

ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY
FEMALE QUESTIONNAIRE

IDENTIFICATION																						
WARD/VILLAGE _____	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
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: 20px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
RESULT***	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 20px; 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
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LANGUAGE INTV:	TEAM LEADER	FIELD EDITOR	OFFICE EDITOR	KEYED BY
SHONA.....1	NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
NDEBELE.....2	DATE _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	DATE _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
ENGLISH.....3			<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
OTHER.....6			<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a 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	<input type="text"/> <input type="text"/>
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
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.....	<input type="text"/> <input type="text"/>
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 OTHER6 (specify)	
119	RECORD ETHNICITY.	BLACK.....1 WHITE.....2 COLOURED.....3 ASIAN.....4 OTHER6 (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 OTHER96 (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: Electricity? A radio? A television A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
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: A modern oxcart? A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>MODERN OXCART.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	MODERN OXCART.....	1	2	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	
	YES	NO																
MODERN OXCART.....	1	2																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																

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

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 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 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 ↓ 219	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 ↓ 219	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 ↓ 219	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 ↓ 219	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 ↓ 219	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 ↓ 219	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 ↓ 219	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? (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)?

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

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

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

11	SING...1	BOY...1	MONTH.. <input type="text"/>	YES..1	AGE IN YEARS <input type="text"/>	YES....1	DAYS....1	<input type="text"/>	YES.....1
	MULT...2	GIRL..2	YEAR... <input type="text"/>	NO...2 ↓ 219		NO....2 (GO TO ← 220)	MONTHS..2		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
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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"/>
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223	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991. IF NONE, RECORD '0'.	<input type="text"/>
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224	FOR EACH BIRTH SINCE JANUARY 1989 ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' 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.....	<input type="text"/> <input type="text"/>
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
231	CHECK 230: LAST PREGNANCY ENDED SINCE JAN. 1989 <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 1989 <input type="checkbox"/>		 } → 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.....	<input type="text"/> <input type="text"/>
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..... <input type="text"/> <input type="text"/>	
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? (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.	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)	336 328 333 336
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 <input type="text"/> <input type="text"/> 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

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="checkbox"/> <input type="checkbox"/> 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.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER ILLNESS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PERIOD DID NOT COME.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RAN OUT OF PILLS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FORGOT/MISPLACED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LOSS OF LIBIDO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</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	
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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="checkbox"/> <input type="checkbox"/> MORE THAN ONE MONTH AGO.....97																									
324	CHECK 323: MORE THAN TWO DAYS AGO	TWO DAYS AGO OR LESS	→326																								

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 <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 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		

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 style="text-align: center;">(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 style="text-align: center;">(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 style="text-align: center;">(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 style="text-align: center;">(SPECIFY)</p>	
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340	<p>Do you know another place where you could have obtained (METHOD) the last time?</p>	<p>YES.....1</p> <p>NO.....2</p>	→345
340A	<p>At the time of the sterilisation operation, did you know another place where you could have received the operation?</p>		

