

Appendix D

SURVEY QUESTIONNAIRES

EGYPT DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD SCHEDULE

| IDENTIFICATION | |
|---|----------------------|
| GOVERNORATE | PSU/SEGMENT NO. |
| KISM/MARKAZ..... | BUILDING NO. |
| SHIAKHA/VILLAGE | HOUSE NO. |
| URBAN1 RURAL2 | HOUSEHOLD NO. |
| MATERNAL MRT/ANTHROPOMETRY SUBSAMPLE YES..1 NO..2 | SUBSAMPLE |
| NAME OF HOUSEHOLD HEAD | |
| ADDRESS IN DETAIL | |

| INTERVIEWER VISITS | | | | |
|--|---|---|---|--|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | | | | MONTH YEAR <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div></div> <div><div></div><div></div></div> </div> |
| TEAM | | | | <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div></div> <div><div></div><div></div></div> </div> |
| INTERVIEWER'S NAME | | | | <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div></div> <div><div></div><div></div></div> </div> |
| LENGTH OF HOUSEHOLD INTERVIEW (MINUTES) | | | | <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div></div> <div><div></div><div></div></div> </div> |
| RESULT* | | | | <div style="display: flex; justify-content: space-between;"> <div><div></div><div></div></div> <div><div></div><div></div></div> </div> |
| NEXT VISIT: DATE TIME | | | | TOTAL NUMBER OF VISITS <div style="display: flex; justify-content: space-between;"><div><div></div><div></div></div><div><div></div><div></div></div></div> |
| * RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT NIGHT BEFORE INTERVIEW 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY) | | | | TOTAL IN HOUSEHOLD <div style="display: flex; justify-content: space-between;"><div><div></div><div></div></div><div><div></div><div></div></div></div> TOTAL ELIGIBLE WOMEN <div style="display: flex; justify-content: space-between;"><div><div></div><div></div></div><div><div></div><div></div></div></div> |

| | FIELD EDITOR | OFFICE EDITOR | CODER | DATA ENTRY OPERATOR |
|-----------|--------------|---------------|-------|---------------------|
| NAME | | | | |
| DATE | | | | |
| SIGNATURE | | | | |

☐ ADDRESSED CHECKED

☐ HOUSEHOLD REVISITED

HOUSEHOLD SCHEDULE

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

| NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HOUSEHOLD HEAD | | | | RESIDENCE | | SEX | |
|-----|--|---|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------------|---------------------------|--|
| | | 006 | 007 | 008 | 009 | 010 | 011 | 012 | |
| 001 | 002 | 006 | 007 | 008 | 009 | 010 | 011 | 012 | |
| | Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household. AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT YOU HAVE A COMPLETE LISTING. THEN GO ON TO 006-024. | What is (NAME)'s relationship to the head of the household? | Generation Number | Couple Number | Relationship to Head | Does (NAME) usually live here? | Was (NAME) present last night? | Is (NAME) male or female? | |
| | | | FOR CODER | FOR CODER | FOR CODER | | | | |
| | | | | | | YES NO | YES NO | M F | |
| 01 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 02 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 03 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 04 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 05 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 06 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 07 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 08 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 09 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |
| 10 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 2 | 1 2 | 1 2 | |

IF MORE THAN 10 HOUSEHOLD MEMBERS, RECORD ADDITIONAL NAMES ON CONTINUATION SHEET. TICK HERE IF CONTINUATION SHEET USED. ☐

Just to make sure that I have a complete listing:

003 Are there any other persons such as small children or infants that we have not listed?

YES ☐

ENTER EACH IN TABLE

NO ☐

004 In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES ☐

ENTER EACH IN TABLE

NO ☐

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐

ENTER EACH IN TABLE

NO ☐

| AGE | MARITAL STATUS | ELIGIBLE WOMEN | EDUCATIONAL STATUS | | | |
|--|---|---|---|---|--|---|
| | ONLY FOR PERSONS FIFTEEN YEARS AND OLDER | | ONLY FOR THOSE THREE YEARS AND OLDER | ONLY FOR PERSONS ATTENDING SCHOOL IN PAST OR CURRENTLY | | ONLY FOR PERSONS NEVER ATTENDING SCHOOL OR NOT COMPLETING PRIMARY |
| 013 | 014 | 015 | 016 | 017 | 018 | 019 |
| How old was (NAME) at his/her last birthday? | What is (NAME)'s current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SIGNED CONTRACT BUT NOT YET CONSUMMATED FIRST MARRIAGE 5 NEVER MARRIED | CIRCLE LINE NUMBER FOR WOMEN ELIGIBLE FOR INTERVIEW, I.E., MARRIED, WIDOWED OR DIVORCED WOMEN 15-49 YEARS OLD PRESENT IN THE HOUSEHOLD LAST NIGHT | Has (NAME) attended school in the past or is he/she currently going to school? 1 YES, IN PAST 2 YES, CURRENTLY 3 NO, NEVER ATTENDED | What was the highest LEVEL that he/she was admitted to? 1 NURSERY 2 PRIMARY 3 PREPARATORY 4 SECONDARY 5 UPPER INTERMEDIATE 6 UNIVERSITY 7 MORE THAN UNIVERSITY | What was the highest GRADE that he/she successfully completed at that level? | Can (NAME) read a newspaper or a letter, for example? |
| IN YEARS | | | | LEVEL | GRADE | YES NO |
| <input type="text"/> | <input type="text"/> | 01 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 02 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 03 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 04 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 05 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 06 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 07 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 08 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 09 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| <input type="text"/> | <input type="text"/> | 10 | 1 2 3 | <input type="text"/> | <input type="text"/> | 1 2 |
| TOTAL NUMBER ELIGIBLE WOMEN <input type="text"/> | | | 024 COUNT THE NUMBER OF ELIGIBLE WOMEN FOR WHOM LINE NUMBERS ARE CIRCLED IN 015. ENTER THE TOTAL IN THE BOXES AT THE BOTTOM OF THE COLUMN IN 015. THEN GO TO 025. | | | |

| OCCUPATION | | WORK STATUS | |
|---|---|--|---|
| ONLY FOR PERSONS TWELVE YEARS AND OLDER | | ONLY FOR PERSONS 12 YEARS AND OLDER WHO WORK | |
| 020 | 021 | 022 | 023 |
| What is the main work that (NAME) does? | OCCUPATIONAL GROUP | Did (NAME) work during the last month? | Is (NAME) usually paid in cash or in kind for the work he/she does? |
| | FOR CODER | | 1 CASH 2 KIND 3 BOTH 4 NOT PAID |
| | | YES NO | |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |
| | <input type="text"/> <input type="text"/> | 1 2 | 1 2 3 4 |

025 CHECK THE COVER TO DETERMINE IF THE HOUSEHOLD IS INCLUDED IN THE MATERNAL MORTALITY/ANTHROPOMETRY SUBSAMPLE AND MARK THE APPROPRIATE RESPONSE BELOW. THEN FOLLOW THE SKIP INSTRUCTIONS.

YES



NO

☐ → 034

MATERNAL MORTALITY

ASK QUESTIONS OF ALL PERSONS AGED 15 YEARS AND OLDER PRESENT IN THE HOUSEHOLD THE DAY OF THE INTERVIEW. AFTER COMPLETING THE QUESTIONS FOR ALL ELIGIBLE RESPONDENTS, GO ON TO QUESTION 034.

| 026 | | 027 | 028 | 029 | 030 | 031 | 032 | 033 | 033A |
|---|------|---|---|---|---|---|---|--|---|
| CIRCLE LINE NO. AND RECORD NAMES OF ALL PERSONS AGED 15 AND OLDER. IF PRESENT IN HOUSEHOLD, COMPLETE 027-033A AS APPROPRIATE. IF THE ELIGIBLE PERSON IS NOT PRESENT, OBTAIN INFORMATION FROM ANOTHER HOUSEHOLD MEMBER IF POSSIBLE. IF CANNOT OBTAIN INFORMATION FROM ANYONE ELSE, ENTER '97' IN 027 AND CONTINUE WITH NEXT ELIGIBLE PERSON. | | How many sisters have you (he/she) ever had who were born to the same mother? | How many of these sisters born to the same mother were married at any time? | How many of these ever-married sisters are still alive? | How many of these ever-married sisters have died? | How many of these ever-married sisters died while they were pregnant? | How many of these ever-married sisters died while they were giving birth? | How many of these ever-married sisters died within six weeks after the end of a pregnancy? | ENTER THE CODE IN THE BOX FOR THE PERSON ANSWERING QUESTIONS 027-033. 1 ELIGIBLE RESP 2 RESP'S BROTHER 3 RESP'S SISTER 4 OTHER RELATIVE 5 OTHER NON-RELATIVE |
| | | IF NONE ENTER '00' AND SKIP TO 033A. | IF NONE ENTER '00' AND SKIP TO 033A. | IF NONE ENTER '00'. | IF NONE ENTER '00' AND SKIP TO 033A. | IF NONE ENTER '00'. | IF NONE ENTER '00'. | IF NONE ENTER '00'. | |
| NO. | NAME | NUMBER | NUMBER | NUMBER | NUMBER | NUMBER | NUMBER | NUMBER | CODE |
| 01 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 02 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 03 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 04 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 05 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 06 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 07 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 08 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 09 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|--|
| 034 | What type of dwelling unit does your household live in? | APARTMENT.....01 FREE STANDING HOUSE.....02 OTHER03 (SPECIFY) | |
| 035 | Is your dwelling owned by your household or not? | OWNED.....01 OWNED JOINTLY.....02 RENTED.....03 OTHER04 (SPECIFY) | |
| 036 | MAIN MATERIAL OF THE FLOOR. | PARQUET OR POLISHED WOOD.....1 TILE (CERAMIC, CEMENT, ETC).....2 WOOD AND TILE.....3 CEMENT.....4 EARTH/SAND.....5 OTHER6 (SPECIFY) | |
| 037 | How many rooms are there in your dwelling (excluding bathroom(s), kitchen, and stairway areas)? | NUMBER OF ROOMS..... | <input type="text"/> <input type="text"/> |
| 038 | Is there a special room used only for cooking inside or outside your dwelling? | YES, INSIDE DWELLING.....1 YES, OUTSIDE DWELLING.....2 NO.....3 | |
| 039 | Is the place used for cooking shared with other households? | YES.....1 NO.....2 | |
| 040 | Does the dwelling unit have electrical connections in all or only part of the dwelling unit? | YES, IN ALL.....1 YES, IN PART.....2 HAS NO ELECTRICAL CONNECTIONS...3 | |
| 041 | What is the major source of drinking water for members of your household? | TAP.....01 WELL WITH PUMP.....02 WELL WITHOUT PUMP.....03 TANKER TRUCK/OTHER VENDOR.....04 NILE/CANALS.....05 OTHER06 (SPECIFY) | |
| 042 | Where is the major source of the water that you use for drinking located? | WITHIN DWELLING ITSELF.....1 OUTSIDE DWELLING WITHIN SAME BUILDING.....2 IN COURTYARD.....3 ELSEWHERE4 (SPECIFY) | |
| 043 | Do you buy your drinking water from the government or from a private source? | GOVERNMENT.....1 PRIVATE SOURCE.....2 OBTAIN FREE.....3 | |
| 044 | How long does it take you to go to the source, get water and come back? | MINUTES..... | <input type="text"/> <input type="text"/> <input type="text"/> |
| | | ON PREMISES.....966 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|---|
| 045 | Do you obtain water for household use other than drinking (e.g., handwashing, cooking, etc) from the same source? | YES.....1 NO.....2 | →048 |
| 046 | What is the major source of water for household use other than drinking? | TAP.....01 WELL WITH PUMP.....02 WELL WITHOUT PUMP.....03 TANKER TRUCK/OTHER VENDOR.....04 NILE/CANALS.....05 OTHER06 (SPECIFY) | |
| 047 | Where is the major source of the water that you use for household use other than drinking located? | WITHIN DWELLING ITSELF.....1 OUTSIDE DWELLING WITHIN SAME BUILDING.....2 IN COURTYARD.....3 ELSEWHERE4 (SPECIFY) | |
| 048 | Does your household use water which you have stored for regular use? | YES.....1 NO.....2 | |
| 049 | What kind of toilet facilities does the household have? | MODERN.....1 TRADITIONAL WITH TANK FLUSH.....2 TRADITIONAL WITH BUCKET FLUSH...3 PIT.....4 BUCKET.....5 OTHER6 (SPECIFY) NO FACILITIES.....7 | →051 →053 |
| 050 | Is the toilet linked to a public sewer, a canal (river) or a pit? | PUBLIC SEWER.....1 CANAL/RIVER.....2 PIT.....3 | |
| 051 | Where are the toilet facilities located? | WITHIN DWELLING ITSELF.....1 OUTSIDE DWELLING WITHIN SAME BUILDING.....2 IN COURTYARD.....3 ELSEWHERE4 (SPECIFY) | |
| 052 | Do you share the toilet facilities with any other household? | YES.....1 NO.....2 | |
| 053 | Are any of the following items found in the dwelling unit: A radio with cassette recorder? A black and white television? A color television? A video? | RADIO WITH CASSETTE.....1 BLACK AND WHITE TELEVISION.1 COLOR TELEVISION.....1 VIDEO1 | YES NO 2 2 2 2 2 2 2 2 |
| 054 | Are any of the following appliances found in the dwelling unit: An electric fan? A sewing machine? A refrigerator? A gas/electric cooking stove? A water heater? A washing machine? | ELECTRIC FAN.....1 SEWING MACHINE.....1 REFRIGERATOR.....1 GAS/ELECTRIC COOKING STOVE.1 WATER HEATER.....1 WASHING MACHINE.....1 | YES NO 2 2 2 2 2 2 2 2 2 2 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--------------------------------|------------|
| 055 | Do you or any member of your household own any of the following: | YES NO | |
| | Bicycle? | BICYCLE.....1 2 | |
| | Motorcycle? | MOTORCYCLE.....1 2 | |
| | Private car? | PRIVATE CAR.....1 2 | |
| | Transport equipment (truck, van, bus, etc.)? | TRANSPORT EQUIPMENT.....1 2 | |
| | Residential buildings other than the dwelling unit? | OTHER RESIDENTIAL UNITS....1 2 | |
| | Commercial/industrial buildings (shop, factory, etc.)? | COMMERCIAL/INDUST BLDNGS...1 2 | |
| | Farm land? | FARM LAND.....1 2 | |
| | Other land? | NONFARM LAND.....1 2 | |
| | Livestock (horses, goats, sheep, etc.)? | LIVESTOCK.....1 2 | |
| | Poultry? | POULTRY.....1 2 | |
| | Farm implements (tractors, etc.)? | FARM IMPLEMENTS.....1 2 | |

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. FILL IN THE APPROPRIATE RESPONSES IN QUESTIONS 056-057. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

| | | |
|-----|---|---|
| 056 | RECORD THE LINE NUMBER OF THE RESPONDENT FOR THE HOUSEHOLD INTERVIEW. | LINE NUMBER..... <input type="text"/> |
| 057 | DEGREE OF COOPERATION. | POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4 |
| 058 | INTERVIEWER'S COMMENTS: _____ | |
| 059 | FIELD EDITOR'S COMMENTS: _____ | |
| 060 | SUPERVISOR'S COMMENTS: _____ | |
| 061 | OFFICE EDITOR'S COMMENTS: _____ | |

EGYPT DEMOGRAPHIC AND HEALTH SURVEY

WOMAN QUESTIONNAIRE

| IDENTIFICATION | |
|---|----------------------|
| GOVERNORATE | PSU/SEGMENT NO. |
| KISM/MARKAZ..... | BUILDING NO. |
| SHIAKHA/VILLAGE | HOUSE NO. |
| URBAN1 RURAL2 | HOUSEHOLD NO. |
| MATERNAL MRT/ANTHROPOMETRY SUBSAMPLE YES..1 NO..2 | SUBSAMPLE |
| NAME OF HOUSEHOLD HEAD | |
| ADDRESS IN DETAIL | |
| NAME OF WOMAN | LINE NUMBER |
| LINE NUMBER OF WOMAN | |

