centimeters) | <div style="border: 1px solid black; width: 60px; height: 20px;"></div> | <div style="border: 1px solid black; width: 60px; height: 20px;"></div> | <div style="border: 1px solid black; width: 60px; height: 20px;"></div> | <div style="border: 1px solid black; width: 60px; height: 20px;"></div> |
| 1007 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP? | <div style="border: 1px solid black; width: 100px; height: 60px;"></div> | LYING.....1 STANDING.....2 | LYING.....1 STANDING.....2 | LYING.....1 STANDING.....2 |
| 1008 WEIGHT (in kilograms) | <div style="border: 1px solid black; width: 60px; height: 20px;"></div> | 0 <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | 0 <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | 0 <div style="border: 1px solid black; width: 30px; height: 20px;"></div> |
| 1009 DATE WEIGHED AND MEASURED | DAY..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> MONTH.... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | DAY..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> MONTH.... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | DAY..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> MONTH.... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | DAY..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> MONTH.... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> YEAR..... <div style="border: 1px solid black; width: 30px; height: 20px;"></div> |
| 1010 RESULT | MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY) | CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY) | CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY) | CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY) |

| | | | |
|---------------------------------|---|--------------------------|---|
| 1011 NAME OF MEASURER: _____ | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | NAME OF ASSISTANT: _____ | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> |
|---------------------------------|---|--------------------------|---|

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

F44

INSTRUCTIONS: ONLY ONE CODE SHOULD
APPEAR IN ANY BOX. FOR COLUMNS 1,
3, AND 4 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 PILL
2 IUD
3 INJECTIONS
4 IMPLANTS
5 DIAPHRAGH/FOAM/JELLY
6 CONDOM
7 FEMALE STERILIZATION
8 MALE STERILIZATION
9 SAFE PERIOD
A WITHDRAWAL
X OTHER _____

(SPECIFY)

COL.2: Discontinuation of Contraceptive Use

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COST TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSE
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____

(SPECIFY)

Z DON'T KNOW

COL.3: Marriage/Union

X IN UNION (MARRIED)
0 NOT IN UNION

COL.4: Moves and Types of Communities

X CHANGE OF COMMUNITY
1 MAIN TOWN
2 OTHER URBAN AREA
3 RURAL AREA

| | | | 1 | 2 | 3 | 4 | | |
|----------|----|--|---|---|---|---|----------|--|
| 12 DEC | 01 | | | | | | 01 DEC | |
| 11 NOV | 02 | | | | | | 02 NOV | |
| 10 OCT | 03 | | | | | | 03 OCT | |
| 09 SEP | 04 | | | | | | 04 SEP | |
| 1 08 AUG | 05 | | | | | | 05 AUG 1 | |
| 9 07 JUL | 06 | | | | | | 06 JUL 9 | |
| 9 06 JUN | 07 | | | | | | 07 JUN 9 | |
| 4 05 MAY | 08 | | | | | | 08 MAY 4 | |
| 04 APR | 09 | | | | | | 09 APR | |
| 03 MAR | 10 | | | | | | 10 MAR | |
| 02 FEB | 11 | | | | | | 11 FEB | |
| 01 JAN | 12 | | | | | | 12 JAN | |

| | | | | | | | | |
|----------|----|--|--|--|--|--|----------|--|
| 12 DEC | 13 | | | | | | 13 DEC | |
| 11 NOV | 14 | | | | | | 14 NOV | |
| 10 OCT | 15 | | | | | | 15 OCT | |
| 09 SEP | 16 | | | | | | 16 SEP | |
| 1 08 AUG | 17 | | | | | | 17 AUG 1 | |
| 9 07 JUL | 18 | | | | | | 18 JUL 9 | |
| 9 06 JUN | 19 | | | | | | 19 JUN 9 | |
| 3 05 MAY | 20 | | | | | | 20 MAY 3 | |
| 04 APR | 21 | | | | | | 21 APR | |
| 03 MAR | 22 | | | | | | 22 MAR | |
| 02 FEB | 23 | | | | | | 23 FEB | |
| 01 JAN | 24 | | | | | | 24 JAN | |

| | | | | | | | | |
|----------|----|--|--|--|--|--|----------|--|
| 12 DEC | 25 | | | | | | 25 DEC | |
| 11 NOV | 26 | | | | | | 26 NOV | |
| 10 OCT | 27 | | | | | | 27 OCT | |
| 09 SEP | 28 | | | | | | 28 SEP | |
| 1 08 AUG | 29 | | | | | | 29 AUG 1 | |
| 9 07 JUL | 30 | | | | | | 30 JUL 9 | |
| 9 06 JUN | 31 | | | | | | 31 JUN 9 | |
| 2 05 MAY | 32 | | | | | | 32 MAY 2 | |
| 04 APR | 33 | | | | | | 33 APR | |
| 03 MAR | 34 | | | | | | 34 MAR | |
| 02 FEB | 35 | | | | | | 35 FEB | |
| 01 JAN | 36 | | | | | | 36 JAN | |

| | | | | | | | | |
|----------|----|--|--|--|--|--|----------|--|
| 12 DEC | 37 | | | | | | 37 DEC | |
| 11 NOV | 38 | | | | | | 38 NOV | |
| 10 OCT | 39 | | | | | | 39 OCT | |
| 09 SEP | 40 | | | | | | 40 SEP | |
| 1 08 AUG | 41 | | | | | | 41 AUG 1 | |
| 9 07 JUL | 42 | | | | | | 42 JUL 9 | |
| 9 06 JUN | 43 | | | | | | 43 JUN 9 | |
| 1 05 MAY | 44 | | | | | | 44 MAY 1 | |
| 04 APR | 45 | | | | | | 45 APR | |
| 03 MAR | 46 | | | | | | 46 MAR | |
| 02 FEB | 47 | | | | | | 47 FEB | |
| 01 JAN | 48 | | | | | | 48 JAN | |

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|----------|----|--|--|--|--|--|----------|--|
| 12 DEC | 49 | | | | | | 49 DEC | |
| 11 NOV | 50 | | | | | | 50 NOV | |
| 10 OCT | 51 | | | | | | 51 OCT | |
| 09 SEP | 52 | | | | | | 52 SEP | |
| 1 08 AUG | 53 | | | | | | 53 AUG 1 | |
| 9 07 JUL | 54 | | | | | | 54 JUL 9 | |
| 9 06 JUN | 55 | | | | | | 55 JUN 9 | |
| 0 05 MAY | 56 | | | | | | 56 MAY 0 | |
| 04 APR | 57 | | | | | | 57 APR | |
| 03 MAR | 58 | | | | | | 58 MAR | |
| 02 FEB | 59 | | | | | | 59 FEB | |
| 01 JAN | 60 | | | | | | 60 JAN | |

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|----------|----|--|--|--|--|--|----------|--|
| 12 DEC | 61 | | | | | | 61 DEC | |
| 11 NOV | 62 | | | | | | 62 NOV | |
| 10 OCT | 63 | | | | | | 63 OCT | |
| 09 SEP | 64 | | | | | | 64 SEP | |
| 1 08 AUG | 65 | | | | | | 65 AUG 1 | |
| 9 07 JUL | 66 | | | | | | 66 JUL 9 | |
| 8 06 JUN | 67 | | | | | | 67 JUN 8 | |
| 9 05 MAY | 68 | | | | | | 68 MAY 9 | |
| 04 APR | 69 | | | | | | 69 APR | |
| 03 MAR | 70 | | | | | | 70 MAR | |
| 02 FEB | 71 | | | | | | 71 FEB | |
| 01 JAN | 72 | | | | | | 72 JAN | |