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 style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">MAIN REASON</th> <th style="width:10%; text-align: center;">OTHER REASON</th> </tr> </thead> <tbody> <tr> <td colspan="3">ACCESS-RELATED REASONS</td> </tr> <tr> <td>CLOSER TO HOME.....11</td> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> </tr> <tr> <td>CLOSER TO MARKET/WORK.....12</td> <td style="text-align: center;">12</td> <td style="text-align: center;">12</td> </tr> <tr> <td>AVAILABILITY OF TRANSPORT.....13</td> <td style="text-align: center;">13</td> <td style="text-align: center;">13</td> </tr> <tr> <td colspan="3">SERVICE-RELATED REASONS</td> </tr> <tr> <td>STAFF MORE COMPETENT/ FRIENDLY.....21</td> <td style="text-align: center;">21</td> <td style="text-align: center;">21</td> </tr> <tr> <td>CLEANER FACILITY.....22</td> <td style="text-align: center;">22</td> <td style="text-align: center;">22</td> </tr> <tr> <td>OFFERS MORE PRIVACY.....23</td> <td style="text-align: center;">23</td> <td style="text-align: center;">23</td> </tr> <tr> <td>SHORTER WAITING TIME.....24</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> </tr> <tr> <td>LONGER HRS. OF OPERATION..25</td> <td style="text-align: center;">25</td> <td style="text-align: center;">25</td> </tr> <tr> <td>USE OTHER SERVICES AT THE FACILITY.....26</td> <td style="text-align: center;">26</td> <td style="text-align: center;">26</td> </tr> <tr> <td>LOWER COST/CHEAPER.....31</td> <td style="text-align: center;">31</td> <td style="text-align: center;">31</td> </tr> <tr> <td>WANTED ANONYMITY.....41</td> <td style="text-align: center;">41</td> <td style="text-align: center;">41</td> </tr> <tr> <td>NO OTHER REASON.....95</td> <td style="text-align: center;">95</td> <td style="text-align: center;">95</td> </tr> <tr> <td>OTHER _____ 96</td> <td style="text-align: center;">96</td> <td style="text-align: center;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>OTHER _____ 96</td> <td style="text-align: center;">96</td> <td style="text-align: center;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DK.....98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </tbody> </table>		MAIN REASON	OTHER REASON	ACCESS-RELATED REASONS			CLOSER TO HOME.....11	11	11	CLOSER TO MARKET/WORK.....12	12	12	AVAILABILITY OF TRANSPORT.....13	13	13	SERVICE-RELATED REASONS			STAFF MORE COMPETENT/ FRIENDLY.....21	21	21	CLEANER FACILITY.....22	22	22	OFFERS MORE PRIVACY.....23	23	23	SHORTER WAITING TIME.....24	24	24	LONGER HRS. OF OPERATION..25	25	25	USE OTHER SERVICES AT THE FACILITY.....26	26	26	LOWER COST/CHEAPER.....31	31	31	WANTED ANONYMITY.....41	41	41	NO OTHER REASON.....95	95	95	OTHER _____ 96	96	96	(SPECIFY)			OTHER _____ 96	96	96	(SPECIFY)			DK.....98	98	98	→345
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343	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES..... 1</p> <p>NO..... 2 → 345</p>	
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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 style="text-align: center;">(NAME OF PLACE)</p>	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="3">PUBLIC SECTOR</td> </tr> <tr> <td>GOVERNMENT HOSPITAL/CLINIC.....</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>RURAL/MUNICIPAL CLINIC.....</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>RURAL HEALTH CENTRE.....</td> <td style="text-align: center;">13</td> <td></td> </tr> <tr> <td>ZNFPC MOBILE CLINIC.....</td> <td style="text-align: center;">14</td> <td></td> </tr> <tr> <td>MOH MOBILE CLINIC.....</td> <td style="text-align: center;">15</td> <td></td> </tr> <tr> <td>ZNFPC CBD.....</td> <td style="text-align: center;">16</td> <td></td> </tr> <tr> <td>MOH CBD.....</td> <td style="text-align: center;">17</td> <td></td> </tr> <tr> <td>OTHER PUBLIC _____</td> <td style="text-align: center;">18</td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>MISSION FACILITY.....</td> <td style="text-align: center;">19</td> <td></td> </tr> <tr> <td colspan="3">PRIVATE MEDICAL SECTOR</td> </tr> <tr> <td>PRIVATE HOSPITAL/CLINIC.....</td> <td style="text-align: center;">21</td> <td></td> </tr> <tr> <td>PHARMACY.....</td> <td style="text-align: center;">22</td> <td></td> </tr> <tr> <td>PRIVATE DOCTOR.....</td> <td style="text-align: center;">23</td> <td></td> </tr> <tr> <td>CBD.....</td> <td style="text-align: center;">25</td> <td></td> </tr> <tr> <td>OTHER PRIVATE MEDICAL _____</td> <td style="text-align: center;">26</td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">OTHER PRIVATE SECTOR</td> </tr> <tr> <td>SHOP.....</td> <td style="text-align: center;">31</td> <td></td> </tr> <tr> <td>CHURCH.....</td> <td style="text-align: center;">32</td> <td></td> </tr> <tr> <td>FRIENDS/RELATIVES.....</td> <td style="text-align: center;">33</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">96</td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table>	PUBLIC SECTOR			GOVERNMENT HOSPITAL/CLINIC.....	11		RURAL/MUNICIPAL CLINIC.....	12		RURAL HEALTH CENTRE.....	13		ZNFPC MOBILE CLINIC.....	14		MOH MOBILE CLINIC.....	15		ZNFPC CBD.....	16		MOH CBD.....	17		OTHER PUBLIC _____	18		(SPECIFY)			MISSION FACILITY.....	19		PRIVATE MEDICAL SECTOR			PRIVATE HOSPITAL/CLINIC.....	21		PHARMACY.....	22		PRIVATE DOCTOR.....	23		CBD.....	25		OTHER PRIVATE MEDICAL _____	26		(SPECIFY)			OTHER PRIVATE SECTOR			SHOP.....	31		CHURCH.....	32		FRIENDS/RELATIVES.....	33		OTHER _____	96		(SPECIFY)			
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345	<p>Were you visited by a CBD in the past 12 months?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	
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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	