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

| | FIELD EDITOR | OFFICE EDITOR | CODER | DATA ENTRY OPERATOR |
|-----------|--------------|---------------|-------|---------------------|
| NAME | | | | |
| DATE | | | | |
| SIGNATURE | | | | |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|---------|
| 101 | RECORD THE TIME. | HOUR..... MINUTES..... | |
| 102 | How old were you at your last birthday? | AGE IN COMPLETED YEARS..... | |
| 103 | In what month and year were you born? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. | MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98 | |
| 104 | Are you now married, widowed or divorced? | MARRIED.....1 WIDOWED.....2 DIVORCED.....3 | |
| 105 | How many times have you been married? | NO. TIMES MARRIED..... | |
| 106 | In what month and year did you first enter into a marriage contract? | MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98 | >108 |
| 107 | How old were you when you first entered into a marriage contract? | AGE..... | |
| 108 | In what month and year did your first husband and you begin to live together (consummate your marriage)? | MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98 | >110 |
| 109 | How old were you when your first husband and you began to live together (consummate your marriage)? | AGE..... | |
| 110 | Have you attended school in the past or are you currently attending school? | YES, ATTENDED IN THE PAST.....1 YES, ATTENDING CURRENTLY.....2 NO, NEVER ATTENDED.....3 | >112 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|------|--|--|---------|
| 111 | What was the highest level to which you were admitted at school? CIRCLE CODE FOR LEVEL. | <div>LEVEL GRADE</div> <div>PRIMARY.....1 <input type="checkbox"/></div> <div>PREPARATORY.....2 <input type="checkbox"/></div> <div>SECONDARY.....3 <input type="checkbox"/></div> <div>UPPER INTERMEDIATE.....4 <input type="checkbox"/></div> <div>UNIVERSITY.....5 <input type="checkbox"/></div> <div>MORE THAN UNIVERSITY.....6 <input type="checkbox"/></div> <div>(SPECIFY)</div> | |
| 111A | What was the highest grade which you successfully completed at that level? ENTER GRADE IN BOX. | | >114 |
| 112 | Can you read a newspaper, a magazine or a letter, for example? | <div>YES.....1</div> <div>NO.....2</div> | >115 |
| 113 | Can you write a letter, for example? | <div>YES.....1</div> <div>NO.....2</div> | |
| 114 | Do you usually read a newspaper or magazine at least once per week? | <div>YES.....1</div> <div>NO.....2</div> | |
| 115 | How many hours on average do you listen to the radio each day? IF LISTENS LESS THAN ONE HOUR, ENTER '00'. | <div>NUMBER OF HOURS PER DAY.... <input type="text"/></div> <div>ALL OF THE TIME.....96</div> <div>NEVER.....97</div> <div>NOT SURE/DON'T KNOW.....98</div> | |
| 116 | How many hours on average do you watch television each day? IF WATCHES LESS THAN ONE HOUR, ENTER '00'. | <div>NUMBER OF HOURS PER DAY.... <input type="text"/></div> <div>ALL OF THE TIME.....96</div> <div>NEVER.....97</div> <div>NOT SURE/DON'T KNOW.....98</div> | |
| 117 | What is your religion? | <div>MOSLEM.....1</div> <div>CHRISTIAN.....2</div> <div>OTHER.....3</div> <div>(SPECIFY)</div> | |
| 118 | Before you married your (first) husband, did you yourself ever do any work for which you were paid in cash? | <div>YES.....1</div> <div>NO.....2</div> | >121 |
| 119 | When you were working then, what did you do with most of the money that you earned? | <div>MOST TO FAMILY.....1</div> <div>MOST FOR SELF.....2</div> <div>DIVIDED EQUALLY BETWEEN SELF AND FAMILY.....3</div> <div>OTHER.....4</div> <div>(SPECIFY)</div> | |
| 120 | Was the money used mainly to prepare for marriage? | <div>YES, MAINLY FOR MARRIAGE PREPARATION.....1</div> <div>NO, FOR OTHER THINGS.....2</div> | |
| 121 | Since you were first married, have you ever done any work for cash? | <div>YES.....1</div> <div>NO.....2</div> | >125 |
| 122 | Are you now doing any work for cash? | <div>YES.....1</div> <div>NO.....2</div> | >125 |
| 123 | What do you do with most of the money that you earn? | <div>MOST TO FAMILY.....1</div> <div>MOST FOR SELF.....2</div> <div>DIVIDE EQUALLY BETWEEN SELF AND FAMILY.....3</div> <div>OTHER.....4</div> <div>(SPECIFY)</div> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|--|--|
| 124 | In this work, do you work on your own, for a family member, or for someone else or some other organization? | ON HER OWN.....1 FOR A FAMILY MEMBER.....2 FOR SOMEONE ELSE/SOME OTHER ORGANIZATION.....3 | ->127 |
| 125 | Do you assist any family member in his/her work? | YES.....1 NO.....2 | ->127 |
| 126 | Do you assist someone not in the family in his/her | YES.....1 NO.....2 | ->131 |
| 127 | What kind of work do you mainly do? WRITE THE RESPONSE EXACTLY AS GIVEN. | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | |
| 128 | In this work, are you in contact only with family members, or only with persons not in the family, or with both? | FAMILY MEMBERS ONLY.....1 NONFAMILY ONLY.....2 BOTH.....3 | |
| 129 | How many hours did you work in the past week? | HOURS WORKED..... | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> |
| 130 | CHECK 122: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT WORKING FOR CASH <input type="checkbox"/></div> <div>WORKING FOR CASH <input type="checkbox"/></div> </div> | | ->132 |
| 131 | If a good opportunity was available, would you like to work for cash in the future? | YES.....1 NO.....2 | |
| 132 | Would you approve or disapprove of your daughter(s) working if a good opportunity for earning cash was available? IF ANSWER IS "HAS NO DAUGHTER", PROBE: If you had a daughter, would you approve or disapprove of her working if a good opportunity for earning cash | APPROVE.....1 DISAPPROVE.....2 NOT SURE/DON'T KNOW.....8 | |
| 133 | How long have you been living continuously in (NAME OF MOTHER VILLAGE OR CITY IN WHICH INTERVIEW OCCURS)? IF LESS THAN ONE YEAR, ENTER '00'. | NO. YEARS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> ALWAYS.....96 VISITOR.....97 | ->201 ->135 |
| 134 | Just before you moved here, did you live in a village in a town, in Cairo or in Alexandria? | VILLAGE.....1 TOWN.....2 CAIRO.....3 ALEXANDRIA.....4 | |
| 135 | For most of the time until you were 12 years old, did you live in a village, in a town, in Cairo or in Alexandria? | VILLAGE.....1 TOWN.....2 CAIRO.....3 ALEXANDRIA.....4 | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|---------|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever had a live birth? | YES.....1 NO.....2 | →206 |
| 202 | Do you have any sons or daughters to whom you have given birth and who are now living at home with you? | YES.....1 NO.....2 | →204 |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, ENTER '00'. | SONS AT HOME..... DAUGHTERS AT HOME..... | |
| 204 | Do you have any sons or daughters to whom you have given birth and who are alive but do not live at home with you? | YES.....1 NO.....2 | →206 |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, ENTER '00'. | SONS ELSEWHERE..... 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 (other) boy or girl who cried or showed any sign of life but only survived a few hours or days? | YES.....1 NO.....2 | →208 |
| 207 | How many boys have died? And how many girls have died? IF NONE, ENTER '00'. | BOYS DEAD..... GIRLS DEAD..... | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, ENTER '00'. | TOTAL..... | |
| 209 | CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-209 AS NECESSARY | | |
| 210 | CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> | | →222 |

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 213. RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET. IF THERE ARE MORE THAN SEVEN BIRTHS CONTINUE RECORDING THE NAMES ON THE NEXT PAGE. THEN ASK 214 THROUGH 219 AS APPROPRIATE FOR EACH BIRTH. AFTER RECORDING THE ANSWERS TO QUESTIONS 214-219 FOR ALL THE BIRTHS THE WOMAN HAS HAD, GO TO 220.

| 212 LINE NO. | 213 What name was given to your (first, next) baby? | 214 Is (NAME) a boy or a girl? | 215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season? | 216 Is (NAME) still alive? | 217 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS. | 218 IF ALIVE: How old was (NAME) at his/ her last birthday? RECORD AGE IN COMPLETED YEARS. | 219 IF ALIVE: Is he/she living with you? | | | | | | | | | | | | | | | | |
|--------------------|---|---|--|----------------------------------|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 01 | (NAME) | BOY GIRL 1 2 | MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr></table> YEARS....3 <table border="1"><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH) | | | | | | | AGE IN <table border="1"><tr><td></td><td></td></tr></table> YEARS.. | | | YES NO 1 2 (GO TO NEXT BIRTH) |
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| 02 | (NAME) | BOY GIRL 1 2 | MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr></table> YEARS....3 <table border="1"><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH) | | | | | | | AGE IN <table border="1"><tr><td></td><td></td></tr></table> YEARS.. | | | YES NO 1 2 (GO TO NEXT BIRTH) |
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| 03 | (NAME) | BOY GIRL 1 2 | MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr></table> YEARS....3 <table border="1"><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH) | | | | | | | AGE IN <table border="1"><tr><td></td><td></td></tr></table> YEARS.. | | | YES NO 1 2 (GO TO NEXT BIRTH) |
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| 04 | (NAME) | BOY GIRL 1 2 | MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr></table> YEARS....3 <table border="1"><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH) | | | | | | | AGE IN <table border="1"><tr><td></td><td></td></tr></table> YEARS.. | | | YES NO 1 2 (GO TO NEXT BIRTH) |
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| 05 | (NAME) | BOY GIRL 1 2 | MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr></table> YEARS....3 <table border="1"><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH) | | | | | | | AGE IN <table border="1"><tr><td></td><td></td></tr></table> YEARS.. | | | YES NO 1 2 (GO TO NEXT BIRTH) |
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| 06 | (NAME) | BOY GIRL 1 2 | MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr></table> YEARS....3 <table border="1"><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH) | | | | | | | AGE IN <table border="1"><tr><td></td><td></td></tr></table> YEARS.. | | | YES NO 1 2 (GO TO NEXT BIRTH) |
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| 07 | (NAME) | BOY GIRL 1 2 | MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr></table> YEARS....3 <table border="1"><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH) | | | | | | | AGE IN <table border="1"><tr><td></td><td></td></tr></table> YEARS.. | | | YES NO 1 2 (GO TO NEXT BIRTH) |
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| 212 LINE NO. | 213 What name was given to your next baby? | 214 Is (NAME) a boy or a girl? | 215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season? | 216 Is (NAME) still alive? | 217 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS. | 218 IF ALIVE: How old was (NAME) at his/ her last birthday? RECORD AGE IN COMPLETED YEARS. | 219 IF ALIVE: Is he/she living with you? |
|--------------------|---|---|---|---------------------------------------|--|---|---|
| 08 | (NAME) | BOY GIRL 1 2 | MONTH... <input type="text"/> YEAR... <input type="text"/> | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH) | AGE IN <input type="text"/> YEARS.. <input type="text"/> | YES NO 1 2 (GO TO NEXT BIRTH) |
| 09 | (NAME) | BOY GIRL 1 2 | MONTH... <input type="text"/> YEAR... <input type="text"/> | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH) | AGE IN <input type="text"/> YEARS.. <input type="text"/> | YES NO 1 2 (GO TO NEXT BIRTH) |
| 10 | (NAME) | BOY GIRL 1 2 | MONTH... <input type="text"/> YEAR... <input type="text"/> | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH) | AGE IN <input type="text"/> YEARS.. <input type="text"/> | YES NO 1 2 (GO TO NEXT BIRTH) |
| 11 | (NAME) | BOY GIRL 1 2 | MONTH... <input type="text"/> YEAR... <input type="text"/> | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH) | AGE IN <input type="text"/> YEARS.. <input type="text"/> | YES NO 1 2 (GO TO NEXT BIRTH) |
| 12 | (NAME) | BOY GIRL 1 2 | MONTH... <input type="text"/> YEAR... <input type="text"/> | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH) | AGE IN <input type="text"/> YEARS.. <input type="text"/> | YES NO 1 2 (GO TO NEXT BIRTH) |
| 13 | (NAME) | BOY GIRL 1 2 | MONTH... <input type="text"/> YEAR... <input type="text"/> | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH) | AGE IN <input type="text"/> YEARS.. <input type="text"/> | YES NO 1 2 (GO TO NEXT BIRTH) |
| 14 | (NAME) | BOY GIRL 1 2 | MONTH... <input type="text"/> YEAR... <input type="text"/> | YES NO 1 2 ↓ (GO TO 218) | DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH) | AGE IN <input type="text"/> YEARS.. <input type="text"/> | YES NO 1 2 (GO TO NEXT BIRTH) |

220 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:
 NUMBERS ARE SAME ☐ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|--------------|
| 221 | In addition to the pregnancies which ended in live births, have you had any other pregnancy which ended in a miscarriage, still birth or an abortion? PROBE: Any pregnancy which lasted only a few weeks or months? | YES.....1 NO.....2 | →223 →226 |
| 222 | Have you had any pregnancy which ended in a miscarriage, still birth or abortion? PROBE: Any other pregnancy which lasted only a few weeks or months? | YES.....1 NO.....2 | →226 |
| 223 | How many pregnancies ended in still births? IF NONE, ENTER '00'. | STILL BIRTHS..... | |
| 224 | How many pregnancies ended in miscarriages and abortions? IF NONE, ENTER '00'. | MISCARRIAGES/ABORTIONS.... | |
| 225 | SUM 223 AND 224 AND ENTER TOTAL BELOW: Just to be sure that I have this right you had TOTAL _____ pregnancies which ended in miscarriages, still births or abortions. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> (PROBE AND CORRECT → 221 TO 224 AS NECESSARY) | | |
| 226 | Are you pregnant now? | YES.....1 NO.....2 NOT SURE/DON'T KNOW.....8 | →232 |
| 227 | For how many months have you been pregnant? | MONTHS..... | |
| 228 | Did you see anyone for a check on this pregnancy? | YES.....1 NO.....2 | →231 |
| 229 | Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED. | DOCTOR.....1 TRAINED NURSE.....2 DAYA.....3 OTHER.....4 (SPECIFY) | |
| 230 | Was it a routine (regular) checkup or did you only go because there was some medical problem? | ROUTINE CHECKUP.....1 WENT BECAUSE OF MEDICAL PROBLEM.....2 OTHER.....3 (SPECIFY) | |
| 231 | Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth? | YES.....1 NO.....2 NOT SURE/DON'T KNOW.....8 | →233 |
| 232 | How long ago did your last menstrual period start? | DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....969 NEVER MENSTRUATED.....979 | →234 |
| 233 | At what age did you have your first menstrual period? | AGE..... | |
| 234 | When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant? PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant? | DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) NOT SURE/DON'T KNOW.....8 | |

SECTION 3. CONTRACEPTION

301 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF IT IS NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-305 BEFORE GOING ON TO THE NEXT METHOD.

| | 302 Have you ever heard of (METHOD)? READ DESCRIPTION. | 303 Have you ever used (METHOD)? | 304 Where would you go to obtain (METHOD) if you wanted to use it? (WRITE THE RESPONSE AS GIVEN AND THEN ENTER THE CODE FROM BELOW) | 305 In your opinion, what is the main problem, if any, with using (METHOD)? (WRITE THE RESPONSE AS GIVEN AND THEN ENTER THE CODE FROM BELOW) |
|--|--|----------------------------------|--|--|
| 01] PILL Women can take a pill every day. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 05] FOAM/JELLY Women can place a sponge, suppository, jelly or cream inside them before intercourse. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 06] CONDOM Men can use a rubber sheath during sexual intercourse. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 07] FEMALE STERILIZATION Women can deliberately chose to have an operation to avoid having any more children. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 08] MALE STERILIZATION Men can deliberately chose to have an operation to avoid having any more children. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 09] WITHDRAWAL Men can be careful and pull out before climax. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 10] SAFE PERIOD Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | Where would you go to obtain advice on safe period? <input type="text"/> | RESPONSE <input type="text"/> |
| 11] PROLONGED BREASTFEEDING Women can prolong the time that they breastfeed their babies to delay the next pregnancy. | YES/SPONT.....1 YES/PROBED.....2 NO.....3 | YES.....1 NO.....2 | RESPONSE <input type="text"/> | RESPONSE <input type="text"/> |
| 12] ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy? (SPECIFY) | YES/SPONT.....1 NO.....3 v (ASK 303-305 FOR EACH METHOD FOR WHICH A 1 OR 2 IS CIRCLED IN 302) | YES.....1 NO.....2 | CODES FOR 304 01 GOVERNMENT FP CLINIC 02 PRIVATE VOLUNTARY FP CLINIC 03 GOVERNMENT MCH CENTER 04 GOVERNMENT HOSPITAL 05 PRIVATE DOCTOR/CLINIC 06 PHARMACY 07 HOME DELIVERED 08 OTHER (SPECIFY) 13 NOWHERE 98 NOT SURE/DON'T KNOW | CODES FOR 305 02 NOT EFFECTIVE 04 HUSBAND DISAPPROVES 05 OTH RELAT DISAPPROVE 06 RELIGIOUS PROHIBITIONS 07 SIDE EFFECTS FOR WOMAN 08 SIDE EFFECTS FOR CHILD 09 METHOD PERMANENT 11 DIFFICULT TO OBTAIN 12 COSTS TOO MUCH 13 INCONVENIENT TO USE 18 OTHER (SPECIFY) 96 NO PROBLEM 98 NOT SURE/DON'T KNOW |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 306 | CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE (EVER USED) <input type="checkbox"/> | | →309 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 307 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES.....1 NO.....2 | →401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 308 | What have you used or done? (SPECIFY) CHECK AND CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 309 | How many living children, if any, did you have when you first did something or used a method to avoid getting pregnant? IF NONE, CIRCLE CODE '00'. | NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/> NONE.....00 | →311 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | How many living sons did you have? How many living daughters did you have? IF NONE, ENTER '00'. | NUMBER OF SONS..... <input type="text"/> <input type="text"/> NUMBER OF DAUGHTERS..... <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 311 | When you first began to use family planning, did you want to have another child but at a later time or did you want no more children at all? | WANTED CHILD LATER.....1 DID NOT WANT ANOTHER CHILD.....2 OTHER.....3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 312 | Did you talk about family planning with your husband before first using it? | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 313 | Would you say that the use of family planning for the first time was mainly your idea, mainly your husband's idea, or a joint idea? | MAINLY RESPONDENT'S IDEA.....1 MAINLY HUSBAND'S IDEA.....2 JOINT IDEA.....3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 314 | Before you decided to use family planning for the first time, did you talk about whether you should use family planning with any of the following persons: your mother? your husband's mother? your sister(s) or your husband's sister(s)? other relatives (Specify)? friends/neighbors? a doctor? anyone else (Specify)? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RESP MOTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND'S MOTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RESP/HUSB'S SISTER(S).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER RELATIVES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">v</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>FRIENDS/NEIGHBORS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>A DOCTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">v</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | YES | NO | RESP MOTHER..... | 1 | 2 | HUSBAND'S MOTHER..... | 1 | 2 | RESP/HUSB'S SISTER(S)..... | 1 | 2 | OTHER RELATIVES..... | 1 | 2 | v | | | (SPECIFY) | | | FRIENDS/NEIGHBORS..... | 1 | 2 | A DOCTOR..... | 1 | 2 | OTHER..... | 1 | 2 | v | | | (SPECIFY) | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP MOTHER..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND'S MOTHER..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP/HUSB'S SISTER(S)..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER RELATIVES..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRIENDS/NEIGHBORS..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A DOCTOR..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 315 | What was the first family planning method that you and your husband ever used? | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY) | →317 →318 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|--|----------------------|-----|----|----------------|---|--|-------------------|---|--|------------------------|---|--|-----------------------------|---|--|-----------------------|---|--|--|---|--|-----------|--|--|-------------------------|---|--|-------------|---|--|--|---|--|-----------|--|--|--|
| 316 | Who obtained the first cycle of pills that you and your husband ever used? | HOME DELIVERED.....1 RESPONDENT.....2 HUSBAND.....3 OTHER.....4 (SPECIFY) | >318 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 317 | Where did you (or your husband) obtain (FIRST METHOD USED) the first time that you ever used it? | GOVERNMENT FP CLINIC.....01 PRIVATE VOLUNTARY FP CLINIC....02 GOVERNMENT MCH CENTER.....03 GOVERNMENT HOSPITAL.....04 PRIVATE DOCTOR/CLINIC.....05 PHARMACY.....06 OTHER.....08 (SPECIFY) NOT SURE/DON'T KNOW.....98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 318 | Did you talk with your husband about which particular method to use before you began using (FIRST METHOD USED)? | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 319 | Would you say that the choice to use (FIRST METHOD USED) the first time was mainly your choice, mainly your husband's choice or a joint choice? | MAINLY RESPONDENT'S CHOICE.....1 MAINLY HUSBAND'S CHOICE.....2 JOINT CHOICE.....3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | Before you decided to adopt (FIRST METHOD USED) for the first time, did you seek advice about which particular method to use from any of the following persons: a doctor? your mother? your husband's mother? your sister(s) or your husband's sister(s)? other relatives (Specify)? friends/neighbors? anyone else (Specify)? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A DOCTOR.....1</td> <td>2</td> <td></td> </tr> <tr> <td>RESP MOTHER.....1</td> <td>2</td> <td></td> </tr> <tr> <td>HUSBAND'S MOTHER.....1</td> <td>2</td> <td></td> </tr> <tr> <td>RESP/HUSB'S SISTER(S).....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER RELATIVES.....1</td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>v</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>FRIENDS/NEIGHBORS.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER.....1</td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>v</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table> | | YES | NO | A DOCTOR.....1 | 2 | | RESP MOTHER.....1 | 2 | | HUSBAND'S MOTHER.....1 | 2 | | RESP/HUSB'S SISTER(S).....1 | 2 | | OTHER RELATIVES.....1 | 2 | | | v | | (SPECIFY) | | | FRIENDS/NEIGHBORS.....1 | 2 | | OTHER.....1 | 2 | | | v | | (SPECIFY) | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A DOCTOR.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP MOTHER.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND'S MOTHER.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP/HUSB'S SISTER(S).....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER RELATIVES.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | v | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRIENDS/NEIGHBORS.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | v | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 321 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/> | | >401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 322 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | >401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 323 | Are you currently doing something or using any method to avoid getting pregnant? | YES.....1 NO.....2 | >401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 324 | Which method are you using? | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY) | >344 >352 >401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|---------|
| 325 | CHECK 315: <div style="display: flex; justify-content: space-around;"> <div> FIRST METHOD EVER USED WAS NOT PILL <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> <div> FIRST METHOD EVER USED WAS PILL <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> </div> </div> | | →328 |
| 326 | Now I would like to ask some questions about the first time you ever used the pill. Who obtained the first cycle of pills that you used then--you or your husband? | HOME DELIVERED.....1 RESPONDENT.....2 HUSBAND.....3 OTHER.....4 (SPECIFY) | →328 |
| 327 | Where did you (or your husband) obtain the pill the first time that you ever used it? | GOVERNMENT FP CLINIC.....01 PRIVATE VOLUNTARY FP CLINIC....02 GOVERNMENT MCH CENTER.....03 GOVERNMENT HOSPITAL.....04 PRIVATE DOCTOR/CLINIC.....05 PHARMACY.....06 OTHER.....08 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 328 | Now I would like to ask some questions about the brand of pill that you are using now. Please show me the cycle (packet) of pills that you actually are using now. RECORD NAME OF BRAND EXACTLY AS SHOWN ON CYCLE (PACKET). | BRAND NAME _____ <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 10px; display: inline-block; vertical-align: middle;"></div> NOT ABLE TO SHOW.....97 | →332 |
| 329 | COUNT AND RECORD THE TOTAL NUMBER OF PILLS IN THE ENTIRE CYCLE (PACKET) REGARDLESS OF THE PILLS ALREADY TAKEN. | 211 282 | |
| 330 | OBSERVE SEQUENCE IN WHICH PILLS TAKEN FROM CYCLE (PACKET) AND CIRCLE CORRECT CODE. | PILLS MISSING IN SEQUENCE.....1 PILLS MISSING OUT OF SEQUENCE...2 NO PILLS MISSING.....3 | →333 |
| 331 | Why haven't you been taking the pills (in sequence)? | NOT NECESSARY TO TAKE IN SEQUENCE.....01 FOLLOWED INSTRUCTIONS ON PACKET/GIVEN BY SOURCE.....02 JUST STARTING CYCLE.....03 TAKE ONLY AS NEEDED.....04 HUSBAND AWAY/ILL.....05 OTHER.....06 (SPECIFY) | →333 |
| 332 | Why don't you have a cycle (packet) of pills available? | HAS PERIOD, DOESN'T NEED YET...01 COST TOO MUCH TO BUY CYCLE....02 FORGOT TO BUY NEXT CYCLE.....03 RESTING FROM PILL.....04 HUSBAND AWAY/ILL.....05 MISPLACED/CAN'T FIND.....06 OTHER.....07 (SPECIFY) | |
| 333 | At any time in the past month, have you experienced any of the following (READ EACH PROBLEM): Had side effects or illness? Had spotting or bleeding more than once? Period did not come when expected? Ran out of pills? Forgot to take pill or misplaced package? Any other problem (Specify)? | <div style="text-align: right;">YES NO</div> SIDE EFFECTS/ILLNESS.....1 2 SPOTTING/BLEEDING.....1 2 PERIOD DID NOT COME.....1 2 RAN OUT OF PILLS.....1 2 FORGOT TO TAKE/MISPLACED...1 2 OTHER.....1 2 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|--------------|
| 334 | 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? | SIDE EFFECTS/ILLNESS.....01 SPOTTING/BLEEDING.....02 PERIOD DID NOT COME.....03 RAN OUT OF PILLS.....04 FORGOT TO TAKE/MISPLACED.....05 HUSBAND AWAY.....06 OTHER.....07 (SPECIFY) NEVER STOPPED TAKING PILL.....97 | |
| 335 | How many days ago did you take the last pill? IF RESPONSE IS TODAY, ENTER '00' DAYS AGO. | NUMBER DAYS AGO..... <input type="text"/> <input type="text"/> MORE THAN 30 DAYS AGO.....97 NOT SURE/DON'T KNOW.....98 | >338 |
| 336 | CHECK 335: MORE THAN <input type="checkbox"/> 2 DAYS AGO 2 DAYS AGO OR LESS <input type="checkbox"/> | | >338 |
| 337 | Why haven't you taken the pills in the last few days? | WAITING TO START NEXT CYCLE....01 DOESN'T HAVE CYCLE.....02 TAKE ONLY AS NEEDED.....03 FORGOT TO TAKE.....04 RESTING FROM PILL.....05 HUSBAND AWAY/ILL.....06 OTHER.....07 (SPECIFY) | |
| 338 | After you finished your last pill cycle (packet), when did (will) you start the next cycle (packet)? WRITE RESPONSE EXACTLY AS GIVEN BELOW AND THEN CIRCLE THE APPROPRIATE CODE. | DAY AFTER PERIOD ENDED.....01 FIVE DAYS AFTER PERIOD BEGAN.....02 DAY AFTER FINISHING 1ST PACKET.03 SEVEN DAYS AFTER FINISHING 1ST PACKET.....04 OTHER.....05 (SPECIFY) | |
| 339 | Just about everyone misses taking the pill sometime. What do you do when you forget to take one pill? | TOOK ONE PILL THE NEXT DAY.....01 TOOK TWO PILLS THE NEXT DAY.....02 USED ANOTHER METHOD.....03 OTHER.....04 (SPECIFY) NEVER FORGOT.....97 NOT SURE/DON'T KNOW.....98 | |
| 340 | During the past twelve months whenever you obtained the pill, have you always gotten the same brand or have you sometimes obtained another brand? | ALWAYS SAME BRAND.....1 SOMETIMES DIFFERENT BRAND.....2 OTHER.....3 (SPECIFY) NOT SURE/DON'T KNOW.....8 | |
| 341 | How many cycles (packets) of the pill do you usually get when you obtain the pill? | NUMBER OF CYCLES..... <input type="text"/> <input type="text"/> NOT SURE/DON'T KNOW.....98 | |
| 342 | How much does one cycle of pills usually cost you? | COST (IN PIASTRES)..... <input type="text"/> <input type="text"/> <input type="text"/> NOT SURE/DON'T KNOW.....998 | |
| 343 | Would you buy a cycle of pills if it cost: (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 351 FOR AMOUNT 'MORE THAN 2 POUNDS', SKIP TO 351 IF YES OR NO). 25 piastres per cycle? 50 piastres per cycle? 75 piastres per cycle? 1 pound per cycle? 2 pounds per cycle? More than 2 pounds per cycle? | YES NO 25 PIASTRES.....1 2 50 PIASTRES.....1 2 75 PIASTRES.....1 2 1 POUND.....1 2 2 POUNDS.....1 2 >2 POUNDS.....1 2 | >351 >351 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|------------|
| 344 | How can a woman know that the IUD is correctly placed without making a special trip to the clinic/doctor? | FEEL THREAD WITH FINGER.....1 OTHER.....2 (SPECIFY) NOT SURE/DON'T KNOW.....8 | |
| 345 | Where was the IUD which you are using now inserted? | GOVERNMENT FP CLINIC.....01 PRIVATE VOLUNTARY FP CLINIC...02 GOVERNMENT MCH CENTER.....03 GOVERNMENT HOSPITAL.....04 PRIVATE DOCTOR/CLINIC.....05 OTHER.....08 (SPECIFY) NOT SURE/DON'T KNOW.....98 | >348 |
| 346 | Now I would like to get some information on what you thought about the service you received at (PLACE WHERE IUD WAS INSERTED). Did it cost too much? Was the staff courteous? Did you have to wait too long? Were you satisfied with the information that you were given about the IUD? Was the clinic (facility) clean and well maintained? Was there anything (else) that you did not like about the services that you received? | YES NO COST TOO MUCH.....1 2 STAFF COURTEOUS.....1 2 WAIT TOO LONG.....1 2 SATISFIED WITH INFO.....1 2 CLEAN AND WELL MAINTAINED..1 2 OTHER.....1 2 (SPECIFY) | |
| 347 | How much did it cost to have the IUD inserted? RECORD RESPONSE IN POUNDS, ROUNDING DOWN TO THE NEAREST POUND. | COST (IN POUNDS)..... <input type="text"/> <input type="text"/> <input type="text"/> NOT SURE/DON'T KNOW.....998 | |
| 348 | Did you get the IUD at the place where you had it inserted or did you get it somewhere else? | YES, FROM SAME PLACE.....1 NO, FROM SOMEWHERE ELSE.....2 | >401 |
| 349 | Where did you get the IUD from? | GOVERNMENT FP CLINIC.....01 PRIVATE VOLUNTARY FP CLINIC...02 GOVERNMENT MCH CENTER.....03 GOVERNMENT HOSPITAL.....04 PRIVATE DOCTOR/CLINIC.....05 PHARMACY.....06 OTHER.....08 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 350 | How much did it cost to get the IUD at (PLACE WHERE IUD WAS BOUGHT)? RECORD RESPONSE IN POUNDS, ROUNDING DOWN TO THE NEAREST POUND. | COST (IN POUNDS)..... <input type="text"/> <input type="text"/> <input type="text"/> NOT SURE/DON'T KNOW.....998 | >401 |
| 351 | Now I would like to ask some questions about the last cycle (packet) of the pill which you bought. Who obtained the pill the last time? | HOME DELIVERED.....1 RESPONDENT.....2 HUSBAND.....3 OTHER.....4 (SPECIFY) | >401 |
| 352 | Where did you (or your husband) obtain (CURRENT METHOD) the last time? | GOVERNMENT FP CLINIC.....01 PRIVATE VOLUNTARY FP CLINIC...02 GOVERNMENT MCH CENTER.....03 GOVERNMENT HOSPITAL.....04 PRIVATE DOCTOR/CLINIC.....05 PHARMACY.....06 OTHER.....08 (SPECIFY) NOT SURE/DON'T KNOW.....98 | >401 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|------------------------------|------------|
| 353 | Now I would like to get some information on what you thought about the service you received at (PLACE WHERE CURRENT METHOD WAS OBTAINED). | | |
| | | YES NO | |
| | Did it cost too much? | COST TOO MUCH.....1 | 2 |
| | Was the staff courteous? | STAFF COURTEOUS.....1 | 2 |
| | Did you have to wait too long? | WAIT TOO LONG.....1 | 2 |
| | Were you satisfied with the information that you were given about the method? | SATISFIED WITH INFO.....1 | 2 |
| | Was the clinic (facility) clean and well maintained? | CLEAN AND WELL MAINTAINED..1 | 2 |
| | Was there anything (else) that you did not like about the services that you received? | OTHER1 | 2 |
| | | (SPECIFY) | |