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)
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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"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/>
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404	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
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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)←	THEN.....1 (SKIP TO 407)←
		LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 407)←	NO MORE.....3 (SKIP TO 407)←

406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>
		YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>
		DK.....998	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)←
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408	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>
		DK.....98	DK.....98

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/>	NO. OF TIMES..... <input type="text"/>
		DK.....98	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)←	YES.....1 NO.....2 (SKIP TO 412)←
		DK.....8	DK.....8

411	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
		DK.....8	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..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/> 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..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/> 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? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
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)

		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:*	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)
438	CHECK 429: STILL BREASTFED?	"YES" <input type="checkbox"/> ↓ (SKIP TO 440)	"NO/DK" 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..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE..... <input type="text"/> <input type="text"/>																																																																								
445	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.)																																																																								
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..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ← NO.....2	YES.....1- GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ← NO.....2																																																																								
449	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>P1.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>P2.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>P3.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D1.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D2.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D3.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>MEA....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		DAY	MO	YR	BCG....	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEA....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>P1.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>P2.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>P3.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D1.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D2.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>D3.....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>MEA....</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		DAY	MO	YR	BCG....	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEA....	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	DPT vaccination, that is, an injection, usually given at the same time as polio drops?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	An injection to prevent measles?	YES.....1 NO.....2 DK.....8	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 to <u>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 to <u>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	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
502	Are you currently married?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO, NOT CURRENTLY MARRIED.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	NO, NOT CURRENTLY MARRIED.....	2	→506											
YES, CURRENTLY MARRIED.....	1																	
NO, NOT CURRENTLY MARRIED.....	2																	
503	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2	→505											
YES.....	1																	
NO.....	2																	
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?	<table border="0"> <tr> <td>WIDOWED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DIVORCED.....</td> <td style="text-align: right;">2</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	→510											
WIDOWED.....	1																	
DIVORCED.....	2																	
506	Is your husband living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td style="text-align: right;">2</td> </tr> </table>	LIVES WITH HER.....	1	STAYING ELSEWHERE.....	2												
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?	<table border="0"> <tr> <td>ONCE.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td style="text-align: right;">2</td> </tr> </table>	ONCE.....	1	MORE THAN ONCE.....	2												
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.	<table border="0"> <tr> <td>MONTH.....</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>DK MONTH.....</td> <td style="text-align: right;">98</td> </tr> <tr> <td>YEAR.....</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>DK YEAR.....</td> <td style="text-align: right;">98</td> </tr> </table>	MONTH.....	<input type="text"/> <input type="text"/>	DK MONTH.....	98	YEAR.....	<input type="text"/> <input type="text"/>	DK YEAR.....	98	→513							
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DK MONTH.....	98																	
YEAR.....	<input type="text"/> <input type="text"/>																	
DK YEAR.....	98																	
512	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>																
513	<p>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.</p> <p>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.</p> <p>THEN SKIP TO</p>		→515															
514	<p>CHECK 210:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/></p>		→515A															
515	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse?</p>	<table border="0"> <tr> <td>NEVER.....</td> <td style="text-align: right;">.000</td> </tr> <tr> <td>DAYS AGO.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>WEEKS AGO.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MONTHS AGO.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>YEARS AGO.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>BEFORE LAST BIRTH.....</td> <td style="text-align: right;">.996</td> </tr> </table>	NEVER.....	.000	DAYS AGO.....	1	WEEKS AGO.....	2	MONTHS AGO.....	3	YEARS AGO.....	4	BEFORE LAST BIRTH.....	.996	→613			
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515A	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse, if ever?</p>																	