SECTION 4. CONTRACEPTIVE USE HISTORY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|--|---------|
| 401 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | >422 |
| 402 | CHECK 306: EVER USED ANY METHOD <input type="checkbox"/> NEVER USED A METHOD <input type="checkbox"/> | | >421 |
| 403 | CHECK 323 AND 324: CURRENTLY USING CONTRACEPTION <input type="checkbox"/> NOT CURRENTLY USING CONTRACEPTION <input type="checkbox"/> (WRITE METHOD) | | >414 |
| 404 | Now I would like to ask you some questions about the length of time that you have been using your (CURRENT METHOD) without interruption. In what month and year did you begin the most recent period of continuous use of (CURRENT METHOD)? | DATE MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98 | >406 |
| 405 | How long have you been using (CURRENT METHOD) (this time) without interruption? | DURATION: MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> | |
| 406 | Have you experienced any problems from using (CURRENT METHOD)? | YES.....1 NO.....2 | >408 |
| 407 | What is the main problem you experienced? | METHOD FAILED/NOT EFFECTIVE....02 HUSBAND DISAPPROVED.....04 OTH REL DISAPPROVED.....05 SIDE EFFECTS FOR RESPONDENT....07 SIDE EFFECTS FOR CHILD.....08 METHOD PERMANENT.....09 DIFFICULT TO OBTAIN.....11 COSTS TOO MUCH.....12 INCONVENIENT TO USE.....13 OTHER.....19 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 408 | Since your last birth (you married), have you used any other method or done anything else before (CURRENT METHOD) to avoid getting pregnant? | YES.....1 NO.....2 | >421 |
| 409 | Which was the last method you used (BEFORE CURRENT METHOD)? | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STERILIZATION.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|------------|
| 410 | In what month and year did you start using (METHOD BEFORE CURRENT) (the last time)? | DATE MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98 | >412 |
| 411 | How long after your last birth (you married) did you start using (METHOD BEFORE CURRENT) (the last time)? | MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> | |
| 412 | For how long had you been using (METHOD BEFORE CURRENT) before you stopped using it (the last time)? | DURATION MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> | |
| 413 | What was the main reason you stopped using (METHOD BEFORE CURRENT) then? | TO GET PREGNANT/WANTED CHILD...01 METHOD FAILED/NOT EFFECTIVE...02 HUSBAND DISAPPROVED.....04 OTH RELATIVES DISAPPROVE.....05 RELIGIOUS PROHIBITIONS.....06 SIDE EFFECTS FOR RESP.....07 SIDE EFFECTS FOR CHILD.....08 DIFFICULT TO OBTAIN.....11 COSTS TOO MUCH.....12 INCONVENIENT TO USE.....13 DECIDED TO USE ANOTHER METHOD..14 FATALISTIC.....15 INFREQUENT SEX.....16 OTHER.....19 (SPECIFY) NOT SURE/DON'T KNOW.....98 | >421 |
| 414 | CHECK 208: ANY BIRTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | >416 |
| 415 | Now I would like to ask questions about the last time that you used a family planning method. Since your last birth have you done anything or used any method to avoid getting pregnant? | YES.....1 NO.....2 | >421 |
| 416 | Which was the last family planning method that you used? | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STERILIZATION.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|---------|
| 417 | In what month and year did you start using (METHOD) (last time)? | DATE MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98 | →419 |
| 418 | How long after your last birth did you start using (METHOD) (the last time)? | MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> | |
| 419 | For how long had you been using (METHOD) before you stopped using it (last time)? | DURATION MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> | |
| 420 | What was the main reason you stopped using (METHOD) then? | TO GET PREGNANT/WANTED CHILD...01 METHOD FAILED/NOT EFFECTIVE...02 HUSBAND DISAPPROVED.....04 OTH RELATIVES DISAPPROVE.....05 RELIGIOUS PROHIBITIONS.....06 SIDE EFFECTS FOR RESP.....07 SIDE EFFECTS FOR CHILD.....08 DIFFICULT TO OBTAIN.....11 COSTS TOO MUCH.....12 INCONVENIENT TO USE.....13 DECIDED TO USE ANOTHER METHOD..14 FATALISTIC.....15 INFREQUENT SEX.....16 OTHER.....19 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 421 | CHECK 215: HAD BIRTH SINCE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> JANUARY 1983 NO BIRTH SINCE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> JANUARY 1983 | | →501 |

422 FILL IN INFORMATION IN 423 TO 425. THEN USING THE INFORMATION ENTERED IN 423 AND 424 COMPLETE THE TABLE ON THE TOP OF THE NEXT PAGE. ASK 426-434 AS APPROPRIATE FOR THE INTERVAL BEFORE A CURRENT PREGNANCY (IF THE RESPONDENT IS PREGNANT) EACH BIRTH INTERVAL (PERIOD BETWEEN SUCCESSIVE BIRTHS).

| | | 423 CHECK 226 FOR PREGNANCY STATUS | 424 CHECK 215 FOR BIRTHS OCCURRING SINCE JANUARY 1983. IF THE WOMAN HAD ONE OR MORE BIRTHS SINCE JANUARY 1983, CHECK 212, 213 AND 216. BEGINNING WITH THE LAST BIRTH, RECORD THE LINE NUMBER, NAME AND STATUS OF ALL BIRTHS AT THE TOP OF THE APPROPRIATE COLUMNS BELOW. RECORD THE NAMES OF TWINS IN THE SAME COLUMN AND TREAT AS ONE BIRTH. | | | | | | | |
|--|---------------------------|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| 425 CHECK 306: | | CURRENTLY PREGNANT | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST | | THIRD-FROM-LAST | |
| EVER USED METHOD | NEVER USED METHOD | YES <input type="checkbox"/> NO <input type="checkbox"/> | NAME | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| (ASK 426-434 FOR EACH COLUMN) | (ASK 433 FOR EACH COLUMN) | | | | | | | | | |
| 426 Now I would like to get some more information about your use of family planning during the last five years. | | | | | | | | | | |
| FOR INTERVAL BEFORE A CURRENT PREGNANCY, ASK: Before you became pregnant (but after you had NAME OF LAST BIRTH), did you do anything or use any method, even for a short time, to avoid getting pregnant? | | YES.....1 NO.....2 (SKIP TO 433)< | | | | | | | | |
| FOR EACH BIRTH INTERVAL ASK: In the interval before you gave birth to NAME (but after you had NAME OF PRECEDING BIRTH), did you do anything, or use any method, even for a short time, to avoid getting pregnant? | | | YES.....1 NO.....2 (SKIP TO 433)< | | YES.....1 NO.....2 (SKIP TO 433)< | | YES.....1 NO.....2 (SKIP TO 433)< | | YES.....1 NO.....2 (SKIP TO 433)< | |
| 427 What was the last method you used then? | | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRSTFDNG11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 MALE STER.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLNGD BRFD..11 OTHER.....12 (SPECIFY) |

THE HEADINGS AT THE TOP OF THE TABLE BELOW SHOULD BE THE SAME AS THOSE IN THE TABLE ON THE PRECEDING PAGE. WHEN RECORDING RESPONSES, BE SURE THAT YOU ENTER THE ANSWERS IN THE CORRECT COLUMN.

| | LINE NUMBER FROM 212 | | | | | |
|--|--|---|---|---|---|--|
| | CURRENTLY PREGNANT | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST | |
| | YES <input type="checkbox"/> NO <input type="checkbox"/> | NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | |
| 428 In what month and year did you start using (METHOD) then? | DATE MONTH..... <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> (SKIP TO 430)< DK YEAR.....98 | DATE MONTH..... <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> (SKIP TO 430)< DK YEAR.....98 | DATE MONTH..... <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> (SKIP TO 430)< DK YEAR.....98 | DATE MONTH..... <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> (SKIP TO 430)< DK YEAR.....98 | DATE MONTH..... <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> (SKIP TO 430)< DK YEAR.....98 | |
| 429 How long after the birth (NAME OF PRECEDING BIRTH) did you begin to use (METHOD) then? | MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | |
| 430 For how long had you been using (METHOD) before you stopped using it then? | DURATION MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | DURATION MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | DURATION MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | DURATION MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | DURATION MONTHS..... <input type="text"/> YEARS..... <input type="text"/> | |
| 431 Did you become pregnant while you were still using LAST METHOD)? | YES.....1 (SKIP TO 434)< NO.....2 | YES.....1 (SKIP TO 434)< NO.....2 | YES.....1 (SKIP TO 434)< NO.....2 | YES.....1 (SKIP TO 434)< NO.....2 | YES.....1 (SKIP TO 434)< NO.....2 | |
| 432 What was the main reason you stopped using (LAST METHOD)? | TO GET PREGNANT...01 (GO TO NEXT COLUMN < OR, IF NO BIRTH, GO TO 501) METHOD FAILED.....02 HUSB DISAPPR.....04 OTH REL DISAPPR...05 RELIGIOUS PROHIB..06 SIDE EFFECTS-RESP.07 SIDE EFFECTS-CHLD.08 DIFF TO OBTAIN...11 COSTS TOO MUCH...12 INCONVENT TO USE..13 TO USE OTH METH...14 FATALISTIC.....15 INFREQUENT SEX....16 OTHER.....19 (SPECIFY) DON'T KNOW.....98 | TO GET PREG...01 (GO TO NEXT COL < OR, IF NO OTHER BIRTH, GO TO 501) METH FAILED...02 HUSB DISAPRVD.04 OTH REL DISAP.05 RELIG PROHIB..06 SIDE EFFT RSP.07 SIDE EFFT CHD.08 DIFF TO OBT...11 COST TOO MUCH..12 INCONVENIENT..13 USE OTH METH..14 FATALISTIC....15 INFREQ SEX....16 OTHER.....19 (SPECIFY) DON'T KNOW....98 | TO GET PREG...01 (GO TO NEXT COL < OR, IF NO OTHER BIRTH, GO TO 501) METH FAILED...02 HUSB DISAPRVD.04 OTH REL DISAP.05 RELIG PROHIB..06 SIDE EFFT RSP.07 SIDE EFFT CHD.08 DIFF TO OBT...11 COST TOO MUCH..12 INCONVENIENT..13 USE OTH METH..14 FATALISTIC....15 INFREQ SEX....16 OTHER.....19 (SPECIFY) DON'T KNOW....98 | TO GET PREG...01 (GO TO NEXT COL < OR, IF NO OTHER BIRTH, GO TO 501) METH FAILED...02 HUSB DISAPRVD.03 OTH REL DISAP.04 RELIG PROHIB..05 SIDE EFFT RSP.06 SIDE EFFT CHD.08 DIFF TO OBT...11 COST TOO MUCH..12 INCONVENIENT..13 USE OTH METH..14 FATALISTIC....15 INFREQ SEX....16 OTHER.....19 (SPECIFY) DON'T KNOW....98 | TO GET PREG...01 (GO TO 501) < METH FAILED...02 HUSB DISAPRVD.04 OTH REL DISAP.05 RELIG PROHIB..06 SIDE EFFT RSP.07 SIDE EFFT CHD.08 DIFF TO OBT...11 COST TOO MUCH..12 INCONVENIENT..13 USE OTH METH..14 FATALISTIC....15 INFREQ SEX....16 OTHER.....19 (SPECIFY) DON'T KNOW....98 | |

THE HEADINGS AT THE TOP OF THE TABLE BELOW SHOULD BE THE SAME AS THOSE IN THE TABLE ON THE PRECEDING PAGE. WHEN RECORDING RESPONSES, BE SURE THAT YOU ENTER THE ANSWERS IN THE CORRECT COLUMN.

| | LINE NUMBER FROM 212 | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | CURRENTLY PREGNANT | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST | | | |
| | YES <input type="checkbox"/> | NAME <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | | | |
| i33 At the time you became pregnant (with NAME), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all? | THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO 501) | | | |
| i34 Did you want to have that child but at a later time, or not have another child at all? | HAVE CHILD LATER...1 NOT HAVE CHILD.....2 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | HAVE LATER.....1 NOT HAVE CHILD.2 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | HAVE LATER.....1 NOT HAVE CHILD.2 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | HAVE LATER.....1 NOT HAVE CHILD.2 (ALL GO TO 426 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 501) | HAVE LATER.....1 NOT HAVE CHILD.2 (ALL GO TO 501) | | | |

SECTION 5: FAMILY PLANNING AND CHILDBEARING ATTITUDES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|---------|
| 501 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/> | | 513 |
| 502 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | 506 |
| 503 | CHECK 323 AND 324: NOT CURRENTLY USING CONTRACEPTION <input type="checkbox"/> CURRENTLY USING CONTRACEPTION <input type="checkbox"/> | | 511 |
| 504 | If you became pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter very much? | HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3 | 506 |
| 505 | What is the main reason that you are not using a method to avoid pregnancy? | OPPOSED TO FAMILY PLANNING.....03 HUSBAND DISAPPROVES.....04 OTHER REL DISAPPROVE.....05 RELIGIOUS PROHIBITIONS.....06 SIDE EFFECTS FOR RESP.....07 SIDE EFFECTS FOR CHILD.....08 LACK OF KNOWLEDGE.....10 DIFFICULT TO OBTAIN METH(S).....11 COST TOO MUCH.....12 INCONVENIENT TO USE.....13 FATALISTIC.....15 INFREQUENT SEX.....16 POSTPARTUM/BREASTFEEDING.....17 MENOPAUSAL/SUBFECUND.....18 OTHER.....19 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 506 | Do you intend to use a method to avoid pregnancy at any time in the future? | YES.....1 NO.....2 NOT SURE/DON'T KNOW.....8 | 510 |
| 507 | Which method would you prefer to use? | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 WITHDRAWAL.....09 SAFE PERIOD.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 508 | When do you plan to begin using (METHOD)? | WITHIN NEXT 12 MONTHS/1 YEAR....1 WITHIN NEXT 2-3 YEARS.....2 AFTER THREE YEARS OR MORE.....3 NOT SURE/DON'T KNOW.....8 | |
| 509 | How many additional children would you like to have before using (METHOD)? IF NONE, WRITE '00'. | NUMBER..... <input type="text"/> | |
| 510 | Have you ever talked about family planning with your husband? | YES.....1 NO.....2 | 512 |
| 511 | How often have you talked with your husband about family planning in the last twelve months? | NEVER.....1 ONCE.....2 TWO TO THREE TIMES.....3 FOUR TIMES OR MORE.....4 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|------------|
| 512 | In your opinion, in general, does your husband approve or disapprove of couples using a method to avoid pregnancy? | APPROVES.....1 CONDITIONALLY APPROVES.....2 DISAPPROVES.....3 NOT SURE/DON'T KNOW.....8 | |
| 513 | In general, do you approve or disapprove of a couple using a method to avoid pregnancy? | APPROVE.....1 CONDITIONALLY APPROVE.....2 DISAPPROVE.....3 NOT SURE/DON'T KNOW.....8 | 515 |
| 514 | In your opinion, how many children should a woman have before her husband and she begin to use family planning? | NUMBER..... <input type="text"/> <input type="text"/> SHOULD NOT USE.....96 NOT SURE/DON'T KNOW.....98 | |
| 515 | If a couple has had the number of children that they want, do you think that it is acceptable for the woman to have an operation to prevent her from becoming pregnant again if her husband agrees? | ACCEPTABLE.....1 SOMETIMES ACCEPTABLE.....2 NOT ACCEPTABLE.....3 NOT SURE/DON'T KNOW.....8 | |
| 516 | In the last month, have you heard a show or message about family planning on the radio? | YES.....1 NO.....2 | 518 |
| 517 | How many times did you hear a family planning show or message on the radio during the past month? | ONCE.....1 TWO OR THREE TIMES.....2 MORE THAN THREE TIMES.....3 | |
| 518 | In the last month, have you seen a show or message about family planning on the television? | YES.....1 NO.....2 | 524 |
| 519 | How many times did you see a family planning show or message on television during the past month? | ONCE.....1 TWO OR THREE TIMES.....2 MORE THAN THREE TIMES.....3 | |
| 520 | What was the last show or message about family planning which you saw on television? | ABU-KTIR FAMILY.....01 WAHID FAMILY.....02 OM EL-HANA FAMILY.....03 FARAHAT FAMILY.....04 AZIZA AND HER MOTHER.....05 PHYSICIAN AND THE AMBULANCE.....06 SANA AND HER DAUGHTER.....07 SANA AND BRIDE AND BRIDEGROOM.....08 SANA AND EARLY PREGNANCIES.....09 SANA AND LATE PREGNANCIES.....10 SANA AND THE PILL.....11 SANA AND OTHER METHODS (IUD, FOAM AND TABLETS).....12 SANA AND MEDICAL ADVICE.....13 OTHER.....14 (SPECIFY) NOT SURE/DON'T KNOW.....98 | 524 |
| 521 | What did you particularly like about this show or message? | ADVICE ABOUT SPACING CHILDREN..01 ADVICE ABOUT WAITING TO MARRY UNTIL GIRL IS OLDER.....02 ADVICE ABOUT USING PILL.....03 ADVICE ABOUT EFFICIENT METHODS..04 ADVICE ABOUT FINANCIAL BENEFITS OF SMALL FAMILIES...05 OTHER ADVICE.....06 (SPECIFY) PROMOTED UNDERSTANDING OF FP...10 SHOW UNDERSTOOD BY ILLITERATE..11 LIKED ACTORS/ACTRESSES.....12 SHOW INTERESTING/FUNNY.....13 OTHER.....14 (SPECIFY) LIKED EVERYTHING.....96 DISLIKED EVERYTHING.....97 NOT SURE/DON'T KNOW.....98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|------------------------------|
| 522 | What did you particularly dislike about this show or message? | MOTHER'S BELIEF DAUGHTER SHOULD HAVE MANY CHILDREN.....01 MOTHER'S INTERFERENCE IN DAUGHTER'S BUSINESS.....02 MOTHER'S ARGUMENT THAT MANY CHILDREN MEAN WEALTH.....03 SHOW BIASED AGAINST LARGE FAMILIES.....04 FORCED TO WATCH SHOW CONTRARY TO OWN OPINIONS/VALUES.....05 ACTRESS'S ROLE REQUIRES HER TO ALWAYS DEMAND AGREEMENT WITH HER VIEWPOINT.....06 DISLIKED ACTORS/ACTRESSES.....07 OTHER.....08 (SPECIFY) DISLIKED EVERYTHING.....96 LIKED EVERYTHING.....97 NOT SURE/DON'T KNOW.....98 | |
| 523 | Do you agree with all of the information which got from the show or message? IF NO: With what don't you agree? | DISAGREE THAT MORE CHILDREN REQUIRE GREATER EFFORT/TIME..01 DISAGREE THAT LACK OF FINANCIAL RESOURCES IS GOOD REASON FOR HAVING FEWER CHILDREN.....02 OTHER.....03 (SPECIFY) DISAGREES WITH EVERYTHING.....96 AGREES WITH EVERYTHING.....97 NOT SURE/DON'T KNOW.....98 | |
| 524 | On what (other) topics related to family planning would you like more information to be provided? | MORE INFORMATION ABOUT PILL....01 MORE INFORMATION ABOUT IUD.....02 MORE INFORMATION ABOUT OTHER METHODS.....03 (SPECIFY) MORE INFORMATION ABOUT BENEFITS OF FAMILY PLANNING.....04 (SPECIFY) OTHER.....05 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 525 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/> | | >536 |
| 526 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | >528 |
| 527 | 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? | HAVE ANOTHER.....1 NO MORE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8 | >531 >529 >536 >530 |
| 528 | After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children? | HAVE ANOTHER.....1 NO MORE.....2 UNDECIDED/DON'T KNOW.....8 | >531 >531 >530 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|--------------|
| 529 | Would you say that you definitely do not want to have (more) children, or are you not sure? | DEFINITELY NO MORE.....1 NOT SURE.....2 | →533 |
| 530 | Are you more inclined toward having a (another) child or toward not having a (another) child? | HAVE ANOTHER.....1 NOT HAVE ANOTHER.....2 UNDECIDED/DON'T KNOW.....8 | →532 →533 |
| 531 | Would you say that you definitely want a (another) child, or are you not sure? | DEFINITELY MORE.....1 NOT SURE.....2 | |
| 532 | How long would you like to wait from now before the birth of a (another) child? | DURATION MONTHS.....1 YEARS.....2 NOT SURE/DON'T KNOW.....989 | |
| 533 | CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> | | →535 |
| 534 | In your opinion, would your husband like to have a (another) child or would he prefer not to have any (more) children? | HAVE ANOTHER.....1 NO MORE.....2 UNDECIDED/DON'T KNOW.....8 | →536 |
| 535 | In your opinion, in addition to the child you are expecting, would your husband like to have a (another) child or would he prefer not to have any (more) children? | HAVE ANOTHER.....1 NO MORE.....2 UNDECIDED/DON'T KNOW.....8 | |
| 536 | CHECK 202 AND 204: NO LIVING CHILDREN <input type="checkbox"/> HAS LIVING CHILDREN <input type="checkbox"/> | | →538 |
| 537 | 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 ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | →539 →540 |
| 538 | 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? | NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | →539 →540 |
| 539 | How many boys would that be? And how many girls would that be? IF NONE, ENTER '00'. | BOYS <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/> OTHER ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 540 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/> | | →544 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|------------|
| 541 | Have you ever talked to your husband about the exact number of children that he would have liked? | YES.....1 NO.....2 | |
| 542 | If your husband could choose exactly the number of children to have in his life (without regard to the number of children that you may already have), how many do you think that would be? | NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | >544 |
| 543 | How many boys would that be? And how many girls would that be? IF NONE, ENTER '00'. | BOYS <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/> OTHER ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 544 | In your opinion, how many children should your daughter have (regardless of the number that she may already have)? IF RESPONSE IS 'HAS NO DAUGHTER' ASK: If you were to have a daughter, in your opinion, how children should she have? | NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | >546 |
| 545 | How many boys? And how many girls? IF NONE, ENTER '00'. | BOYS <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/> OTHER ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |
| 546 | In your opinion, what is the most suitable age for a girl to marry? | AGE..... <input type="text"/> <input type="text"/> OTHER ANSWER96 (SPECIFY) NOT SURE/DON'T KNOW.....98 | |

SECTION 6. HUSBAND'S AND PARENTS' STATUSES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|------|---|--|---------|
| 601 | Now I have some questions about your (most recent) husband. Has your husband attended school in the past or is he currently attending school? | YES, ATTENDED IN THE PAST.....1 YES, ATTENDING CURRENTLY.....2 NO, NEVER ATTENDED.....3 NOT SURE/DON'T KNOW.....8 | >603 |
| 602 | What was the highest level to which he was admitted at school? CIRCLE CODE FOR LEVEL. | LEVEL GRADE PRIMARY.....1 <input type="checkbox"/> PREPARATORY.....2 <input type="checkbox"/> SECONDARY.....3 <input type="checkbox"/> UPPER INTERMEDIATE.....4 <input type="checkbox"/> UNIVERSITY.....5 <input type="checkbox"/> MORE THAN UNIVERSITY.....6 <input type="checkbox"/> (SPECIFY) DON'T KNOW LEVEL.....88 | >605 |
| 602A | What was the highest grade which he completed at that level? ENTER GRADE IN BOX. | | |
| 603 | Can he read a newspaper or a letter, for example? | YES.....1 NO.....2 NOT SURE/DON'T KNOW.....8 | >605 |
| 604 | Can (could) he write a letter, for example? | YES.....1 NO.....2 NOT SURE/DON'T KNOW.....8 | |
| 605 | What kind of work does (did) your husband mainly do? WRITE THE RESPONSE EXACTLY AS GIVEN. | <input type="text"/> <input type="text"/> | |
| 606 | CHECK 605: DOES (DID) NOT WORK IN AGRI- <input type="checkbox"/> WORKS (WORKED) <input type="checkbox"/> CULTURE IN AGRICULTURE | | >608 |
| 607 | Does (did) he earn a regular wage or salary? | YES.....1 NO.....2 NOT SURE/DON'T KNOW.....8 | >610 |
| 608 | Does (did) your husband work mainly on his or family land, or on someone else's land? | HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2 | >610 |
| 609 | Does (did) he work mainly for money or does (did) he work for a share of the crops? | MONEY.....1 A SHARE OF CROPS.....2 | |
| 610 | Is (was) your husband your first cousin or other blood relative or isn't he related to you at all? | YES, FIRST COUSIN.....1 YES, OTHER RELATIVE.....2 NO, NOT A RELATIVE.....3 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------------------------|----------------------|--|---------------------|---|------|------------------------------|---|------------------------|-----------------------------|---|--|------------------------------|---|---|--------------|------------------------------|---|---|--|--|
| 611 | Now I would like to ask some questions about your parents and the parents of your (first) husband. Is your mother still alive? Is your father still alive? Is your (first) husband's mother still alive? Is your (first) husband's father still alive? | <table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>RESPONDENT'S MOTHER..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>RESPONDENT'S FATHER..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </table> | | YES | NO | DK | RESPONDENT'S MOTHER..1 | 2 | 8 | | RESPONDENT'S FATHER..1 | 2 | 8 | | FIRST HUSBAND'S MOTHER.....1 | 2 | 8 | | FIRST HUSBAND'S FATHER.....1 | 2 | 8 | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | |
| RESPONDENT'S MOTHER..1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| RESPONDENT'S FATHER..1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| FIRST HUSBAND'S MOTHER.....1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| FIRST HUSBAND'S FATHER.....1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| 612 | CHECK 611: AT LEAST ONE PARENT NOT LIVING OR DON'T KNOW <input type="checkbox"/> ALL PARENTS ALIVE <input type="checkbox"/> | | >614 | | | | | | | | | | | | | | | | | | | | |
| 613 | Was (MENTION PARENTS NOT ALIVE NOW OR DK) alive at the time you began living together with your (first) husband? | <table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>RESPONDENT'S MOTHER..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>RESPONDENT'S FATHER..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </table> | | YES | NO | DK | RESPONDENT'S MOTHER..1 | 2 | 8 | | RESPONDENT'S FATHER..1 | 2 | 8 | | FIRST HUSBAND'S MOTHER.....1 | 2 | 8 | | FIRST HUSBAND'S FATHER.....1 | 2 | 8 | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | |
| RESPONDENT'S MOTHER..1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| RESPONDENT'S FATHER..1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| FIRST HUSBAND'S MOTHER.....1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| FIRST HUSBAND'S FATHER.....1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | |
| 614 | At the time you first married, did you and your first husband have your own home, or did you begin by living in someone else's home for at least six months? | <table> <tr> <td>HAD OWN HOME.....1</td> <td></td> </tr> <tr> <td>LIVED IN SOMEONE ELSE'S HOME FOR AT LEAST SIX MONTHS.....2</td> <td>>616</td> </tr> <tr> <td>LIVED IN SOMEONE ELSE'S HOME FOR LESS THAN 6 MONTHS.....3</td> <td>>618</td> </tr> </table> | HAD OWN HOME.....1 | | LIVED IN SOMEONE ELSE'S HOME FOR AT LEAST SIX MONTHS.....2 | >616 | LIVED IN SOMEONE ELSE'S HOME FOR LESS THAN 6 MONTHS.....3 | >618 | | | | | | | | | | | | | | | |
| HAD OWN HOME.....1 | | | | | | | | | | | | | | | | | | | | | | | |
| LIVED IN SOMEONE ELSE'S HOME FOR AT LEAST SIX MONTHS.....2 | >616 | | | | | | | | | | | | | | | | | | | | | | |
| LIVED IN SOMEONE ELSE'S HOME FOR LESS THAN 6 MONTHS.....3 | >618 | | | | | | | | | | | | | | | | | | | | | | |
| 615 | At the time of your (first) marriage, did anyone else live with you and your husband for at least six months? | <table> <tr> <td>YES.....1</td> <td></td> </tr> <tr> <td>NO.....2</td> <td>>618</td> </tr> </table> | YES.....1 | | NO.....2 | >618 | | | | | | | | | | | | | | | | | |
| YES.....1 | | | | | | | | | | | | | | | | | | | | | | | |
| NO.....2 | >618 | | | | | | | | | | | | | | | | | | | | | | |
| 616 | Were you living together with any of the following persons for at least six months after you (first) married: Your mother? Any other relatives of yours? Your (first) husband's mother? Any other relatives of your (first) husband? Anyone else (not a relative)? | <table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>RESP'S MOTHER.....1</td> <td>2</td> <td></td> </tr> <tr> <td>RESP'S OTHER RELATIVES.....1</td> <td>2</td> <td></td> </tr> <tr> <td>(FIRST) HUSB'S MOTHER.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTH RELATIVES (FIRST) HUSB.1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER1</td> <td>2</td> <td></td> </tr> </table> <p>(SPECIFY)</p> | | YES | NO | RESP'S MOTHER.....1 | 2 | | RESP'S OTHER RELATIVES.....1 | 2 | | (FIRST) HUSB'S MOTHER.....1 | 2 | | OTH RELATIVES (FIRST) HUSB.1 | 2 | | OTHER1 | 2 | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | |
| RESP'S MOTHER.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| RESP'S OTHER RELATIVES.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| (FIRST) HUSB'S MOTHER.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| OTH RELATIVES (FIRST) HUSB.1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| OTHER1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 617 | For about how many years did you live together at that time? | <table> <tr> <td>YEARS.....</td> <td><input type="text"/></td> </tr> <tr> <td>UP TO THE PRESENT.....96</td> <td></td> </tr> </table> | YEARS..... | <input type="text"/> | UP TO THE PRESENT.....96 | | | | | | | | | | | | | | | | | | |
| YEARS..... | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| UP TO THE PRESENT.....96 | | | | | | | | | | | | | | | | | | | | | | | |
| 618 | In how many different places have you lived for six months or more since you were first married including this place? | <table> <tr> <td>NUMBER OF LOCALITIES.....</td> <td><input type="text"/></td> </tr> </table> | NUMBER OF LOCALITIES..... | <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| NUMBER OF LOCALITIES..... | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| 619 | CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/> | | >630 | | | | | | | | | | | | | | | | | | | | |
| 620 | Now I would like to talk with you about a different topic. In general if a wife disagrees with her husband should she keep quiet or speak up? | <table> <tr> <td>KEEP QUIET.....1</td> <td></td> </tr> <tr> <td>SPEAK UP.....2</td> <td></td> </tr> <tr> <td>NOT SURE/DON'T KNOW.....8</td> <td></td> </tr> </table> | KEEP QUIET.....1 | | SPEAK UP.....2 | | NOT SURE/DON'T KNOW.....8 | | | | | | | | | | | | | | | | |
| KEEP QUIET.....1 | | | | | | | | | | | | | | | | | | | | | | | |
| SPEAK UP.....2 | | | | | | | | | | | | | | | | | | | | | | | |
| NOT SURE/DON'T KNOW.....8 | | | | | | | | | | | | | | | | | | | | | | | |
| 621 | Do you think a wife respects a husband more if he insists she accept his opinion in everything or if he listens to and accepts her opinions? | <table> <tr> <td>INSISTS ON HIS OPINION.....1</td> <td></td> </tr> <tr> <td>LISTENS AND ACCEPTS HER OPINION.2</td> <td></td> </tr> <tr> <td>NOT SURE/DON'T KNOW.....3</td> <td></td> </tr> </table> | INSISTS ON HIS OPINION.....1 | | LISTENS AND ACCEPTS HER OPINION.2 | | NOT SURE/DON'T KNOW.....3 | | | | | | | | | | | | | | | | |
| INSISTS ON HIS OPINION.....1 | | | | | | | | | | | | | | | | | | | | | | | |
| LISTENS AND ACCEPTS HER OPINION.2 | | | | | | | | | | | | | | | | | | | | | | | |
| NOT SURE/DON'T KNOW.....3 | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|--|---|------------|-------|------|------|-------|------------------|---|---|---|--|-----------------|---|---|---|--|-----------------|---|---|---|--|-----------------|---|---|---|--|-----------------|---|---|---|--|-----------------|---|---|---|--|-----------------|---|---|---|--|--|
| 622 | In your home, does your point of view carry the same weight as your husband's, less weight than his point of view or isn't it taken into account at all? | SAME WEIGHT AS HUSBAND.....1 LESS WEIGHT THAN HUSBAND.....2 NOT TAKEN INTO ACCOUNT AT ALL...3 OTHER.....4 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 623 | Who should have the last word on the following---the husband, the wife, both, or someone else? Visits to friends or relatives? Household budget? Lending or borrowing? Having another child? Children's education? Children's marriage plans? Use of family planning methods? | <table><tr><th></th><th>HUSB</th><th>WIFE</th><th>BOTH</th><th>OTHER</th></tr><tr><td>VISITS FRD/RL..1</td><td>2</td><td>3</td><td>4</td><td></td></tr><tr><td>MSHLD BUDGET..1</td><td>2</td><td>3</td><td>4</td><td></td></tr><tr><td>LEND/BORROW...1</td><td>2</td><td>3</td><td>4</td><td></td></tr><tr><td>HAVING CHILD..1</td><td>2</td><td>3</td><td>4</td><td></td></tr><tr><td>CHILD'S EDUC..1</td><td>2</td><td>3</td><td>4</td><td></td></tr><tr><td>CHILD'S MARR..1</td><td>2</td><td>3</td><td>4</td><td></td></tr><tr><td>FAM PL USE... 1</td><td>2</td><td>3</td><td>4</td><td></td></tr></table> | | HUSB | WIFE | BOTH | OTHER | VISITS FRD/RL..1 | 2 | 3 | 4 | | MSHLD BUDGET..1 | 2 | 3 | 4 | | LEND/BORROW...1 | 2 | 3 | 4 | | HAVING CHILD..1 | 2 | 3 | 4 | | CHILD'S EDUC..1 | 2 | 3 | 4 | | CHILD'S MARR..1 | 2 | 3 | 4 | | FAM PL USE... 1 | 2 | 3 | 4 | | |
| | HUSB | WIFE | BOTH | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VISITS FRD/RL..1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MSHLD BUDGET..1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEND/BORROW...1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVING CHILD..1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILD'S EDUC..1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILD'S MARR..1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAM PL USE... 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 624 | Do you go out with your husband to purchase major household items/clothing? | YES.....1 NO.....2 | →626 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 625 | How often do you go out with him? | MORE THAN ONCE PER MONTH.....1 ONCE PER MONTH.....2 ONCE EVERY TWO MONTHS.....3 ONCE EVERY SIX MONTHS.....4 SELDOM.....5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 626 | Does your husband allow you to go out alone or with your children buy household items? | YES ALONE.....1 YES WITH CHILDREN.....2 NOT ALLOWED.....3 OTHER.....4 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 627 | Do you go out with your husband to visit relatives or friends? | YES.....1 NO.....2 | →629 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 628 | How often do you go out with him? | MORE THAN ONCE PER MONTH.....1 ONCE PER MONTH.....2 ONCE EVERY TWO MONTHS.....3 ONCE EVERY SIX MONTHS.....4 SELDOM.....5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 629 | Does your husband allow you to go out alone or with your children visit relatives or friends? | YES ALONE.....1 YES WITH CHILDREN.....2 NOT ALLOWED.....3 OTHER.....4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 630 | How often do you visit with relatives, either in your or in their homes? | DAILY.....1 WEEKLY.....2 BIWEEKLY.....3 MONTHLY.....4 LESS THAN ONCE PER MONTH.....5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 631 | Some say a woman's place is at home and she should not work. Do you agree or disagree? | AGREE.....1 DISAGREE.....2 NOT SURE/DON'T KNOW.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 7. MATERNAL HEALTH AND BREASTFEEDING