516	<p>CHECK 302:</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</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> </td> <td style="width:50%; vertical-align: top;"> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</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> </td> </tr> </table>	<p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</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>	<p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</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>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
<p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</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>	<p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</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>				

517	Do you know where you can get condoms?	<p>YES.....1</p> <p>NO.....2 → 519</p>	
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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 style="text-align: center;">(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 style="text-align: center;">(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 style="text-align: center;">(SPECIFY)</p>	
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519	<p>CHECK 502:</p> <table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">CURRENTLY MARRIED <input type="checkbox"/></td> <td style="width:50%; text-align: center;">NOT CURRENTLY MARRIED <input type="checkbox"/></td> </tr> </table> <p>↓</p>	CURRENTLY MARRIED <input type="checkbox"/>	NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 528
CURRENTLY MARRIED <input type="checkbox"/>	NOT CURRENTLY MARRIED <input type="checkbox"/>				

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>	
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521	Have you had sex with your husband in the last four weeks?	<p>YES.....1</p> <p>NO.....2 → 524</p>	
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522	How many times?	<p>NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>	
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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>	
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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	

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

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	
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611	CHECK 610: CODE 11 CIRCLED <input type="checkbox"/> CODE 11 NOT CIRCLED <input type="checkbox"/>		613
-----	---	--	-----

612	Would you ever use a method if you were married?	YES.....1 NO.....2 DK.....8	
-----	--	-----------------------------------	--

613	CHECK 216: <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </td> <td style="width:50%; vertical-align: top;"> NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? </td> </tr> </table> PROBE FOR A NUMERIC RESPONSE.	HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?	NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	615
HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?	NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be?				

614	How many of these children would you like to be boys and how many would you like to be girls?	<table style="width:100%;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td>NUMBER....</td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> </table> OTHER _____ 999996 (SPECIFY)		BOYS	GIRLS	EITHER	NUMBER....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
	BOYS	GIRLS	EITHER								
NUMBER....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>								

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626	CHECK 515: HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ 701	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 → 632 NOTHING/CONTINUED THE PREGNANCY...04 → 636 OTHER _____ 96 (SPECIFY) DK.....98	
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:		
	<p align="center"> <input type="checkbox"/> NOT ASKED ↓ ASK QUESTIONS ABOUT CURRENT HUSBAND </p> <p align="center"> <input type="checkbox"/> YES ↓ ASK QUESTIONS ABOUT MOST RECENT HUSBAND </p> <p align="center"> <input type="checkbox"/> NO → 708 </p>		
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"/> <hr/> <hr/> <hr/>	
706	CHECK 705: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/>	DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>	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 → 711 NO.....2	
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 → 711 NO.....2	
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"/> <hr/> <hr/> <hr/>	
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"/> <input type="text"/> <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 _____</p>		→801
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: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		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?	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

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 style="text-align: center;"> HAS HAD SEX <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NEVER HAD SEX <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"></div> <div style="text-align: right;">→ 901</div> </div>	
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	

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.....

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

	[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.....	<input type="text"/> <input type="text"/>
		MINUTES.....	<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
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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	[]	[] []	[] []	[] []
1003 NAME FROM q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
1004 DATE OF BIRTH FROM q.215, AND ASK FOR DAY OF BIRTH	[] [] [] []	DAY..... [] [] MONTH.... [] [] YEAR..... [] []	DAY..... [] [] MONTH.... [] [] YEAR..... [] []	DAY..... [] [] MONTH.... [] [] YEAR..... [] []
1005 BCG SCAR ON TOP OF RIGHT SHOULDER	[] [] [] []	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1006 HEIGHT (in centimeters)	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []
1007 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?	[] [] [] []	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1008 WEIGHT (in kilograms)	[] [] [] [] []	0 [] [] [] []	0 [] [] [] []	0 [] [] [] []
1009 DATE WEIGHED AND MEASURED	DAY..... [] [] MONTH.... [] [] YEAR..... [] []	DAY..... [] [] MONTH.... [] [] YEAR..... [] []	DAY..... [] [] MONTH.... [] [] YEAR..... [] []	DAY..... [] [] MONTH.... [] [] YEAR..... [] []
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: _____ [] []		NAME OF ASSISTANT: _____ [] []
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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: _____

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 DIAPHRAGM/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

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

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