701 CHECK 215:

ONE OR MORE LIVE BIRTHS
SINCE JANUARY 1983☐

NO LIVE BIRTHS

SINCE JANUARY 1983

☐

(SKIP TO 848)

702 CHECK 212, 213 AND 216 AND ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1983 AT THE TOP OF THE TABLE BELOW, BEGINNING WITH THE LAST BIRTH. RECORD NAMES OF TWINS IN SEPARATE COLUMNS.

COPY THE SAME INFORMATION AT THE TOP OF THE TABLES ON THE FOLLOWING THREE PAGES.

THEN ASK QUESTIONS 703-712 AS APPROPRIATE FOR BIRTH SINCE 1983 REGARDLESS OF THE SURVIVAL STATUS. COMPLETE ALL QUESTIONS FOR ONE BIRTH BEFORE GOING ON TO THE NEXT BIRTH.

| LINE NUMBER FROM 212 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|---|---|---|
| | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST |
| NAME FROM 213 | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 703 When you were pregnant with (NAME), did you see anyone for a check on the pregnancy? | YES.....1 NO.....2 (SKIP TO 706)< | YES.....1 NO.....2 (SKIP TO 706)< | YES.....1 NO.....2 (SKIP TO 706)< | YES.....1 NO.....2 (SKIP TO 706)< |
| 704 Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED. | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 OTHER.....4 (SPECIFY) | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 OTHER.....4 (SPECIFY) | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 OTHER.....4 (SPECIFY) | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 OTHER.....4 (SPECIFY) |
| 705 Did you regularly have checkups during that pregnancy or did you only have the checkup(s) because there was some medical problem? | REGULAR CHECKUPS..1 CHECKUP FOR MEDICAL PROBLEM..2 OTHER.....3 (SPECIFY) | REGULAR CHECKUPS..1 CHECKUP FOR MEDICAL PROBLEM..2 OTHER.....3 (SPECIFY) | REGULAR CHECKUPS..1 CHECKUP FOR MEDICAL PROBLEM..2 OTHER.....3 (SPECIFY) | REGULAR CHECKUPS..1 CHECKUP FOR MEDICAL PROBLEM..2 OTHER.....3 (SPECIFY) |
| 706 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions after birth? | YES.....1 NO.....2 NOT SURE/DK.....8 | YES.....1 NO.....2 NOT SURE/DK.....8 | YES.....1 NO.....2 NOT SURE/DK.....8 | YES.....1 NO.....2 NOT SURE/DK.....8 |
| 707 Where did you give birth to this child? | AT HOME.....1 AT ANOTHER HOUSE..2 HOSPITAL/CLINIC..3 OTHER.....4 (SPECIFY) | AT HOME.....1 AT ANOTHER HOUSE..2 HOSPITAL/CLINIC..3 OTHER.....4 (SPECIFY) | AT HOME.....1 AT ANOTHER HOUSE..2 HOSPITAL/CLINIC..3 OTHER.....4 (SPECIFY) | AT HOME.....1 AT ANOTHER HOUSE..2 HOSPITAL/CLINIC..3 OTHER.....4 (SPECIFY) |
| 708 Who assisted with the delivery of (NAME)? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED. | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 | DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 DAYA.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 |
| 709 Has your menstrual period resumed since the birth of (NAME)? | YES.....1 NO.....2 (SKIP TO 711)< | | | |
| 710 How many months after the birth of (NAME) did your period return? | MONTHS..... <input type="text"/> NOT RETURNED.....96 | MONTHS..... <input type="text"/> NEVER RETURNED...96 (ALL SKIP TO 712) | MONTHS..... <input type="text"/> NEVER RETURNED...96 (ALL SKIP TO 712) | MONTHS..... <input type="text"/> NEVER RETURNED...96 (ALL SKIP TO 712) |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 702. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A BIRTH, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
|--|---|-------------------------------|---|-------------------------------|---|-------------------------------|---|-------------------------------|
| | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST | | THIRD-FROM-LAST | |
| NAME FROM 213 | NAME <input type="text"/> | | NAME <input type="text"/> | | NAME <input type="text"/> | | NAME <input type="text"/> | |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| 711 Have you resumed sexual relations since the birth of (NAME)? | YES (OR PREGN.)...1 NO...2 (GO TO 703 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 713) | | | | | | | |
| 712 How many months after the birth of (NAME) did you resume sexual relations? | MONTHS..... <input type="text"/> 40 DAYS.....96 (ALL GO TO 703 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, ALL GO TO 713) | | MONTHS..... <input type="text"/> 40 DAYS.....96 (ALL GO TO 703 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, ALL GO TO 713) | | MONTHS..... <input type="text"/> 40 DAYS.....96 (ALL GO TO 703 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, ALL GO TO 713) | | MONTHS..... <input type="text"/> 40 DAYS.....96 (ALL GO TO 713) | |

713 THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 702. ASK QUESTIONS 714-733 AS APPROPRIATE FOR ALL BIRTHS. COMPLETE ALL QUESTIONS FOR ONE BIRTH BEFORE GOING ON TO THE NEXT BIRTH. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A BIRTH, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
|---|---|-------------------------------|---|-------------------------------|---|-------------------------------|--|-------------------------------|
| | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST | | THIRD-FROM-LAST | |
| NAME FROM 213 | NAME <input type="text"/> | | NAME <input type="text"/> | | NAME <input type="text"/> | | NAME <input type="text"/> | |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| 714 Now I would like to ask some questions about breastfeeding. Did you ever feed (NAME) at the breast? | YES.....1 (SKIP TO 717)< NO.....2 | | YES.....1 (SKIP TO 720)< NO.....2 | | YES.....1 (SKIP TO 720)< NO.....2 | | YES.....1 (SKIP TO 720)< NO.....2 | |
| 715 Why did you never breastfeed (NAME)? | CHILD SICK.....02 CHILD DIED.....03 CHILD REFUSED....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | | CHILD SICK.....02 CHILD DIED.....03 CHILD REFUSED....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | | CHILD SICK.....02 CHILD DIED.....03 CHILD REFUSED....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | | CHILD SICK.....020 CHILD DIED.....03 CHILD REFUSED....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | |
| 716 CHECK 715: | CHILD DIED BEFORE BREASTFEEDING....1 (GO TO 714 FOR < NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) OTHER.....2 (SKIP TO 722)< | | CHILD DIED BEFORE BREASTFEEDING....1 (GO TO 714 FOR < NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) OTHER.....2 (SKIP TO 722)< | | CHILD DIED BEFORE BREASTFEEDING....1 (GO TO 714 FOR < NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) OTHER.....2 (SKIP TO 722)< | | CHILD DIED BEFORE BREASTFEEDING....1 (SKIP TO 801)< OTHER.....2 (SKIP TO 722)< | |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 702. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A BIRTH, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | | | | | | | | |
|---|--|-------------------------------|--|-------------------------------|--|-------------------------------|--|-------------------------------|
| | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST | | THIRD-FROM-LAST | |
| NAME FROM 213 | NAME | | NAME | | NAME | | NAME | |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| 717 Are you still breast-feeding (NAME)? IF DEAD, CIRCLE '2'. | YES.....1 NO (OR DEAD).....2 (SKIP TO 720)< | | | | | | | |
| 718 How many times did you breastfeed (NAME) last night between sundown and sunrise? | TIMES..... | | | | | | | |
| 719 How many times did you breastfeed (NAME) yesterday during daylight hours? | TIMES..... (SKIP TO 723) | | | | | | | |
| 720 How many months did you breastfeed (NAME)? | MONTHS..... UNTIL DEATH.....96 (SKIP TO 730)< | | MONTHS..... UNTIL DEATH.....96 (SKIP TO 730)< | | MONTHS..... UNTIL DEATH.....96 (SKIP TO 730)< | | MONTHS..... UNTIL DEATH.....96 (SKIP TO 730)< | |
| 721 Why did you stop breastfeeding (NAME)? | CHILD REACHED WEANING AGE....01 CHILD SICK.....02 CHILD DIED.....03 CHILD REFUSED.....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 PREGNANT.....07 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | | CHILD REACHED WEANING AGE....01 CHILD SICK.....02 CHILD DIED.....03 CHILD REFUSED.....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 PREGNANT.....07 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | | CHILD REACHED WEANING AGE....01 CHILD SICK.....02 CHILD DIED.....03 CHILD REFUSED.....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 PREGNANT.....07 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | | CHILD REACHED WEANING AGE....01 CHILD SICK.....02 CHILD DIED.....03 CHILD REFUSED.....04 MOTHER SICK.....05 NO/INSFFCNT MILK.06 PREGNANT.....07 USING PILL.....08 PREFERRED BOTTLE.09 OTHER.....10 (SPECIFY) | |
| 722 CHECK SURVIVAL STATUS RECORDED IN HEADING AT THE TOP OF THIS TABLE | CHILD ALIVE.....1 CHILD DIED.....2 (SKIP TO 730)< | | CHILD ALIVE.....1 CHILD DIED.....2 (SKIP TO 730)< | | CHILD ALIVE.....1 CHILD DIED.....2 (SKIP TO 730)< | | CHILD ALIVE.....1 CHILD DIED.....2 (SKIP TO 730)< | |
| 723 Now I would like to ask some questions about the foods or liquids you are giving (gave) your child. How many months after (NAME)'s birth did you give him/her milk other than breastmilk? IF LESS THAN 1 MONTH, ENTER '00'. | MONTHS..... NOT YET GIVEN....96 (SKIP TO 725)< | | MONTHS..... NOT YET GIVEN....96 (SKIP TO 725)< | | MONTHS..... NOT YET GIVEN....96 (ALL SKIP TO 725) | | MONTHS..... NOT YET GIVEN....96 (ALL SKIP TO 725) | |
| 724 Is (NAME) receiving any of the following types of milk regularly: | YES NO | | YES NO | | | | | |
| fresh milk/full cream (gamoosa, cow, goat)? | FRESH MLK/CRM..1 2 | | FRESH MLK/CRM..1 2 | | | | | |
| pasteurized milk (in carton, bottle, plastic bags)? | PAST'RIZED MLK.1 2 | | PAST'RIZED MLK.1 2 | | | | | |
| powdered milk for infants? | POWDERED MILK FOR INFANTS...1 2 | | POWDERED MILK FOR INFANTS...1 2 | | | | | |
| other powdered milk? | OTH PWD RD MLK..1 2 | | OTH PWD RD MLK..1 2 | | | | | |
| canned milk? | CANNED MILK....1 2 | | CANNED MILK....1 2 | | | | | |
| any other type of milk? | OTHER MLK.....1 2 (SPECIFY) | | OTHER MLK.....1 2 (SPECIFY) | | | | | |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 702. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A BIRTH, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|--|--|---|--|
| | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST |
| NAME FROM 213 | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 725 How many months after (NAME)'s birth did you first give him/her other liquids? IF LESS THAN 1 MONTH, ENTER '00'. | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (SKIP TO 727) < | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (SKIP TO 727) < | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (ALL SKIP TO 727) | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (ALL SKIP TO 727) |
| 726 Is (NAME) receiving any of the following liquids regularly: sugar water? tea with sugar? rice water? herbal drinks (halba, karawya, etc)? any other liquids? | YES NO SUGAR WATER....1 2 TEA WITH SUGAR.1 2 RICE WATER.....1 2 HERBAL DRINKS..1 2 OTHER LQDS.....1 2 (SPECIFY) | YES NO SUGAR WATER....1 2 TEA WITH SUGAR.1 2 RICE WATER.....1 2 HERBAL DRINKS..1 2 OTHER LQDS.....1 2 (SPECIFY) | | |
| 727 CHECK 723 TO 726: | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (ALL GO TO 714 < FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (ALL GO TO 714 < FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> (SKIP TO 729) < NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (ALL GO TO 714 < FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> (SKIP TO 729) < NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (SKIP TO 801) < |
| 728 Are any of the milks or other liquids your child drinks given in a bottle with a nipple? | YES.....1 NO.....2 NOT SURE/DK.....8 | YES.....1 NO.....2 NOT SURE/DK.....8 | | |
| 729 How many months after (NAME'S) birth did you first give him/her solid or semi-solid food? | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 801) | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 801) | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 801) | MONTHS..... <input type="text"/> NOT YET GIVEN....96 (ALL GO TO 801) |
| 730 How many months after (NAME)'s birth did you first give him/her milk other than breastmilk? IF LESS THAN 1 MONTH, ENTER '00'. | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 702. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A BIRTH, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--|--|--|--|---|
| | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST |
| NAME FROM 213 | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 731 How many months after (NAME)'s birth did you first give him/her other liquids? IF LESS THAN 1 MONTH, ENTER '00'. | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 |
| 732 CHECK 730 and 731: | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 801) | EITHER MILK AND/OR OTHER LIQUIDS GIVEN <input type="checkbox"/> NEITHER MILK NOR OTHER LIQUIDS GIVEN <input type="checkbox"/> (SKIP TO 801) |
| 733 How many months after (NAME'S) birth did you first give him/her solid or semi-solid food? | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 801) | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 801) | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 (ALL GO TO 714 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 801) | MONTHS..... <input type="text"/> CHILD DIED BEFORE GIVEN97 (ALL GO TO 801) |

SECTION 8. CHILD HEALTH AND CAUSE OF DEATH

801 CHECK 215:

ONE OR MORE LIVE BIRTHS
SINCE JANUARY 1983☐

NO LIVE BIRTHS

SINCE JANUARY 1983

☐

(SKIP TO 848)

CHECK 212, 213 AND 216 AND ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1983 AT THE TOP OF THE TABLE BELOW, BEGINNING WITH THE LAST BIRTH. RECORD NAMES OF TWINS IN SEPARATE COLUMNS. COPY THE SAME INFORMATION AT THE TOP OF THE TABLES ON THE FOLLOWING THREE PAGES. YOU SHOULD RECORD THE NAMES OF DEAD AS WELL AS LIVING CHILDREN EVEN THOUGH QUESTIONS 803-821 WILL BE ASKED ONLY FOR LIVING CHILDREN.

AFTER THE TABLE HEADINGS ARE COMPLETE, ASK QUESTIONS 802-821 FOR EACH LIVING CHILD. COMPLETE ALL QUESTIONS FOR ONE LIVING CHILD BEFORE GOING ON TO THE NEXT CHILD. REMEMBER TO SKIP QUESTIONS 803-821 FOR DEAD CHILDREN. AFTER ASKING QUESTIONS 802-812 FOR ALL LIVING CHILDREN, GO ON TO QUESTION 822.

| LINE NUMBER FROM 212 | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST | | THIRD-FROM-LAST | |
|---|---|-------------------------------|---|-------------------------------|---|-------------------------------|--|-------------------------------|
| NAME FROM 213 | NAME _____ | | NAME _____ | | NAME _____ | | NAME _____ | |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| | | | | | | | (GO TO 822) | |
| 802 Now I would like to ask some questions about any illnesses your child has had recently. Has (NAME) had diarrhea in the last seven days? | YES.....1 (SKIP TO 804)< NO.....2 NOT SURE/DK.....8 | | YES.....1 (SKIP TO 804)< NO.....2 NOT SURE/DK.....8 | | YES.....1 (SKIP TO 804)< NO.....2 NOT SURE/DK.....8 | | YES.....1 (SKIP TO 804)< NO.....2 NOT SURE/DK.....8 | |
| 803 Has (NAME) had diarrhea since the start of the fasting month this year? IF YES: In what month did (NAME) have his/her most recent episode of diarrhea? SPECIFY CALENDAR MONTH | YES _____ (SPECIFY) (SKIP TO 806)< NO.....2 (GO TO 802 FOR NEXT BIRTH, OR, IF NO < OTHER BIRTH, SKIP TO 822) NOT SURE/DK.....8 | | YES _____ (SPECIFY) (SKIP TO 806)< NO.....2 (GO TO 802 FOR NEXT BIRTH, OR, IF NO < OTHER BIRTH, SKIP TO 822) NOT SURE/DK.....8 | | YES _____ (SPECIFY) (SKIP TO 806)< NO.....2 (GO TO 802 FOR NEXT BIRTH, OR, IF NO < OTHER BIRTH, SKIP TO 822) NOT SURE/DK.....8 | | YES _____ (SPECIFY) (SKIP TO 806)< NO.....2 (SKIP TO 822) < NOT SURE/DK.....8 | |
| 804 I would like some information about (NAME)'s last episode of diarrhea. How many days ago did the diarrhea start? IF LESS THAN 24 HOURS, CIRCLE '00'. | DAYS..... LESS THAN 24 HOURS.....00 (SKIP TO 807)< | | DAYS..... LESS THAN 24 HOURS.....00 (SKIP TO 807)< | | DAYS..... LESS THAN 24 HOURS.....00 (SKIP TO 807)< | | DAYS..... LESS THAN 24 HOURS.....00 (SKIP TO 807)< | |
| 805 Has (NAME) had diarrhea in the last 24 hours? | YES.....1 (SKIP TO 807)< NO.....2 | | YES.....1 (SKIP TO 807)< NO.....2 | | YES.....1 (SKIP TO 807)< NO.....2 | | YES.....1 (SKIP TO 807)< NO.....2 | |
| 806 For how many days did (NAME) have diarrhea during the most recent episode? IF LESS THAN 24 HOURS ENTER '00'. | DAYS..... | | DAYS..... | | DAYS..... | | DAYS..... | |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 802. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A CHILD, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
|--|--|-------------------------------|--|-------------------------------|--|-------------------------------|--|-------------------------------|
| | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST | | THIRD-FROM-LAST | |
| NAME FROM 213 | NAME | | NAME | | NAME | | NAME | |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| 807 In your opinion was (is) the most recent episode of diarrhea (NAME) had mild or severe? | MILD.....1 SEVERE.....2 NOT SURE/DK.....8 | | MILD.....1 SEVERE.....2 NOT SURE/DK.....8 | | MILD.....1 SEVERE.....2 NOT SURE/DK.....8 | | MILD.....1 SEVERE.....2 NOT SURE/DK.....8 | (GO TO 822) |
| 808 Were (are) the stools watery or just soft? | WATERY.....1 JUST SOFT.....2 NOT SURE/DK.....8 | | WATERY.....1 JUST SOFT.....2 NOT SURE/DK.....8 | | WATERY.....1 JUST SOFT.....2 NOT SURE/DK.....8 | | WATERY.....1 JUST SOFT.....2 NOT SURE/DK.....8 | |
| 809 Was (is) there blood in the stools? | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | |
| 810 Did (NAME) also experience vomiting? | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | |
| 811 Did (NAME) also experience dehydration? | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | | YES.....1 NO.....2 NOT SURE/DK.....8 | |
| 812 During the most recent episode of diarrhea, did (NAME) show any of these other symptoms: | | | | | | | | |
| | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | |
| thirsty? | THIRSTY.....1 2 | THIRSTY.....1 2 | THIRSTY.....1 2 | THIRSTY.....1 2 | THIRSTY.....1 2 | THIRSTY.....1 2 | THIRSTY.....1 2 | |
| listlessness? | LISTLESNESS.....1 2 | LISTLESNESS.....1 2 | LISTLESNESS.....1 2 | LISTLESNESS.....1 2 | LISTLESNESS.....1 2 | LISTLESNESS.....1 2 | LISTLESNESS.....1 2 | |
| sunken eyes? | SUNKEN EYES.....1 2 | SUNKEN EYES.....1 2 | SUNKEN EYES.....1 2 | SUNKEN EYES.....1 2 | SUNKEN EYES.....1 2 | SUNKEN EYES.....1 2 | SUNKEN EYES.....1 2 | |
| wrinkled skinfold? | WRNK SKINFOLD.....1 2 | WRNK SKINFOLD.....1 2 | WRNK SKINFOLD.....1 2 | WRNK SKINFOLD.....1 2 | WRNK SKINFOLD.....1 2 | WRNK SKINFOLD.....1 2 | WRNK SKINFOLD.....1 2 | |
| cold hands? | COLD HANDS.....1 2 | COLD HANDS.....1 2 | COLD HANDS.....1 2 | COLD HANDS.....1 2 | COLD HANDS.....1 2 | COLD HANDS.....1 2 | COLD HANDS.....1 2 | |
| sunken top of head? | SUNKEN TOP OF HEAD.....1 2 | SUNKEN TOP OF HEAD.....1 2 | SUNKEN TOP OF HEAD.....1 2 | SUNKEN TOP OF HEAD.....1 2 | SUNKEN TOP OF HEAD.....1 2 | SUNKEN TOP OF HEAD.....1 2 | SUNKEN TOP OF HEAD.....1 2 | |
| 813 There are many kinds of things parents do to treat children with diarrhea. During the most recent episode, was (NAME) given: | | | | | | | | |
| | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | |
| mahloul el-gaffaf? | MAHLOUL EL-GAFFAF.....1 2 | MAHLOUL EL-GAFFAF.....1 2 | MAHLOUL EL-GAFFAF.....1 2 | MAHLOUL EL-GAFFAF.....1 2 | MAHLOUL EL-GAFFAF.....1 2 | MAHLOUL EL-GAFFAF.....1 2 | MAHLOUL EL-GAFFAF.....1 2 | |
| other medicine(s)? | MEDICINE.....1 2 v | MEDICINE.....1 2 v | MEDICINE.....1 2 v | MEDICINE.....1 2 v | MEDICINE.....1 2 v | MEDICINE.....1 2 v | MEDICINE.....1 2 v | |
| | (SPECIFY) | (SPECIFY) | (SPECIFY) | (SPECIFY) | (SPECIFY) | (SPECIFY) | (SPECIFY) | |
| intravenous fluids? | INTRAVEN'S FLD.1 2 | INTRAVEN'S FLD.1 2 | INTRAVEN'S FLD.1 2 | INTRAVEN'S FLD.1 2 | INTRAVEN'S FLD.1 2 | INTRAVEN'S FLD.1 2 | INTRAVEN'S FLD.1 2 | |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 802. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A CHILD, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | | | | | | | | |
|--|---|-------------------------------|---|-------------------------------|---|-------------------------------|---|-------------------------------|
| NAME FROM 213 | LAST BIRTH NAME | | NEXT-TO-LAST BIRTH NAME | | SECOND-FROM-LAST NAME | | THIRD-FROM-LAST NAME | |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| 814 During the most recent episode of diarrhea (NAME) had, did you stop, decrease, continue without change, or increase: | S D I N N T E N O O O C C T P R R C P E E H G E A A A I D S S N V E E G E D D E N | | S D I N N T E N O O O C C T P R R C P E E H G E A A A I D S S N V E E G E D D E N | | S D I N N T E N O O O C C T P R R C P E E H G E A A A I D S S N V E E G E D D E N | | (GO TO 822) S D I N N T E N O O O C C T P R R C P E E H G E A A A I D S S N V E E G E D D E N | |
| breastfeeding? | BRST....1 2 3 4 5 | | BRST....1 2 3 4 5 | | BRST....1 2 3 4 5 | | BRST....1 2 3 4 5 | |
| other milk? | OTH MLK 1 2 3 4 5 | | OTH MLK 1 2 3 4 5 | | OTH MLK 1 2 3 4 5 | | OTH MLK 1 2 3 4 5 | |
| other liquids? | OTH LQD.1 2 3 4 5 | | OTH LQD.1 2 3 4 5 | | OTH LQD.1 2 3 4 5 | | OTH LQD.1 2 3 4 5 | |
| solid/semi-solid food? | FOOD....1 2 3 4 5 | | FOOD....1 2 3 4 5 | | FOOD....1 2 3 4 5 | | FOOD....1 2 3 4 5 | |
| 815 Was the opinion of any of the following sought during the episode: | YES NO GOV'T HEALTH SERVICES.....1 2 PRV DCTR.....1 2 PHARMACY.....1 2 RELS/FRNDS.....1 2 OTHER.....1 2 v | | YES NO GOV'T HEALTH SERVICES.....1 2 PRV DCTR.....1 2 PHARMACY.....1 2 RELS/FRNDS.....1 2 OTHER.....1 2 v | | YES NO GOV'T HEALTH SERVICES.....1 2 PRV DCTR.....1 2 PHARMACY.....1 2 RELS/FRNDS.....1 2 OTHER.....1 2 v | | YES NO GOV'T HEALTH SERVICES.....1 2 PRV DCTR.....1 2 PHARMACY.....1 2 RELS/FRNDS.....1 2 OTHER.....1 2 v | |
| | (SPECIFY) | | (SPECIFY) | | (SPECIFY) | | (SPECIFY) | |
| 816 CHECK 815: | CONSULTED GOVT HEALTH SRV/PR DOCTR <input type="checkbox"/> DID NOT CONSULT GOVT HLTH SRV/PR DOCTR <input type="checkbox"/> (SKIP TO 818)<v | | CONSULTED GOVT HEALTH SRV/PR DOCTR <input type="checkbox"/> DID NOT CONSULT GOVT HLTH SRV/PR DOCTR <input type="checkbox"/> (SKIP TO 818)<v | | CONSULTED GOVT HEALTH SRV/PR DOCTR <input type="checkbox"/> DID NOT CONSULT GOVT HLTH SRV/PR DOCTR <input type="checkbox"/> (SKIP TO 818)<v | | CONSULTED GOVT HEALTH SRV/PR DOCTR <input type="checkbox"/> DID NOT CONSULT GOVT HLTH SRV/PR DOCTR <input type="checkbox"/> (SKIP TO 818)<v | |
| 817 Did the doctor you consulted prescribe any of the following even if you did not use it in treating the the diarrhea: | YES NO MAHL'L EL-GAF..1 2 MEDICINE.....1 2 v | | YES NO MAHL'L EL-GAF..1 2 MEDICINE.....1 2 v | | YES NO MAHL'L EL-GAF..1 2 MEDICINE.....1 2 v | | YES NO MAHL'L EL-GAF..1 2 MEDICINE.....1 2 v | |
| | (SPECIFY) | | (SPECIFY) | | (SPECIFY) | | (SPECIFY) | |
| anything else? | OTHER.....1 2 v (SPECIFY) | | OTHER.....1 2 v (SPECIFY) | | OTHER.....1 2 v (SPECIFY) | | OTHER.....1 2 v (SPECIFY) | |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 802. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A CHILD, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| | | | | |
|--|--|--|--|---|
| LINE NUMBER FROM 212 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NAME FROM 213 | LAST BIRTH NAME <input type="text"/> | NEXT-TO-LAST BIRTH NAME <input type="text"/> | SECOND-FROM-LAST NAME <input type="text"/> | THIRD-FROM-LAST NAME <input type="text"/> |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 818 CHECK 813: | GAVE MAHLOUL EL-GAFFAF <input type="checkbox"/> DID NOT GIVE MAHLOUL EL-GAFFAF <input type="checkbox"/> (GO TO 802 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 822) | GAVE MAHLOUL EL-GAFFAF <input type="checkbox"/> DID NOT GIVE MAHLOUL EL-GAFFAF <input type="checkbox"/> (GO TO 802 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 822) | GAVE MAHLOUL EL-GAFFAF <input type="checkbox"/> DID NOT GIVE MAHLOUL EL-GAFFAF <input type="checkbox"/> (GO TO 802 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 822) | GAVE MAHLOUL EL-GAFFAF <input type="checkbox"/> DID NOT GIVE MAHLOUL EL-GAFFAF <input type="checkbox"/> (SKIP TO 822) |
| 819 How many days after the most recent episode of diarrhea began, did you start to give (NAME) mahloul el-gaffaf? IF LESS THAN 24 HOURS ENTER '00'. | DAYS..... <input type="text"/> | DAYS..... <input type="text"/> | DAYS..... <input type="text"/> | DAYS..... <input type="text"/> |
| 820 On the first day you gave the mahloul el-gaffaf, how many packets did you give (NAME)? IF LESS THAN ONE, ENTER '00'. | NUMBER..... <input type="text"/> | NUMBER..... <input type="text"/> | NUMBER..... <input type="text"/> | NUMBER..... <input type="text"/> |
| 821 For how many days did you continue to give the mahloul el-gaffaf to (NAME)? IF LESS THAN 24 HOURS ENTER '00'. | DAYS..... <input type="text"/> (GO TO 802 FOR NEXT BIRTH, OR, IF NO OTH BIRTH, GO TO 822) | DAYS..... <input type="text"/> (GO TO 802 FOR NEXT BIRTH, OR, IF NO OTH BIRTH, GO TO 822) | DAYS..... <input type="text"/> (GO TO 802 FOR NEXT BIRTH, OR, IF NO OTH BIRTH, GO TO 822) | DAYS..... <input type="text"/> (GO TO 822) |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|--|---------|
| 822 | Have you heard about mahloul el-gaffaf? | YES.....1 NO.....2 | 825 |
| 823 | Do you know how to prepare the mahloul el-gaffaf? | YES.....1 NO.....2 | |
| 824 | Do you have any packets of mahloul el-gaffaf in the house? IF YES: May I see one? | YES, SHOWN.....1 YES, NOT SHOWN.....2 NO.....3 | |

825 THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 802. COPY THE SAME INFORMATION AT THE TOP OF THE FOLLOWING PAGE.

AFTER THE TABLE HEADINGS ARE COMPLETE, ASK QUESTIONS 826-836 FOR EACH LIVING CHILD. COMPLETE ALL QUESTIONS FOR ONE LIVING CHILD BEFORE GOING ON TO THE NEXT CHILD. REMEMBER TO SKIP QUESTIONS 826-836 FOR DEAD CHILDREN. AFTER ASKING QUESTIONS 826-836 FOR ALL LIVING CHILDREN, GO ON TO QUESTION 837.

| LINE NUMBER FROM 212 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|--|--|--|---|
| | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST |
| NAME FROM 213 | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 826 Did (NAME) have a cough at any time during the past month? | YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 | (GO TO 837) YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 |
| 827 For how many days did the (NAME) have the cough the last time? IF LESS THAN 24 HOURS ENTER '00'. | DAYS..... <input type="text"/> | DAYS..... <input type="text"/> | DAYS..... <input type="text"/> | DAYS..... <input type="text"/> |
| 828 Did (NAME) also experience difficulty breathing when he/she had the cough? | YES.....1 NO.....2 NOT SURE/DK.....8 | YES.....1 NO.....2 NOT SURE/DK.....8 | YES.....1 NO.....2 NOT SURE/DK.....8 | YES.....1 NO.....2 NOT SURE/DK.....8 |
| 829 When (NAME) had the cough did you ask anyone's opinion on how to treat it? | YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 831)< NOT SURE/DK.....8 |
| 830 Did you seek the opinion of any of the following: | YES NO | YES NO | YES NO | YES NO |
| government health services? | GOV'T HEALTH SERVICES.....1 2 | GOV'T HEALTH SERVICES.....1 2 | GOV'T HEALTH SERVICES.....1 2 | GOV'T HEALTH SERVICES.....1 2 |
| private doctor? | PRV DCTR.....1 2 | PRV DCTR.....1 2 | PRV DCTR.....1 2 | PRV DCTR.....1 2 |
| pharmacy? | PHARMACY.....1 2 | PHARMACY.....1 2 | PHARMACY.....1 2 | PHARMACY.....1 2 |
| relatives or friends? | RELS/FRNDS.....1 2 | RELS/FRNDS.....1 2 | RELS/FRNDS.....1 2 | RELS/FRNDS.....1 2 |
| anyone else (Specify)? | OTHER.....1 2 v (SPECIFY) | OTHER.....1 2 v (SPECIFY) | OTHER.....1 2 v (SPECIFY) | OTHER.....1 2 v (SPECIFY) |
| 831 Did (NAME) ever have the measles? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |

THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 825. WHEN RECORDING THE RESPONSES TO QUESTIONS FOR A CHILD, CHECK TO BE SURE THAT YOU ARE ENTERING THE ANSWERS IN THE APPROPRIATE COLUMN.

| LINE NUMBER FROM 212 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--|--|---|
| | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST |
| NAME FROM 213 | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> | NAME <input type="text"/> |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 832 Has (NAME) ever been given drops in the mouth for protecting against illness and not for curing? | YES.....1 NO.....2 (SKIP TO 834) <--- NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 834) <--- NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 834) <--- NOT SURE/DK.....8 | YES.....1 NO.....2 (SKIP TO 834) <--- NOT SURE/DK.....8 |
| 833 How many times has (NAME) been given these drops? | NUMBER..... <input type="text"/> | NUMBER..... <input type="text"/> | NUMBER..... <input type="text"/> | NUMBER..... <input type="text"/> |
| 834 Has (NAME) ever been given injection for protecting against illness and not for curing? | YES.....1 NO.....2 NO SURE/DK.....8 | YES.....1 NO.....2 NO SURE/DK.....8 | YES.....1 NO.....2 NO SURE/DK.....8 | YES.....1 NO.....2 NO SURE/DK.....8 |
| 835 Do you have a birth certificate for (NAME)? IF YES: May I see it, please? | YES, SEEN.....1 YES, NOT SEEN.....2 (GO TO 825 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, <--- SKIP TO 837) NO CARD.....3 | YES, SEEN.....1 YES, NOT SEEN.....2 (GO TO 825 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, <--- SKIP TO 837) NO CARD.....3 | YES, SEEN.....1 YES, NOT SEEN.....2 (GO TO 825 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, <--- SKIP TO 837) NO CARD.....3 | YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 837) <--- NO CARD.....3 |
| 836 RECORD DATES OF IMMUNIZATIONS FROM BIRTH CARD. CIRCLE '1' IF THERE IS NO RECORD THE IMMUNIZATION WAS GIVEN. CIRCLE '2' IF IMMUNIZATION GIVEN BUT NO DATE IS RECORDED. | N N O O R D E A C T O E R D DA MO YR | N N O O R D E A C T O E R D DA MO YR | N N O O R D E A C T O E R D DA MO YR | N N O O R D E A C T O E R D DA MO YR |
| BCG | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| POLIO 1 | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| DPT 1 | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| POLIO 2 | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| DPT 2 | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| POLIO 3 | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| DPT 3 | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| MEASLES | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> | 1 2 <input type="checkbox"/> |
| | (GO TO 825 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 837) | (GO TO 825 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 837) | (GO TO 825 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, GO TO 837) | (GO TO 837) |

837 THE HEADINGS IN THIS TABLE SHOULD BE EXACTLY THE SAME AS THOSE IN 802. COPY THE SAME INFORMATION AT THE TOP OF THE FOLLOWING PAGE. NOTE THAT, UNLIKE QUESTIONS 802-821 AND 826-836, QUESTIONS 838-847 ARE TO BE ASKED ABOUT DEAD NOT LIVING CHILDREN.

COMPLETE ALL QUESTIONS FOR ONE DEAD CHILD BEFORE GOING ON TO THE NEXT CHILD. REMEMBER TO SKIP QUESTIONS 838-847 FOR LIVING CHILDREN. AFTER ASKING QUESTIONS 838-847 FOR ALL DEAD CHILDREN, GO ON TO QUESTION 848.

| LINE NUMBER FROM 212 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|--|--|--|--|---|
| | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST | THIRD-FROM-LAST |
| NAME FROM 213 | NAME <input type="checkbox"/> | NAME <input type="checkbox"/> | NAME <input type="checkbox"/> | NAME <input type="checkbox"/> (GO TO 852) |
| SURVIVAL STATUS FROM 216 | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 838 Now I would like to ask a few questions about (NAME OF DEAD CHILD). Did he/she die in the last 12 months? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 839 Did (NAME OF DEAD CHILD) have diarrhea during the seven days before his/her death | YES.....1 NO.....2 (SKIP TO 841) < | YES.....1 NO.....2 (SKIP TO 841) < | YES.....1 NO.....2 (SKIP TO 841) < | YES.....1 NO.....2 (SKIP TO 841) < |
| 840 Did (NAME) have watery stools? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 841 In the seven days before his/her death, did (NAME) have cough? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 842 In the seven days before his/her death, did (NAME) have difficulty breathing? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 843 In the seven days before his/her death, did (NAME) have any of the following: measles? any other illness (Specify)? an accident? | YES NO MEASLES.....1 2 OTHER ILLNESS..1 2 (SPECIFY) ACCIDENT.....1 2 | YES NO MEASLES.....1 2 OTHER ILLNESS..1 2 (SPECIFY) ACCIDENT.....1 2 | YES NO MEASLES.....1 2 OTHER ILLNESS..1 2 (SPECIFY) ACCIDENT.....1 2 | YES NO MEASLES.....1 2 OTHER ILLNESS..1 2 (SPECIFY) ACCIDENT.....1 2 |
| 844 During the period of illness before his/her death, was (NAME) examined by a doctor? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 845 CHECK 217: | CHILD LESS THAN ONE MONTH OLD AT DEATH <input type="checkbox"/> CHILD OLDER THAN ONE MONTH AT DEATH (GO TO 838 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 848) <input type="checkbox"/> | CHILD LESS THAN ONE MONTH OLD AT DEATH <input type="checkbox"/> CHILD OLDER THAN ONE MONTH AT DEATH (GO TO 838 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 848) <input type="checkbox"/> | CHILD LESS THAN ONE MONTH OLD AT DEATH <input type="checkbox"/> CHILD OLDER THAN ONE MONTH AT DEATH (GO TO 838 FOR NEXT BIRTH, OR, IF NO OTHER BIRTH, SKIP TO 848) <input type="checkbox"/> | CHILD LESS THAN ONE MONTH OLD AT DEATH <input type="checkbox"/> CHILD OLDER THAN ONE MONTH AT DEATH (SKIP TO 848) < <input type="checkbox"/> |
| 846 Before his/her death, did (NAME) have convulsions? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 847 Was (NAME) nursing normally until he/she became ill? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |

OBSERVATIONS

THANK THE RESPONDENT FOR HER PARTICIPATION IN THE SURVEY. FILL IN THE APPROPRIATE RESPONSES IN QUESTIONS 848-853. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

| | | | | | | | |
|-----|---|---|--|--|--|--|--|
| 848 | RECORD THE TIME. | HOUR..... | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | MINUTES..... | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | |
| | | | | | | | |
| | | | | | | | |
| 849 | DEGREE OF COOPERATION. | POOR.....1 | | | | | |
| | | FAIR.....2 | | | | | |
| | | GOOD.....3 | | | | | |
| | | VERY GOOD.....4 | | | | | |
| 850 | INTERVIEWED RESPONDENT ALONE OR WITH OTHERS PRESENT PART OR ALL OF THE INTERVIEW. | ALONE.....1 | →853 | | | | |
| | | OTHERS PRESENT DURING PART OF THE INTERVIEW.....2 | | | | | |
| | | OTHERS PRESENT DURING ALL OF THE INTERVIEW.....3 | | | | | |
| 851 | MARK WHETHER ANY OF THE FOLLOWING WERE PRESENT DURING THE INTERVIEW. | YES NO | | | | | |
| | CHILDREN? | CHILDREN.....1 | 2 | | | | |
| | OTHER WOMEN? | OTHER WOMEN.....1 | 2 | | | | |
| | HUSBAND? | HUSBAND.....1 | 2 | | | | |
| | OTHER MALES? | OTHER MALES.....1 | 2 | | | | |
| 852 | DID ANY OF THE PERSONS PRESENT INTERFERE WITH THE INTERVIEW? | YES.....1 | | | | | |
| | | NO.....2 | | | | | |
| 853 | INTERVIEWER'S COMMENTS: | <hr/> <hr/> <hr/> | | | | | |
| 854 | FIELD EDITOR'S COMMENTS: | <hr/> <hr/> <hr/> | | | | | |
| 855 | SUPERVISOR'S COMMENTS: | <hr/> <hr/> <hr/> | | | | | |
| 856 | OFFICE EDITOR'S COMMENTS: | <hr/> <hr/> <hr/> | | | | | |

SECTION 9. WEIGHT AND LENGTH

INTERVIEWER: IN 901-904, RECORD THE LINE NUMBERS, NAMES, SEX AND BIRTH DATES OF LIVING CHILDREN BORN SINCE JANUARY 1, 1985, STARTING WITH THE YOUNGEST CHILD. CHECK AGE IN 906-906 AND IDENTIFY CHILDREN 0-36 MONTHS OF AGE. RECORD LENGTH AND WEIGHT IN 907 AND 908. MEASURE ONE CHILD COMPLETELY (BOTH LENGTH AND WEIGHT) BEFORE GOING ON TO THE NEXT CHILD.

| | 1 YOUNGEST LIVING CHILD | 2 NEXT-TO-YOUNGEST LIVING CHILD | 3 SECOND-TO-YOUNGEST LIVING CHILD |
|-------------------------------------|---------------------------|---------------------------------|-----------------------------------|
| 901 LINE NO. FROM 212 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 902 NAME FROM 213 | (NAME) | (NAME) | (NAME) |
| 903 SEX FROM 214 | BOY..... 1 GIRL..... 2 | BOY..... 1 GIRL..... 2 | BOY..... 1 GIRL..... 2 |
| 904 DATE OF BIRTH FROM 215 | MONTH.... YEAR..... | MONTH.... YEAR..... | MONTH.... YEAR..... |

905 CHECK AGE AND MARK RESPONSE IN 906. IF FULL BIRTH DATE IS NOT AVAILABLE AND THE CHILD IS THREE YEARS OLD OR LESS ACCORDING TO QUESTION 218, THEN MARK 'YES' IN 906.

| | | | |
|--|--|--|--|
| 906 CHECK AGE: 0-36 MONTHS? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> v 909 |
| 907 LENGTH (in cms) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 908 WEIGHT (in kgs) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 908A CLOTHED WHEN WEIGHED | UNDER- WEAR ONLY: YES <input type="checkbox"/> NO <input type="checkbox"/> v (SPECIFY) | UNDER- WEAR ONLY: YES <input type="checkbox"/> NO <input type="checkbox"/> v (SPECIFY) | UNDER- WEAR ONLY: YES <input type="checkbox"/> NO <input type="checkbox"/> v (SPECIFY) |
| 909 STATE REASON UNABLE TO RECORD | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 910 NAME OF MEASURER: | <input type="text"/> | NAME OF ASSISTANT: | <input type="text"/> |

OBSERVATIONS

THANK THE RESPONDENT FOR HER CHILD(REN)'S PARTICIPATION. FILL IN THE APPROPRIATE RESPONSES IN QUESTIONS 911-912. BE SURE TO REVIEW THE QUESTIONS 901-910 FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

| | | |
|-----|------------------------|-----------------|
| 911 | DEGREE OF COOPERATION. | POOR.....1 |
| | | FAIR.....2 |
| | | GOOD.....3 |
| | | VERY GOOD.....4 |

912 MEASURER'S COMMENTS:

913 FIELD EDITOR'S COMMENTS:

914 SUPERVISOR'S COMMENTS:

915 OFFICE EDITOR'S COMMENTS:
