

APPENDIX E
QUESTIONNAIRES

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE**

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	GOVERNORATE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
KISM/MARQAZ _____ BUILDING NO. _____	PSU/SEGMENT NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____	HOUSEHOLD NO. URBAN/RURAL <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NO. _____ URBAN.....1 RURAL.....2	HOUSEHOLD NO. URBAN/RURAL <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
URBAN.....1 RURAL.....2	LOCALITY SUBSAMPLE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
LARGE CITY...1 SMALL CITY....2 TOWN....3 VILLAGE....4	
WOMEN'S STATUS SUBSAMPLE 1 YES 2 NO	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	

INTERVIEWER VISITS				FINAL VISIT		
	1	2	3	DAY	MONTH	YEAR
DATE				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
TEAM					TEAM	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER					INTERVIEWER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
SUPERVISOR					SUPERVISOR	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
ASSISTANT SUPERVISOR					ASS'T SUPERVISOR	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
RESULT					RESULT	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE				TOTAL VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
TIME						
RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT PERSON AT HOME AT THE TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR AN EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> LINE NO. OF RESPONDENT FOR HOUSEHOLD SCHEDULE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
ADDRESS CHECKED (BY NAME: _____) REINTERVIEW				YES 1 1	NO 2 2	

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
SIGNATURE	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE	MARITAL STATUS
							IF AGE 15 YEARS OR OLDER
001	002	006	007	008	009	010	011
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.	What is the relationship of (NAME) to the head of the household? (SEE CODES BELOW).	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old was (NAME) at his/her last birthday? RECORD IN COMPLETED YEARS.	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 NEVER MARRIED/ SIGNED CONTRACT
01		HEAD <input type="checkbox"/>	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS <input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>

Just to make sure that I have a complete listing:

003 Are there any other persons such as small children or infants who are not listed? YES ☐ → ADD TO 002 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 ☐ → ADD TO 002 NO ☐

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ☐ → ADD TO 002 NO ☐

CODES FOR 006

RELATIONSHIP TO HOUSEHOLD HEAD:

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER CHILD
- 12 = STEP CHILD
- 13 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	ELIGIBILITY	EDUCATION				WORK STATUS			
IF AGE 6 YEARS OR OLDER									
001	012	013	014	015	016	017	018		
	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (i.e., EVER-MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW)	Has (NAME) ever been to school? IF YES, ASK QUESTIONS 014-016. IF NO, SKIP TO QUESTION 017.	IF ATTENDED SCHOOL What is the highest level of school (NAME) attended? 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTER-MEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY			What is the highest grade he/she successfully completed at that level?	FOR PERSONS UNDER AGE 25: Is (NAME) still in school or at the university?	Did (NAME) work during the last month? IF YES, ASK 018. IF NO, GO TO 006 FOR NEXT PERSON.	Is (NAME) paid in cash or kind for the work he/she does? 1 CASH 2 KIND 3 BOTH 4 NOT PAID
		YES NO	LEVEL	GRADE	YES NO	YES NO			
01	01	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
02	02	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
03	03	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
04	04	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
05	05	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
06	06	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
07	07	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
08	08	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
09	09	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		
10	10	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2	1 2 3 4		

019 ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN:

020 TICK HERE IF CONTINUATION SHEET USED:

☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
021	What type of dwelling does your household live in?	APARTMENT.....1 FREE STANDING HOUSE.....2 OTHER.....6 (SPECIFY)	
022	Is your dwelling owned by your household or not? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED.....1 OWNED JOINTLY.....2 RENTED.....3 OTHER.....6 (SPECIFY)	
023	MAIN MATERIAL OF THE FLOOR. RECORD YOUR OBSERVATIONS.	NATURAL FLOOR EARTH/SAND.....11 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC/MARBLE TILES.....32 CEMENT TILES.....33 CEMENT.....34 WALL-TO-WALL CARPET.....35 OTHER.....96 (SPECIFY)	
024	How many rooms are there in your dwelling (excluding the bathrooms, kitchen and stairway areas)?	ROOMS.....	<input type="text"/> <input type="text"/>
025	How many of the rooms are used for sleeping?	ROOMS.....	<input type="text"/> <input type="text"/>
026	Is there a special room used only for cooking inside or outside the dwelling?	YES.....1 NO.....2	
027	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11→29 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT.....21→29 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 BOTTLED WATER.....41→29 OTHER.....96 (SPECIFY)	
028	How long does it take to go there, get water, and come back?	MINUTES.....	<input type="text"/> <input type="text"/> <input type="text"/>
029	What kind of toilet facility does your household have?	MODERN FLUSH TOILET.....11 TRADITIONAL WITH TANK FLUSH.....12 TRADITIONAL WITH BUCKET FLUSH.....13 PIT TOILET/LATRINE.....21 NO FACILITY.....31 OTHER.....96 (SPECIFY)	
030	Are there electrical connections in all or only part of the dwelling unit?	YES, IN ALL.....1 YES, IN PART.....2 HAS NO ELECTRICAL CONNECTIONS.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
031	Does your household have:	YES NO	
	A radio with cassette recorder?	RADIO WITH CASSETTE RECORDER.1	2
	A black and white television?	BLACK AND WHITE TELEVISION...1	2
	A color television?	COLOR TELEVISION.....1	2
	A video?	VIDEO.....1	2
032	Does your household have:	YES NO	
	An electric fan?	ELECTRIC FAN.....1	2
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE...1	2
	A water heater?	WATER HEATER.....1	2
	A refrigerator?	REFRIGERATOR.....1	2
	A sewing machine?	SEWING MACHINE.....1	2
	An automatic washing machine?	AUTOMATIC WASHING MACHINE....1	2
	Any other washing machine?	OTHER WASHING MACHINE.....1	2
033	Do you or any member of your household own:	YES NO	
	A bicycle?	BICYCLE.....1	2
	A private car/motorcycle?	CAR/MOTORCYCLE.....1	2
	Farm or other land?	FARM/OTHER LAND.....1	2
	Livestock(donkeys, horses, cows, sheep, etc.)/poultry?	LIVESTOCK/POULTRY.....1	2
034	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE).	SALT IN PLASTIC BAGS.....01 PACKAGED SALT (IODIZED).....02 PACKAGED SALT (NOT IODIZED).....03 SALT FOR ANIMALS.....04 LOOSE SALT.....05 NO SALT USED.....06 OTHER _____ 96 (SPECIFY)	

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 035-036 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

035 DEGREE OF COOPERATION.

POOR.....1
FAIR.....2
GOOD.....3
VERY GOOD.....4

036 INTERVIEWER'S COMMENTS:

037 FIELD EDITOR'S COMMENTS:

038 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS:

039 OFFICE EDITOR'S COMMENTS:

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY
WOMAN QUESTIONNAIRE**

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	<div style="text-align: center;">GOVERNORATE</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;">PSU/SEGMENT NO.</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> HOUSEHOLD NO. URBAN/RURAL </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> LOCALITY LINE NUMBER </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
KISM/MARQAZ _____ BUILDING NO. _____	
SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____	
HOUSEHOLD NO. _____	
URBAN.....1 RURAL.....2	
LARGE CITY....1 SMALL CITY....2 TOWN....3 VILLAGE....4	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
NAME OF WOMAN _____	
LINE NUMBER OF WOMAN _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-around; font-size: small;"> DAY MONTH YEAR </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TEAM				<div style="text-align: center; font-size: small;">TEAM</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER				<div style="text-align: center; font-size: small;">INTERVIEWER</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
SUPERVISOR				<div style="text-align: center; font-size: small;">SUPERVISOR</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
ASSISTANT SUPERVISOR				<div style="text-align: center; font-size: small;">ASS'T SUPERVISOR</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT				<div style="text-align: center; font-size: small;">RESULT</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE TIME				<div style="display: flex; justify-content: space-between;"> TOTAL VISITS <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ <div style="text-align: center; font-size: small;">(SPECIFY)</div>				

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
SIGNATURE	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town, or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5 (SPECIFY)	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in Cairo, Giza, Alexandria, another city or town, or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5 (SPECIFY)	
105	In what month and year were you born?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	What is your current marital status?	MARRIED.....1 WIDOWED.....2 DIVORCED.....3	
108	Have you ever attended school?	YES.....1 NO.....2	118
109	What is the highest level of school you attended?	PRIMARY.....1 PREPARATORY.....2 SECONDARY.....3 UPPER INTERMEDIATE.....4 UNIVERSITY.....5 MORE THAN UNIVERSITY.....6	
110	What is the highest grade which you successfully completed at that level?	GRADE.....	
111	CHECK 106: BELOW AGE 25 <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		117

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	Are you currently attending school or the university?	YES.....1 NO.....2	115
113	What was the main reason you stopped attending school (the university)?	GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN.....03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES/ EXPENSES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING...07 DID NOT PASS ENTRANCE EXAMS.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR....10 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
114	While you were still enrolled in school, did you ever have to miss school because you had to help out at home or work?	YES.....1 NO.....2	116 117
115	Do you ever have to miss school because you have to help out at home or to work?	YES.....1 NO.....2	117
116	Would you say that this happens(ed), at least once every week, about once a month, or only a few times a year?	AT LEAST ONCE A WEEK.....1 ABOUT ONCE A MONTH.....2 A FEW TIMES PER YEAR.....3	
117	CHECK 109: PRIMARY <input type="checkbox"/> PREPARATORY OR HIGHER <input type="checkbox"/>		119
118	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	120
119	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
120	How many hours on average do you listen to the radio each day? IF LISTENS LESS THAN 1 HOUR, WRITE "00".	NUMBER OF HOURS PER DAY..... <input type="text"/> <input type="text"/> ALL OF THE TIME.....94 NEVER.....95 NOT SURE/DON'T KNOW.....98	
121	How many hours on average do you watch television each day? IF WATCHES LESS THAN 1 HOUR, WRITE "00".	NUMBER OF HOURS PER DAY..... <input type="text"/> <input type="text"/> ALL OF THE TIME.....94 NEVER.....95 NOT SURE/DON'T KNOW.....98	
122	What is your religion?	MOSLEM.....1 CHRISTIAN.....2 OTHER.....6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
123	CHECK QUESTION 007 IN THE HOUSEHOLD QUESTIONNAIRE. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT (I.E., IF SHE IS A VISITOR) <input type="checkbox"/> </div> <div style="width: 45%;"> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> </div> </div>		201
124	Now I would like to ask about the place in which you usually live. Do you usually live in Cairo, Giza, Alexandria, another city or town, or in a village? <div style="border-bottom: 1px solid black; width: 100%;"></div> NAME OF CITY/TOWN/VILLAGE	LOCALITY..... <input type="checkbox"/> OUTSIDE EGYPT.....5	126
125	In which governorate is that located? <div style="border-bottom: 1px solid black; width: 100%;"></div> GOVERNORATE	GOVERNORATE..... <input type="text"/>	
126	Now I would like to ask some questions about the household in which you usually live. In what type of dwelling does your household live?	APARTMENT.....1 FREE STANDING HOUSE.....2 OTHER.....6 (SPECIFY)	
127	Is your dwelling owned by your household or not? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED.....1 OWNED JOINTLY.....2 RENTED.....3 OTHER.....6 (SPECIFY)	
128	Could you describe the main material of the floor in your dwelling?	NATURAL FLOOR EARTH/SAND.....11 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC/MARBLE TILES.....32 CEMENT TILES.....33 CEMENT.....34 WALL-TO-WALL CARPET.....35 OTHER.....96 (SPECIFY)	
129	How many rooms are there in your dwelling (excluding the bathrooms, kitchen, and stairway areas)?	ROOMS..... <input type="text"/>	
130	How many of the rooms are used for sleeping?	ROOMS..... <input type="text"/>	
131	Is there a special room used only for cooking inside or outside of the dwelling?	YES.....1 NO.....2	
132	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 BOTTLED WATER.....41 OTHER.....96 (SPECIFY)	134 134 134

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
133	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/>	
134	What kind of toilet facility does your household have?	MODERN FLUSH TOILET.....11 TRADITIONAL WITH TANK FLUSH.....12 TRADITIONAL WITH BUCKET FLUSH....13 PIT TOILET/LATRINE.....21 NO FACILITY.....31 OTHER96 (SPECIFY)	
135	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	
136	Does your household have:	YES NO	
	A radio with cassette recorder?	RADIO WITH CASSETTE RECORDER.1	2
	A black and white television?	BLACK AND WHITE TELEVISION...1	2
	A color television?	COLOR TELEVISION.....1	2
	A video?	VIDEO.....1	2
137	Does your household have:	YES NO	
	An electric fan?	ELECTRIC FAN.....1	2
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE...1	2
	A water heater?	WATER HEATER.....1	2
	A refrigerator?	REFRIGERATOR.....1	2
	A sewing machine?	SEWING MACHINE.....1	2
	An automatic washing machine?	AUTOMATIC WASHING MACHINE....1	2
	Any other washing machine?	OTHER WASHING MACHINE.....1	2
138	Do you or any member of your household own:	YES NO	
	A bicycle?	BICYCLE.....1	2
	A private car/motorcycle?	CAR/MOTORCYCLE.....1	2
	Farm or other land?	FARM/OTHER LAND.....1	2
	Livestock(donkeys, horses, cows, sheep, etc.)/poultry?	LIVESTOCK/POULTRY.....1	2

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 given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-209 AS NECESSARY						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →227						

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET.
 COMPLETE 213-221 FOR EACH BIRTH. USE ADDITIONAL FORMS IF THERE ARE MORE THAN TEN BIRTHS. AFTER COMPLETING ALL BIRTHS, GO TO 222.

212	213	214	215	216	217	218	219	220	221																				
What name was given to your (first/next...) baby?	RECORD SINGLE OR MULTIPLE STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE Is (NAME) living with you?	IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY.																				
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222 FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?								YES.....1 NO.....2 → GO TO 224																									
223 Have you had any live births since the birth of (NAME OF LAST BIRTH)?								YES.....1 → ADD TO TABLE NO.....2																									
224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NUMBERS ARE SAME <input type="checkbox"/></div> <div>NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</div> </div> <div style="text-align: center; margin-top: 10px;"> ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. </div> <div style="float: right; margin-top: 20px;"> <table border="1" style="width: 20px; height: 60px;"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table> </div>																																	
225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1990. IF NONE, RECORD '0' AND GO TO 227. <div style="float: right; margin-top: 10px;"> <table border="1" style="width: 20px; height: 20px;"> <tr><td></td></tr> </table> </div>																																	
226 FOR EACH BIRTH SINCE JANUARY 1990, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE RIGHT OF THE 'B' CODE.																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	231
228	How many months pregnant are you?	MONTHS..... <input type="text"/> <input type="text"/>	
229	ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.		
230	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
231	Many women have pregnancies that do not end in a live birth. Have you ever had a miscarriage?	YES.....1 NO.....2	
232	Sometimes women have an abortion if a pregnancy is not planned. Have you ever had an abortion?	YES.....1 NO.....2	
233	Sometimes a baby is still born, that is, the baby does not breath or show any sign of life. Have you ever had a still birth?	YES.....1 NO.....2	
234	CHECK 231-233: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> EVER HAD MISCARRIAGE, ABORTION, OR STILL BIRTH <input type="checkbox"/> </div> <div style="text-align: center;"> NEVER HAD MISCARRIAGE ABORTION, OR STILL BIRTH <input type="checkbox"/> </div> </div>		
235	When did the last such pregnancy end?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	
236	Did that pregnancy end in a miscarriage, abortion or still birth?	MISCARRIAGE.....1 ABORTION.....2 STILL BIRTH.....3	
237	CHECK 235: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> LAST PREGNANCY ENDED SINCE JANUARY 1990 <input type="checkbox"/> </div> <div style="text-align: center;"> LAST PREGNANCY ENDED BEFORE JANUARY 1990 <input type="checkbox"/> </div> </div>		
238	How many months pregnant were you when the last pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER THE APPROPRIATE CODE IN THE CALENDAR FOR THE MONTH THAT THE PREGNANCY ENDED: 'M' FOR MISCARRIAGE, 'A' FOR ABORTION OR 'S' FOR STILL BIRTH. ENTER 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/> <input type="text"/>	
239	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	241

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
240	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1990. IN THE CALENDAR, ENTER THE APPROPRIATE CODE FOR THE OUTCOME OF THE PREGNANCY IN THE MONTH THAT EACH PREGNANCY ENDED: 'M' FOR MISCARRIAGE, 'A' FOR ABORTION, OR 'S' FOR STILL BIRTH. ENTER 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
241	CHECK CALENDAR: HAD AN ABORTION SINCE JANUARY 1990 <input type="checkbox"/> NO ABORTION SINCE JANUARY 1990 <input type="checkbox"/>		250
242	Now I would like to ask you some questions about the last pregnancy which you had that ended in an abortion. Did anyone help you to have the abortion? RECORD ALL RESPONSES.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C FRIEND/RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y	
243	Did the abortion occur at home or somewhere else?	OWN HOME.....1 OTHER HOME.....2 PUBLIC HEALTH FACILITY.....3 PRIVATE HEALTH FACILITY.....4 OTHER.....6 (SPECIFY)	
244	Sometimes women experience health problems after having an abortion. Did you have any health problems afterwards?	YES.....1 NO.....2	250
245	What health problems did you have?	FEVER.....1 HEAVY BLEEDING.....2 OTHER.....6 (SPECIFY)	
246	Did you seek care from anyone afterwards?	YES.....1 NO.....2	250
247	From whom did you seek care? RECORD ALL RESPONSES.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C FRIEND/RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y	
248	Were you hospitalized for the problem that you had after the abortion?	YES.....1 NO.....2	250
249	For how many nights were you hospitalized?	NIGHTS..... <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
250	When did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	252
251	How old were you when you had your first menstrual period?	AGE..... <input type="text"/> DON'T KNOW.....98	
252	Between the first day of a period (i.e., menstrual cycle) and the first day of her <u>next</u> period, are there certain times when a woman is more likely to become pregnant than other times? PROBE: Are there any days during this time when a woman is more likely to become pregnant than on other days?	YES.....1 NO.....2 DON'T KNOW.....8	301
253	During which time of the monthly cycle (between the first day of a period and the first day of the next period) is a woman most likely to become pregnant? PROBE: What are the days of each month when a woman should be more careful so as not to get 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 OTHER.....6 (SPECIFY) DON'T KNOW.....8	

SECTION 3. CONTRACEPTIVE KNOWLEDGE AND USE

301 Now I would like to talk about family planning -- the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
 THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
 CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01 PILL A woman can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 IUD A woman can have a loop or coil placed inside her by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 INJECTABLES A woman can have an injection by a doctor or nurse which stops her from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04 NORPLANT A woman can have small rods place in her arm by a doctor which stops her from becoming pregnant for several years.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 DIAPHRAGM, FOAM, JELLY A woman can place a sponge, suppository, diaphragm, jelly or cream inside her before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 CONDOM A man can use a rubber covering during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07 FEMALE STERILIZATION A woman can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	Do you know a place where a woman can have such an operation? YES.....1 NO.....2

CONTRACEPTIVE METHOD TABLE CONTINUED

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
08 MALE STERILIZATION A man can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know a place where a man can have such an operation? YES.....1 NO.....2
09 RHYTHM, PERIODIC ABSTINENCE A couple 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	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
10 WITHDRAWAL A man can be careful and pull out before ejaculation.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11 PROLONGED BREASTFEEDING A woman can prolong the time that she breastfeeds her baby to delay the next pregnancy.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
12 Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	
<p>305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 309</p>			
306 Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 → 308 NO.....2		
307 ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. → 353			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).	(SPECIFY)	
309	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....96 (SPECIFY)	→311
310	CHECK 309 FOR FIRST METHOD USED: SHE/HIS STERILIZED <input type="checkbox"/> → Where did the sterilization USING IUD <input type="checkbox"/> → Where did you have the IUD inserted for the first time? USING ANOTHER METHOD <input type="checkbox"/> → Where did you obtain (METHOD) the first time? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE FIRST METHOD USED. IF NECESSARY PROBE TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
311	At the time when you first used, how many living children did you have, if any? IF NONE, RECORD '00' AND SKIP TO 313.	NUMBER OF CHILDREN..... IF NONE, RECORD '00' AND SKIP TO 313.	
312	How many sons did you have? How many daughters? IF NONE RECORD '00'.	SONS..... DAUGHTERS.....	
313	When you first began to use family planning, did you want to have another (a) child but at a later time, or did you not want to have another (a) child at all?	WANTED ANOTHER CHILD LATER.....1 DID NOT WANT ANOTHER CHILD.....2 OTHER.....6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		346
315	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		352
316	CHECK 303 (FEMALE STERILIZATION): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		318A
317	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	352
318	Which method are you using?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....96	351
318A	CIRCLE '07' FOR FEMALE STERILIZATION.	(SPECIFY)	
319	CHECK 318: SHE/HE STERILIZED <input type="checkbox"/> → Where did the sterilization take place? USING IUD <input type="checkbox"/> → Where did you have the IUD inserted? USING ANOTHER METHOD <input type="checkbox"/> → Where did you obtain (METHOD) the last time? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION.....17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER.....96 (SPECIFY) DON'T KNOW.....98	325
320	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DELIVERED AT HOME.....9995 DON'T KNOW.....9998	322

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	Is it easy or difficult to go there?	EASY.....1 DIFFICULT.....2 DON'T KNOW.....8	
322	At the time when you last got your (METHOD) at (CURRENT SOURCE), did you know about any other place where you could have obtained the method?	YES.....1 NO.....2	→325
323	<p>What place was that?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL.....11</p> <p>URBAN HEALTH UNIT.....12</p> <p>RURAL HOSPITAL.....13</p> <p>RURAL HEALTH UNIT.....14</p> <p>OTHER MOH UNIT.....15</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL.....16</p> <p>HEALTH INSURANCE ORGANIZATION..17</p> <p>CURATIVE CARE ORGANIZATION....18</p> <p>OTHER GOVERNMENTAL.....19</p> <p>PRIVATE VOLUNTARY ORGANIZATION (PVO)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION.....21</p> <p>CSI PROJECT.....22</p> <p>OTHER PVO.....23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....24</p> <p>PRIVATE DOCTOR.....25</p> <p>PHARMACY.....26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT.....31</p> <p>CHURCH HEALTH UNIT.....32</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.).....36</p> <p>FRIENDS/RELATIVES.....41</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	
324	<p>People select the place where they get family planning services for various reasons.</p> <p>What was the main reason you went to (NAME OF PLACE IN 319) instead of the other place you know about (NAME OF PLACE IN 323)?</p> <p>RECORD RESPONSE AND CIRCLE CODE.</p> <p>_____</p>	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME.....11</p> <p>CLOSER TO MARKET/WORK.....12</p> <p>AVAILABILITY OF TRANSPORT.....13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT.....21</p> <p>STAFF MORE POLITE/FRIENDLY.....22</p> <p>HAS FEMALE DOCTOR/STAFF.....23</p> <p>CLEANER FACILITY.....24</p> <p>OFFERS MORE PRIVACY.....25</p> <p>SHORTER WAITING TIME.....26</p> <p>OPEN LONGER/MORE CONVENIENT HOURS.....27</p> <p>USE OTHER SERVICES AT THE FACILITY.....28</p> <p>LOWER COST/CHEAPER.....31</p> <p>WANTED ANONYMITY.....41</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
325	CHECK 318: USING IUD <input type="checkbox"/>	USING PILL <input type="checkbox"/> USING OTHER METHODS <input type="checkbox"/>	→331 →343
326	Did you get the IUD at the place where you had it inserted or did you buy it from somewhere else?	YES, FROM THE SAME PLACE.....1 NO, FROM SOMEWHERE ELSE.....2	→329
327	From where did you buy the IUD? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT BOUGHT THE IUD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
328	How much did it cost to buy the IUD from that place?	COST (IN POUNDS)..... <input type="text"/> <input type="text"/> FREE.....95 DON'T KNOW.....98	
329	How much did it cost to have the IUD inserted (including any extra fee for a physical examination)?	COST (IN POUNDS)..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....995 DON'T KNOW.....998	
330	Would you be willing to pay the following for an IUD (including all costs): (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 351 . FOR AMOUNT MORE THAN 200 POUNDS, SKIP TO 351 IF YES OR NO.) 5 pounds? 10 pounds? 25 pounds? 50 pounds? 100 pounds? 150 pounds? 200 pounds? More than 200 pounds?	YES NO 5 POUNDS.....1 2 10 POUNDS.....1 2 25 POUNDS.....1 2 50 POUNDS.....1 2 100 POUNDS.....1 2 150 POUNDS.....1 2 200 POUNDS.....1 2 MORE THAN 200 POUNDS.....1 2	→351 →351

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
331	How much does one cycle of pills cost you?	COST (IN PIASTRES)..... FREE.....995 DON'T KNOW.....998	
332	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN.....1 BRAND NAME..... PACKAGE NOT SEEN.....2	334
333	Do you know the brand name of the pills which you are using now? RECORD NAME OF BRAND.	BRAND NAME..... DON'T KNOW.....98	
334	When was the last time you took a pill? IF LESS THAN 24 HOURS, WRITE '00'.	DAYS AGO..... MORE THAN ONE MONTH AGO.....95	
335	CHECK 334: MORE THAN TWO DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		337
336	Why aren't you taking the pill these days?	HUSBAND AWAY.....01 FORGOT.....02 HEALTH REASONS.....03 COST TOO MUCH.....04 NO NEED TO TAKE DAILY.....05 RAN OUT.....06 MENSTRUATING.....07 OTHER.....96 (SPECIFY)	
337	CHECK 319: CURRENT SOURCE: PHARMACY <input type="checkbox"/> ALL OTHER SOURCES <input type="checkbox"/>		339
338	Do you usually obtain the pill yourself? IF NO: Who obtains the method usually?	RESPONDENT HERSELF.....01 HUSBAND.....02 CHILDREN.....03 OTHER FEMALE RELATIVE(S).....04 OTHER MALE RELATIVE(S).....05 FRIEND(S).....06 OTHER.....96 (SPECIFY)	340
339	Since you began using the pill this time, have you yourself ever gone to a pharmacy to obtain the method?	YES.....1 NO.....2	351
340	Now I would like to talk with you about the service which you received at the pharmacy. Did the anyone at the pharmacy tell or show you how to use the pill?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
341	Did anyone at the pharmacy describe side effects or other problems which you might have while using the the pill?	YES.....1 NO.....2	
342	Did anyone at the pharmacy ever tell you about other family planning methods which you might use?	YES.....1 NO.....2	351
343	How much did it cost to get your method? (IF LESS THAN 1 POUND, RECORD IN PIASTRES.)	COST (IN PIASTRES)...1 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> COST (IN POUNDS).....2 <input type="text"/> <input type="text"/> <input type="text"/> FREE.....99995 DON'T KNOW.....99998	
344	CHECK 318: USING INJECTABLES <input type="checkbox"/> NOT USING INJECTABLES <input type="checkbox"/>		346
345	Would you be willing to pay the following for the injectables (including all costs): (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 351. FOR AMOUNT MORE THAN 20 POUNDS, SKIP TO 351 IF YES OR NO.) 5 pounds? 7 pounds? 10 pounds? 15 pounds? 20 pounds? More than 20 pounds?	YES NO 5 POUNDS.....1 2 7 POUNDS.....1 2 10 POUNDS.....1 2 15 POUNDS.....1 2 20 POUNDS.....1 2 MORE THAN 20 POUNDS.....1 2	351
346	CHECK 303 AND 318: WOMAN STERILIZED <input type="checkbox"/> WOMAN NOT STERILIZED <input type="checkbox"/>		350
347	In what month and year was the sterilization performed?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	
348	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION OR TO JANUARY 1990 IF OPERATION OCCURRED BEFORE 1990.		
349	CHECK 347: STERILIZED BEFORE JANUARY 1990 <input type="checkbox"/> STERILIZED SINCE JANUARY 1990 <input type="checkbox"/>		352
350	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		352
351	ENTER METHOD CODE FROM 318 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: - When did you start using (METHOD) continuously? - How long have you been using (METHOD) continuously?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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- 352 I would like to ask some questions about all of the (other) periods in the last few years during which you or your husband used a method to avoid getting pregnant.
- PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 1990.
- USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
- RECORD PERIODS OF USE AND NONUSE IN COLUMN 1 OF THE CALENDER. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED.
- ILLUSTRATIVE QUESTIONS - COLUMN 1:
- When was the last time you used a method? Which method was that?
 - When did you start using that method? How long after the birth of (NAME)?
 - How long did you use the method then?
- FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.
- FOR EACH PERIOD OF USE, RECORD THE CODE FOR THE REASON FOR DISCONTINUATION IN COLUMN 2 OF THE CALENDAR NEXT TO LAST MONTH OF USE.
- NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1.
- ILLUSTRATIVE QUESTIONS - COLUMN 2:
- Why did you stop using the (METHOD)?
 - Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason?
- IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:
- "How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

- 353 CHECK 107:
- | | | | | |
|-------------------|--------------------------|------------------|--------------------------|-------|
| CURRENTLY MARRIED | <input type="checkbox"/> | WIDOWED/DIVORCED | <input type="checkbox"/> | → 356 |
|-------------------|--------------------------|------------------|--------------------------|-------|
- 354 CHECK 318:
- | | | | | |
|------------------------------|--------------------------|---|--------------------------|-------|
| NOT CURRENTLY USING A METHOD | <input type="checkbox"/> | CURRENTLY USING A MODERN METHOD | <input type="checkbox"/> | → 360 |
| | | CURRENTLY USING PERIODIC ABSTINENCE, WITHDRAWAL OR OTHER TRADITIONAL METHOD | <input type="checkbox"/> | → 356 |

- 355 What is the main reason you are not using a method of contraception to avoid pregnancy?

FERTILITY-RELATED REASONS	
NOT HAVING SEX.....	21
INFREQUENT SEX.....	22
MENOPAUSAL/HYSTERECTOMY.....	23
SUBFECUND/INFECUND.....	24
POSTPARTUM/BREASTFEEDING.....	25
WANTS (MORE) CHILDREN.....	26
PREGNANT.....	27
OPPOSITION TO USE	
RESPONDENT OPPOSED.....	31
HUSBAND OPPOSED.....	32
OTHERS OPPOSED.....	33
RELIGIOUS PROHIBITION.....	34
LACK OF KNOWLEDGE	
KNOWS NO METHOD.....	41
KNOWS NO SOURCE.....	42
METHOD-RELATED REASONS	
HEALTH CONCERNS.....	51
FEAR OF SIDE EFFECTS.....	52
LACK OF ACCESS/TOO FAR.....	53
COST TOO MUCH.....	54
INCONVENIENT TO USE.....	55
INTERFERES WITH BODY'S NORMAL PROCESSES.....	56
OTHER.....	96
(SPECIFY)	
DON'T KNOW.....	98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
356	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	360
357	Where is that? WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT WOULD GET THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER MOH UNIT.....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION..17 CURATIVE CARE ORGANIZATION.....18 OTHER GOVERNMENTAL.....19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER PVO.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....36 FRIENDS/RELATIVES.....41 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
358	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DELIVERED AT HOME.....9995 DON'T KNOW.....9998	
359	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2 DON'T KNOW.....8	
360	In the last year, were you visited by a health worker, raida rafia, or anyone else who talked to you about family planning?	YES.....1 NO.....2	
361	Have you visited any governmental health facility for any reason during the past year?	YES.....1 NO.....2	363
362	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
363	Have you visited a private doctor or clinic for any reason during the past year?	YES.....1 NO.....2	401
364	Did the doctor or any other staff person speak to you about family planning methods?	YES.....1 NO.....2	

SECTION 4. FERTILITY PREFERENCES AND ATTITUDES ABOUT FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		415
402	CHECK 318: NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/>		412
403	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DON'T KNOW.....8	407 405
404	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child?	MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT.....995 OTHER.....996 (SPECIFY) DON'T KNOW.....998	407
405	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		407
406	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
407	CHECK 318: USING A METHOD? NOT CURRENTLY USING/NOT ASKED <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		412
408	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	410
409	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DON'T KNOW.....8	411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
410	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....96 (SPECIFY) UNSURE.....98	412
411	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
412	In your family, who has the most influence in deciding whether or not to have another child--you or your husband--or do you have equal say?	RESPONDENT HAS MORE INFLUENCE....1 BOTH HUSBAND AND REPDNDNT EQUAL.....2 HUSBAND HAS MORE INFLUENCE.....3 OTHER.....6 (SPECIFY)	
413	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2	
414	Do you think your husband wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	
415	CHECK 203 and 205: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS LIVING CHILD(REN) <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </div> <div style="text-align: center;"> NO LIVING CHILD(REN) <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div>	NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER.....96 (SPECIFY) DON'T KNOW.....98	417

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
416	How many boys and how many girls?	BOYS..... GIRLS..... EITHER SEX..... OTHER ANSWER _____96 (SPECIFY) DON'T KNOW.....98	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
417	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....8							
418	If couples wish to avoid pregnancy, do you approve or disapprove of their using: the condom? the IUD? female sterilization? injectables? the pill?	APPR DISAPPR DK CONDOM.....1 2 8 IUD.....1 2 8 FEMALE STER.....1 2 8 INJECTABLES.....1 2 8 PILL.....1 2 8							
419	CHECK 418: INJECTABLES DISAPPROVES USING INJECTABLES <input type="checkbox"/> APPROVES USING INJECTABLES/ <input type="checkbox"/> DON'T KNOW		→421						
420	What is the main reason that you disapprove of the use of injectables?	MAKES WOMAN UNABLE TO HAVE CHILDREN/STERILE.....01 CAUSES PERIODS TO BE IRREGULAR/ BLEEDING BETWEEN PERIOD.....02 CAUSES HEAVY BLEEDING DURING PERIODS.....03 CAUSES WOMEN TO RETAIN WATER....04 CAUSES WEAKNESS/TIREDNESS.....05 CAUSES HEADACHES/DIZZINESS.....06 NOT EFFECTIVE IN PREVENTING PREGNANCY.....07 AGAINST RELIGION.....08 OTHER _____96 (SPECIFY) DON'T KNOW.....98							
421	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	ACCEPT- NOT ACCEPT- ABLE ABLE DK RADIO.....1 2 8 TELEVISION.....1 2 8							
422	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
423	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	425
424	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER.....X (SPECIFY)	
425	There are many factors which help to influence the decision to use family planning. Can you tell me if any of the following ever caused you to seek more information about family planning?		
	Advice from friends/relatives?	FRIEND/RELATIVES.....1 2	
	Informational spots on television?	TV SPOTS.....1 2	
	Advice from government doctor/clinic staff?	GOVERNMENT DOCTOR/CLINIC.....1 2	
	Advice from private doctor/clinic staff?	PRIVATE DOCTOR/CLINIC.....1 2	
	Advice from raida rifia?	RAIDA RIFIA.....1 2	
	Advice from daya?	DAYA.....1 2	
	A community activity (e.g., a meeting)?	COMMUNITY ACTIVITY.....1 2	
	Other _____? (SPECIFY)	OTHER.....1 2	
426	From what source did you first hear about family planning?	TELEVISION.....01 RADIO.....02 NEWSPAPER/OTHER PUBLICATION.....03 HUSBAND.....04 OTHER RELATIVES OR FRIENDS.....05 GOVERNMENT DOCTOR/CLINIC STAFF.....06 PRIVATE DOCTOR/CLINIC STAFF.....07 RAIDA RIFIA.....08 DAYA.....09 COMMUNITY MEETING.....10 OTHER.....96 (SPECIFY)	
427	In general do you think that your religion allows couples to use family planning or it forbids it?	ALLOWS.....1 FORBIDS.....2 DOESN'T KNOW.....8	
428	CHECK 107: CURRENTLY MARRIED <input checked="" type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		501
429	Spouses do not always agree on everything. Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8	
430	How often have you talked to your husband about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	

SECTION 5. PREGNANCY AND BREASTFEEDING

501	CHECK 225: <div style="display: flex; justify-content: space-between;"> <div>ONE OR MORE BIRTHS SINCE JANUARY 1990</div> <div style="text-align: center;"> <input type="checkbox"/> <div style="font-size: small;">v</div> </div> <div>NO BIRTHS SINCE JANUARY 1990</div> <div style="text-align: center;"> <input type="checkbox"/> → </div> </div> <div style="text-align: right; margin-top: -10px;">(SKIP TO 626)</div>				
502	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE. BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). Now I would like to ask you some more questions about the health of all your children born in the past 5 years. (We will talk about one child at a time.)				
503	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%; text-align: left;">LINE NUMBER FROM q. 212</th> <th style="width:25%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </th> <th style="width:25%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </th> <th style="width:25%; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </th> </tr> </table>	LINE NUMBER FROM q. 212	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
LINE NUMBER FROM q. 212	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>		
504	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%; text-align: left;">FROM q. 212 AND q. 216</th> <th style="width:25%; text-align: left;"> LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> </th> <th style="width:25%; text-align: left;"> NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> </th> <th style="width:25%; text-align: left;"> SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> </th> </tr> </table>	FROM q. 212 AND q. 216	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
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505	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;"> At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did you want <u>(more)</u> children at all? </td> <td style="width:25%; vertical-align: top;"> THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ← </td> <td style="width:25%; vertical-align: top;"> THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ← </td> <td style="width:25%; vertical-align: top;"> THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ← </td> </tr> </table>	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>(more)</u> children at all?	THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ←	THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ←	THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ←
At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>(more)</u> children at all?	THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ←	THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ←	THEN.....1 (SKIP TO 507) ← LATER.....2 NO MORE.....3 (SKIP TO 507) ←		
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	How many times did you receive antenatal care during this pregnancy?	NO. OF VISITS.... <input type="text"/> DON'T KNOW.....98	NO. OF VISITS.... <input type="text"/> DON'T KNOW.....98	NO. OF VISITS.... <input type="text"/> DON'T KNOW.....98
511	When you were pregnant with (NAME), were you given any injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 513)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 513)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 513)← DON'T KNOW.....8
512	During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/> DON'T KNOW.....8	TIMES..... <input type="text"/> DON'T KNOW.....8	TIMES..... <input type="text"/> DON'T KNOW.....8
513	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.31 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.31 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC.31 OTHER.....96 (SPECIFY)
514	CHECK 513: GAVE BIRTH AT HEALTH FACILITY	GAVE BIRTH IN HEALTH FACILITY <input type="checkbox"/> GAVE BIRTH ELSEWHERE <input type="checkbox"/> (SKIP TO 516)	GAVE BIRTH IN HEALTH FACILITY <input type="checkbox"/> GAVE BIRTH ELSEWHERE <input type="checkbox"/> (SKIP TO 516)	GAVE BIRTH IN HEALTH FACILITY <input type="checkbox"/> GAVE BIRTH ELSEWHERE <input type="checkbox"/> (SKIP TO 516)
515	Did you plan to deliver at the health facility or were you referred to the facility because you were having problems at delivery? IF REFERRED: Who suggested that you go to the facility? RECORD ALL MENTIONED.	REFERRED BY: HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C RELATIVES/FRIENDS...D OTHER.....X (SPECIFY) PLANNED TO GO TO HEALTH FACILITY.....Y	REFERRED BY: HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C RELATIVES/FRIENDS...D OTHER.....X (SPECIFY) PLANNED TO GO TO HEALTH FACILITY.....Y	REFERRED BY: HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C RELATIVES/FRIENDS...D OTHER.....X (SPECIFY) PLANNED TO GO TO HEALTH FACILITY.....Y
516	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C RELATIVES/FRIENDS...D OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C RELATIVES/FRIENDS...D OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON DAYA.....C RELATIVES/FRIENDS...D OTHER.....X (SPECIFY) NO ONE.....Y
517	CHECK 516: ASSISTED AT DELIVERY BY DAYA	ASSISTED BY DAYA <input type="checkbox"/> NOT ASSISTED BY DAYA <input type="checkbox"/> (SKIP TO 519)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	I have some photographs to show you. Did the days who helped you at delivery carry a box or bag like any of the ones in these photos? IF YES; Which did the days carry?	YES, CARRIED BOX/BAG LIKE IN: PHOTO A.....1 PHOTO B.....2 PHOTO C.....3 YES, BUT CANNOT IDENTIFY BOX/BAG....4 NO.....5 DON'T KNOW.....8		
519	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it threatened your life? A high fever with bad smelling vaginal discharge? Convulsions not caused by fever?	YES NO LABOR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 FEVER WITH BAD SMELLING DISCHARGE.1 2 CONVULSIONS.....1 2	YES NO LABOR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 FEVER WITH BAD SMELLING DISCHARGE.1 2 CONVULSIONS.....1 2	YES NO LABOR MORE THAN 12 HOURS.....1 2 EXCESSIVE BLEEDING.....1 2 FEVER WITH BAD SMELLING DISCHARGE.1 2 CONVULSIONS.....1 2
520	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
521	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE..4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE..4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE..4 VERY SMALL.....5 DON'T KNOW.....8
522	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 524)←	YES.....1 NO.....2 (SKIP TO 525)←	YES.....1 NO.....2 (SKIP TO 525)←
523	How much did (NAME) weigh?	KILOGRAMS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
524	Has your period returned since the birth of (NAME)?	YES1 (SKIP TO 526)← NO.....2 (SKIP TO 527)←		
525	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 529)←	YES.....1 NO.....2 (SKIP TO 529)←
526	For how many months after the birth of (NAME) did you not a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
527	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 529)		
528	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 530)		
529	For how many months after birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
530	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 536)	YES.....1 NO.....2 (SKIP TO 536)	YES.....1 NO.....2 (SKIP TO 536)
531	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
532	CHECK 504 OR 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 534)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 534)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 534)
533	Are you still breast-feeding (NAME)?	YES.....1 (SKIP TO 537) NO.....2	YES.....1 (SKIP TO 537) NO.....2	YES.....1 (SKIP TO 537) NO.....2
534	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
535	Why did you stop breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/ BREAST PROBLEM.....04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/ AGE TO STOP.....08 BECAME PREGNANT.....09 STARTED TO USE CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/ BREAST PROBLEM.....04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/ AGE TO STOP.....08 BECAME PREGNANT.....09 STARTED TO USE CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/ BREAST PROBLEM.....04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/ AGE TO STOP.....08 BECAME PREGNANT.....09 STARTED TO USE CONTRACEPTION.....10 OTHER.....96 (SPECIFY)

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536	CHECK 504 OR 216:	ALIVE <input type="checkbox"/> ↓ (SKIP TO 539)	DEAD <input type="checkbox"/> ↓ GO BACK TO 505 FOR NEXT BIRTH. IF NO OTHER BIRTHS, GO TO 601.	ALIVE <input type="checkbox"/> ↓ (SKIP TO 539)	DEAD <input type="checkbox"/> ↓ GO BACK TO 505 FOR NEXT BIRTH. IF NO OTHER BIRTHS, GO TO 601.	ALIVE <input type="checkbox"/> ↓ (SKIP TO 539)	DEAD <input type="checkbox"/> ↓ GO BACK TO 505 FOR NEXT BIRTH. IF NO OTHER BIRTHS, GO TO 601.																																																																																																																																							
537	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>		NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>		NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>																																																																																																																																								
538	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>		NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>		NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>																																																																																																																																								
539	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8		YES.....1 NO.....2 DON'T KNOW.....8		YES.....1 NO.....2 DON'T KNOW.....8																																																																																																																																								
540	At any time yesterday or last night was (NAME) given any of the following?:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>PLAIN WATER.....</td><td>1</td><td>2</td></tr> <tr><td>SUGAR WATER.....</td><td>1</td><td>2</td></tr> <tr><td>JUICE.....</td><td>1</td><td>2</td></tr> <tr><td>HERBAL TEA.....</td><td>1</td><td>2</td></tr> <tr><td>BABY FORMULA.....</td><td>1</td><td>2</td></tr> <tr><td>FRESH MILK.....</td><td>1</td><td>2</td></tr> <tr><td>TINNED/POWDERED MILK.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER LIQUID.....</td><td>1</td><td>2</td></tr> <tr><td>FRUIT.....</td><td>1</td><td>2</td></tr> <tr><td>FOOD MADE FROM GRAIN.....</td><td>1</td><td>2</td></tr> <tr><td>FOOD MADE FROM TUBERS.....</td><td>1</td><td>2</td></tr> <tr><td>EGGS/FISH/POULTRY.....</td><td>1</td><td>2</td></tr> <tr><td>MEAT.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER SOLID/SEMI-SOLID FOOD..</td><td>1</td><td>2</td></tr> </tbody> </table>			YES	NO	PLAIN WATER.....	1	2	SUGAR WATER.....	1	2	JUICE.....	1	2	HERBAL TEA.....	1	2	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK.....	1	2	OTHER LIQUID.....	1	2	FRUIT.....	1	2	FOOD MADE FROM GRAIN.....	1	2	FOOD MADE FROM TUBERS.....	1	2	EGGS/FISH/POULTRY.....	1	2	MEAT.....	1	2	OTHER SOLID/SEMI-SOLID FOOD..	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>PLAIN WATER.....</td><td>1</td><td>2</td></tr> <tr><td>SUGAR WATER.....</td><td>1</td><td>2</td></tr> <tr><td>JUICE.....</td><td>1</td><td>2</td></tr> <tr><td>HERBAL TEA.....</td><td>1</td><td>2</td></tr> <tr><td>BABY FORMULA.....</td><td>1</td><td>2</td></tr> <tr><td>FRESH MILK.....</td><td>1</td><td>2</td></tr> <tr><td>TINNED/POWDERED MILK.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER LIQUID.....</td><td>1</td><td>2</td></tr> <tr><td>FRUIT.....</td><td>1</td><td>2</td></tr> <tr><td>FOOD MADE FROM GRAIN.....</td><td>1</td><td>2</td></tr> <tr><td>FOOD MADE FROM TUBERS.....</td><td>1</td><td>2</td></tr> <tr><td>EGGS/FISH/POULTRY.....</td><td>1</td><td>2</td></tr> <tr><td>MEAT.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER SOLID/SEMI-SOLID FOOD..</td><td>1</td><td>2</td></tr> </tbody> </table>			YES	NO	PLAIN WATER.....	1	2	SUGAR WATER.....	1	2	JUICE.....	1	2	HERBAL TEA.....	1	2	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK.....	1	2	OTHER LIQUID.....	1	2	FRUIT.....	1	2	FOOD MADE FROM GRAIN.....	1	2	FOOD MADE FROM TUBERS.....	1	2	EGGS/FISH/POULTRY.....	1	2	MEAT.....	1	2	OTHER SOLID/SEMI-SOLID FOOD..	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>PLAIN WATER.....</td><td>1</td><td>2</td></tr> <tr><td>SUGAR WATER.....</td><td>1</td><td>2</td></tr> <tr><td>JUICE.....</td><td>1</td><td>2</td></tr> <tr><td>HERBAL TEA.....</td><td>1</td><td>2</td></tr> <tr><td>BABY FORMULA.....</td><td>1</td><td>2</td></tr> <tr><td>FRESH MILK.....</td><td>1</td><td>2</td></tr> <tr><td>TINNED/POWDERED MILK.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER LIQUID.....</td><td>1</td><td>2</td></tr> <tr><td>FRUIT.....</td><td>1</td><td>2</td></tr> <tr><td>FOOD MADE FROM GRAIN.....</td><td>1</td><td>2</td></tr> <tr><td>FOOD MADE FROM TUBERS.....</td><td>1</td><td>2</td></tr> <tr><td>EGGS/FISH/POULTRY.....</td><td>1</td><td>2</td></tr> <tr><td>MEAT.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER SOLID/SEMI-SOLID FOOD..</td><td>1</td><td>2</td></tr> </tbody> </table>			YES	NO	PLAIN WATER.....	1	2	SUGAR WATER.....	1	2	JUICE.....	1	2	HERBAL TEA.....	1	2	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK.....	1	2	OTHER LIQUID.....	1	2	FRUIT.....	1	2	FOOD MADE FROM GRAIN.....	1	2	FOOD MADE FROM TUBERS.....	1	2	EGGS/FISH/POULTRY.....	1	2	MEAT.....	1	2	OTHER SOLID/SEMI-SOLID FOOD..	1	2
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541	CHECK 540: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 544)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 544)	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 544)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 544)	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 544)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 544)																																																																																																																																							
542	(Aside from breastfeeding), how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES.... <input type="text"/>		NUMBER OF TIMES.... <input type="text"/>		NUMBER OF TIMES.... <input type="text"/>																																																																																																																																								
		DON'T KNOW.....8		DON'T KNOW.....8		DON'T KNOW.....8																																																																																																																																								

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	On how many days during the past seven days was (NAME) given any of following:	RECORD THE NUMBER OF DAYS.	RECORD THE NUMBER OF DAYS.	RECORD THE NUMBER OF DAYS.
	Plain water?	PLAIN WATER..... <input type="checkbox"/>	PLAIN WATER..... <input type="checkbox"/>	PLAIN WATER..... <input type="checkbox"/>
	Any kind of milk (other than breastmilk)?	MILK..... <input type="checkbox"/>	MILK..... <input type="checkbox"/>	MILK..... <input type="checkbox"/>
	Liquids other than plain water or milk?	OTHER LIQUIDS..... <input type="checkbox"/>	OTHER LIQUIDS..... <input type="checkbox"/>	OTHER LIQUIDS..... <input type="checkbox"/>
	Food made from grains like porridge, bread, rice and macaroni?	FOODS FROM GRAINS... <input type="checkbox"/>	FOODS FROM GRAINS... <input type="checkbox"/>	FOODS FROM GRAINS... <input type="checkbox"/>
	Sweet potatoes or other foods from tubers?	FOODS FROM TUBERS... <input type="checkbox"/>	FOODS FROM TUBERS... <input type="checkbox"/>	FOODS FROM TUBERS... <input type="checkbox"/>
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY... <input type="checkbox"/>	EGGS/FISH/POULTRY... <input type="checkbox"/>	EGGS/FISH/POULTRY... <input type="checkbox"/>
	Meat?	MEAT..... <input type="checkbox"/>	MEAT..... <input type="checkbox"/>	MEAT..... <input type="checkbox"/>
	Fruit?	FRUIT..... <input type="checkbox"/>	FRUIT..... <input type="checkbox"/>	FRUIT..... <input type="checkbox"/>
	Any other solid or semi-solid food?	OTHER SOLID/ SEMI-SOLID FOOD.... <input type="checkbox"/>	OTHER SOLID/ SEMI-SOLID FOOD.... <input type="checkbox"/>	OTHER SOLID/ SEMI-SOLID FOOD.... <input type="checkbox"/>
544	GO BACK TO 505 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 601.			

SECTION 6. IMMUNIZATION AND HEALTH

601 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE. RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

602	LINE NUMBER FROM Q. 212	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
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603	FROM Q. 212 FROM Q216	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;"> GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 626. </div>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;"> GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 626. </div>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;"> GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 626. </div>
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604	Do you have a birth certificate where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 606) YES, NOT SEEN.....2 (SKIP TO 608) NO CERTIFICATE.....3	YES, SEEN.....1 (SKIP TO 606) YES, NOT SEEN.....2 (SKIP TO 608) NO CERTIFICATE.....3	YES, SEEN.....1 (SKIP TO 606) YES, NOT SEEN.....2 (SKIP TO 608) NO CERTIFICATE.....3
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605	Did you ever have a vaccination certificate for (NAME)?	YES.....1 (SKIP TO 608) NO.....2	YES.....1 (SKIP TO 608) NO.....2	YES.....1 (SKIP TO 608) NO.....2
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606	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE. (2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA				H1				H2				H3				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA				H1				H2				H3				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA				H1				H2				H3			
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607	Has (NAME) received any vaccinations that are not recorded on this certificate? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3, MEASLES AND/OR HEPATITIS 1-3 VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN CORRESPONDING DAY COLUMN IN 606. THEN SKIP TO 610). NO.....2 DON'T KNOW.....8 (SKIP TO 610)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN CORRESPONDING DAY COLUMN IN 606. THEN SKIP TO 610). NO.....2 DON'T KNOW.....8 (SKIP TO 610)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN CORRESPONDING DAY COLUMN IN 606. THEN SKIP TO 610). NO.....2 DON'T KNOW.....8 (SKIP TO 610)
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
608	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 610)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 610)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 610)← DON'T KNOW.....8
609	Please tell me if (NAME) (has) received any of the following vaccinations:			
	A BCG vaccination against tuberculosis, that is, injection in the left shoulder that caused a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	Polio vaccine, that is drops in the mouth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES.... <input type="text"/>	NUMBER OF TIMES.... <input type="text"/>	NUMBER OF TIMES.... <input type="text"/>
	A DPT injection?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES.... <input type="text"/>	NUMBER OF TIMES.... <input type="text"/>	NUMBER OF TIMES.... <input type="text"/>
	An injection against measles at nine months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	An injection against hepatitis?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES.... <input type="text"/>	NUMBER OF TIMES.... <input type="text"/>	NUMBER OF TIMES.... <input type="text"/>
610	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
611	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 615)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 615)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 615)← DON'T KNOW.....8
612	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
613	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 615)←	YES.....1 NO.....2 (SKIP TO 615)←	YES.....1 NO.....2 (SKIP TO 615)←
614	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
615	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 625)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 625)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 625)← DON'T KNOW.....8
616	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
617	On the worst day of the diarrhea, how many bowel movements did (NAME)? have?	NUMBER OF BOWEL MOVEMENTS..... DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... DON'T KNOW.....98
618	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME AMOUNT.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME AMOUNT.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME AMOUNT.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
619	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME AMOUNT.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME AMOUNT.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME AMOUNT.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
620	Was (NAME) given a fluid made from a special packet called mahloul moalget el-gaffef to drink?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
621	Was anything else to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 623)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 623)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 623)← DON'T KNOW.....8
622	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	HOMEMADE SUGAR, SALT AND WATER SOLUTION...A ANTIBIOTIC (PILL OR SYRUP).....B OTHER PILL OR SYRUP.....C INJECTION.....D (I.V.) INTRAVENOUS....D HOME REMEDIES/ HERBAL MEDICINES....E OTHER.....X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION...A ANTIBIOTIC (PILL OR SYRUP).....B OTHER PILL OR SYRUP.....C INJECTION.....D (I.V.) INTRAVENOUS....D HOME REMEDIES/ HERBAL MEDICINES....E OTHER.....X (SPECIFY)	HOMEMADE SUGAR, SALT AND WATER SOLUTION...A ANTIBIOTIC (PILL OR SYRUP).....B OTHER PILL OR SYRUP.....C INJECTION.....D (I.V.) INTRAVENOUS....D HOME REMEDIES/ HERBAL MEDICINES....E OTHER.....X (SPECIFY)
623	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 625)←	YES.....1 NO.....2 (SKIP TO 625)←	YES.....1 NO.....2 (SKIP TO 625)←
624	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....X (SPECIFY)
625	GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 626.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
626	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
627	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
628	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F SUNKEN EYES.....G DRY/YELLOW SKIN.....H MARKED THIRST.....I NOT EATING/NOT DRINKING WELL.....J GETTING SICKER/VERY SICK.....K NOT GETTING BETTER.....L OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
629	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C STRONG COUGH/FREQUENT COUGH.....D FEVER.....E UNABLE TO DRINK.....F NOT EATING/NOT DRINKING WELL.....G GETTING SICKER/VERY SICK.....H NOT GETTING BETTER.....I OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
630	CHECK 620, ALL COLUMNS: NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/>		701
631	Have you ever heard of a special product called mahloul moalget el-gaffef you can get for the treatment of diarrhea?	YES.....1 NO.....2	

SECTION 7. SCHOOLING OF CHILDREN

701	CHECK 215 AND 216: <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> ONE OR MORE LIVING CHILDREN BORN BETWEEN JANUARY 1980 AND DECEMBER 1989 </div> <div style="width:45%;"> NO LIVING CHILDREN BORN BETWEEN JANUARY 1980 AND DECEMBER 1989 </div> </div>	713
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702 ENTER THE LINE NUMBER AND NAME OF EACH LIVING CHILD BORN BETWEEN JANUARY 1980 AND DECEMBER 1989 BEGIN WITH THE YOUNGEST CHILD. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. IF THERE ARE MORE THAN 4 CHILDREN, USE ADDITIONAL QUESTIONNAIRES.

Now I would like to ask you some questions about the education of your children who are between six and fifteen years of age. We will talk about one child at a time.

703		YOUNGEST CHILD	NEXT-TO-YOUNGEST CHILD	SECOND-FROM-YOUNGEST CHILD	THIRD-FROM-YOUNGEST CHILD
	LINE NUMBER FROM Q212	LINE NO... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NO... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NO... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NO... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

704	FROM Q212	NAME	NAME	NAME	NAME
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705	Is (NAME) currently enrolled in school?	YES.....1 NO.....2 (SKIP TO 711)	YES.....1 NO.....2 (SKIP TO 711)	YES.....1 NO.....2 (SKIP TO 711)	YES.....1 NO.....2 (SKIP TO 711)
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706	Does he/she attend a private day school, a private boarding school, a government school or Al-Azhar school?	PRVT DAY.....1 PRVT BOARD....2 GOVERNMENT....3 AL-AZHAR.....4	PRVT DAY.....1 PRVT BOARD....2 GOVERNMENT....3 AL-AZHAR.....4	PRVT DAY.....1 PRVT BOARD....2 GOVERNMENT....3 AL-AZHAR.....4	PRVT DAY.....1 PRVT BOARD....2 GOVERNMENT....3 AL-AZHAR.....4
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707	Sometimes children miss school because they are ill. How many days in the last month did (NAME) miss school due to illness? RECORD '00' IF NO DAYS MISSED.	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
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708	Sometimes children miss school to help the family or to work. Has (NAME) ever missed school because he/she was needed by the family to: Look after younger children? Help with housework? Do any other work?	YES NO CHILDREN....1 2 HOUSEWORK...1 2 OTHER WORK..1 2	YES NO CHILDREN....1 2 HOUSEWORK...1 2 OTHER WORK..1 2	YES NO CHILDREN....1 2 HOUSEWORK...1 2 OTHER WORK..1 2	YES NO CHILDREN....1 2 HOUSEWORK...1 2 OTHER WORK..1 2
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709	CHECK 708	"YES" TO ONE OR MORE QUESTIONS <input type="checkbox"/>	"NO" TO ALL QUESTIONS <input type="checkbox"/>	"YES" TO ONE OR MORE QUESTIONS <input type="checkbox"/>	"NO" TO ALL QUESTIONS <input type="checkbox"/>	"YES" TO ONE OR MORE QUESTIONS <input type="checkbox"/>	"NO" TO ALL QUESTIONS <input type="checkbox"/>
		(SKIP TO 712)	(SKIP TO 712)	(SKIP TO 712)	(SKIP TO 712)	(SKIP TO 712)	(SKIP TO 712)

710	How many days in the last month did (NAME) miss school for any of these reasons? RECORD '00' IF NO DAYS MISSED.	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAYS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
		(SKIP TO 712)	(SKIP TO 712)	(SKIP TO 712)	(SKIP TO 712)

		YOUNGEST CHILD NAME _____	NEXT-TO-YOUNGEST CHILD NAME _____	SECOND-FROM- YOUNGEST CHILD NAME _____	THIRD-FROM YOUNGEST CHILD NAME _____
711	What is the main reason (NAME) is not enrolled in school?	TOO OLD.....01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL.....04 FAILED EXAMS..05 EXPELLED.....06 TOO FAR.....07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL.....09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_____96 (SPECIFY)	TOO OLD.....01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL.....04 FAILED EXAMS..05 EXPELLED.....06 TOO FAR.....07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL.....09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_____96 (SPECIFY)	TOO OLD.....01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL.....04 FAILED EXAMS..05 EXPELLED.....06 TOO FAR.....07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL.....09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_____96 (SPECIFY)	TOO OLD.....01 TOO YOUNG.....02 MARRIAGE AGE..03 SCHOOL NOT USEFUL.....04 FAILED EXAMS..05 EXPELLED.....06 TOO FAR.....07 TOO EXPENSIVE.08 BOYS/GIRLS IN SCHOOL.....09 (MALE/FEMALE) TEACHERS....10 HAS ENOUGH SCHOOLING...11 NEED AT HOME..12 NEED IN FARM/ BUSINESS....13 OTHER_____96 (SPECIFY)

712 GO BACK TO 705 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 713.

713	If parents have one son and one daughter and can send only one child to the university, which child should they send?	SON.....1 DAUGHTER.....2 → 715 DEPEND ON THE CHILDREN'S CAPABILITIES.....3 NOT SURE.....8 → 801
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714	Why should they send the son rather than the daughter? RECORD ALL RESPONSES.	CUSTOMARY TO GIVE BOY MORE EDUCATION THAN GIRL.....A BOY NEEDS EDUCATION FOR FUTURE JOB, GIRL WILL MARRY.....B BOY WILL BE RESPONSIBLE FOR A FAMILY BUT SOMEONE WILL ALWAYS TAKE CARE OF A GIRL.....C → 801 BOYS ARE MORE INTELLIGENT THAN GIRLS.....D OTHER _____X (SPECIFY) NOT SURE.....Y
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715	Why should they send the daughter rather than the son? PROBE: Any other reason? RECORD ALL RESPONSES.	GIRLS ARE RESPONSIBLE FOR REARING CHILDREN (NEXT GENERATION).....A A GIRL NEEDS EDUCATION TO FIND A GOOD HUSBAND.....B GIRLS NEED EDUCATION OTHERWISE THEY ARE POWERLESS.....C GIRLS NEED EDUCATION TO HAVE A GOOD FUTURE BUT BOYS CAN MANAGE FOR THEMSELVES.....D GIRLS ARE MORE INTELLIGENT THAN BOYS.....E GIRLS NEED EDUCATION IN CASE THEY HAVE TO PROVIDE FOR THE FAMILY.....F OTHER _____X (SPECIFY) NOT SURE.....Y
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SECTION 8. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Now I would like to talk to you about another topic. Have you ever heard about female circumcision?	YES.....1 NO.....2	→901
802	Have you yourself ever been circumcised?	YES.....1 NO.....2	→814
803	How old were you when you were circumcised?	AGE IN COMPLETED YEARS..... DON'T KNOW.....98	
804	Who performed the circumcision? IF DOCTOR, PROBE: Was the doctor male or female?	MALE DOCTOR.....01 FEMALE DOCTOR.....02 TRAINED NURSE/MIDWIFE.....03 DAYA.....04 BARBER.....05 GHAGARIA.....06 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
805	Where was the circumcision performed?	AT HOME.....1 PRIVATE HOSPITAL/CLINIC.....2 GOVERNMENT HOSPITAL/CLINIC.....3 RELATIVE/NEIGHBOR'S HOUSE.....4 BARBER'S KIOSK.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8	
806	Do you know what tool was used in the circumcision?	SHARP BLADE/RAZOR.....1 SCALPEL.....2 SCISSORS.....3 DON'T KNOW.....8	
807	Was the circumcision carried out under anesthetic? IF YES, PROBE: What type--local or general?	LOCAL.....1 GENERAL.....2 WITHOUT ANESTHESIA.....3 DON'T KNOW.....8	
808	Was the vaginal area sewn closed or almost closed (during the circumcision)?	YES.....1 NO.....2 DON'T KNOW.....8	→810
809	Did the vaginal area have to be cut open when you began menstruating or first married?	YES.....1 NO.....2 DON'T KNOW.....8	
810	Did you have any complications at the time of the circumcision or afterwards?	YES.....1 NO.....2 DON'T KNOW.....8	→814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
811	What were those complications? PROBE: Were there any other complications? RECORD ALL RESPONSES.	SEVERE PAIN AT WOUND.....A BLEEDING.....B INFECTION/FEVER.....C DIFFICULTY IN PASSING URINE/ URINE RETENTION.....D SWELLING/FAILURE TO HEAL.....E SHOCK.....F OTHER _____X (SPECIFY)	
812	Did you receive any health care for those complications?	YES.....1 NO.....2	814
813	What kinds of health care did you receive? RECORD ALL RESPONSES.	HOSPITALIZED.....A SUTURING.....B BLOOD TRANSFUSION.....C MEDICINE/INJECTION.....D OTHER _____X (SPECIFY)	
814	CHECK 214 AND 216: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		830
815	Have any of your daughters been circumcised? IF YES: How many?	NUMBER CIRCUMCISED..... <input type="text"/> <input type="text"/> NO DAUGHTERS CIRCUMCISED.....95	827
816	Which of your daughters was circumcised most recently? _____ (DAUGHTER'S NAME) INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER.	DAUGHTER'S LINE NUMBER <input type="text"/> <input type="text"/> FROM Q212.....	
817	How old was she when she was circumcised?	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
818	Who performed the circumcision? IF DOCTOR, PROBE: Was the doctor male or female?	MALE DOCTOR.....01 FEMALE DOCTOR.....02 TRAINED NURSE/MIDWIFE.....03 DAYA.....04 BARBER.....05 GHAGARIA.....06 OTHER _____96 (SPECIFY) DON'T KNOW.....98	
819	Where was the circumcision performed?	AT HOME.....1 PRIVATE HOSPITAL/CLINIC.....2 GOVERNMENT HOSPITAL/CLINIC.....3 RELATIVE/NEIGHBOR'S HOUSE.....4 BARBER'S KIOSK.....5 OTHER _____6 (SPECIFY) DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
820	Do you know what tool was used in the circumcision?	SHARP BLADE/RAZOR.....1 SCALPEL.....2 SCISSORS.....3 DON'T KNOW.....8	
821	Was the circumcision carried out under anesthetic? IF YES, PROBE: What type--local or general?	LOCAL.....1 GENERAL.....2 WITHOUT ANESTHESIA.....3 DON'T KNOW.....8	
822	Was the vaginal area sewn closed or almost closed (during the circumcision)?	YES.....1 NO.....2 DON'T KNOW.....8	
823	Did your daughter have any complications at the time of of the circumcision or afterwards?	YES.....1 NO.....2 DON'T KNOW.....8	829
824	What were those complications? PROBE: Were there any other complications? RECORD ALL RESPONSES.	SEVERE PAIN AT WOUND.....A BLEEDING.....B INFECTION/FEVER.....C DIFFICULTY IN PASSING URINE/ URINE RETENTION.....D SWELLING/FAILURE TO HEAL.....E SHOCK.....F OTHER _____ X (SPECIFY)	
825	Did she receive any health care for the complications?	YES.....1 NO.....2	829
826	What kinds of health care did she receive? RECORD ALL RESPONSES.	HOSPITALIZED.....A SUTURING.....B BLOOD TRANSFUSION.....C MEDICINE/INJECTION.....D OTHER _____ X (SPECIFY)	829
827	Do you intend to have any of your daughters circumcised?	YES.....1 NO.....2 DON'T KNOW.....8	829 829
828	Why don't you intend to have your daughter circumcised?	DON'T BELIEVE IN/ACCEPT IT.....A AFRAID OF COMPLICATIONS.....B AGAINST RELIGION.....C BETTER MARRIAGE PROSPECTS.....D GREATER PLEASURE FOR HUSBAND.....E OTHER _____ X (SPECIFY)	
829	Is (Was) there anyone who is encouraging (encouraged) you to have your daughter circumcised? Anyone else? RECORD ALL PERSONS MENTIONED.	RESPONDENT'S HUSBAND.....A RESPONDENT'S MOTHER.....B HUSBAND'S MOTHER.....C ANY OTHER RELATIVE OF RESPONDENT.....D ANY OTHER RELATIVE OF HUSBAND.....E FRIENDS/NEIGHBORS.....F DAUGHTER HERSELF.....G INFLUENCED BY TRADITION.....H OTHER _____ X (SPECIFY) NO ONE.....Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																
830	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	832 834																																
831	Why do you think female circumcision should be continued? Any other reasons? RECORD ALL REASONS MENTIONED.	GOOD TRADITION.....A REQUIRED BY ISLAM/RELIGION.....B CLEANLINESS.....C BETTER MARRIAGE PROSPECTS.....D GREATER PLEASURE OF HUSBAND.....E PRESERVATION OF VIRGINITY.....F PREVENTION OF ADULTERY.....G OTHER.....X (SPECIFY) DON'T KNOW.....Y	834																																
832	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED.	BAD TRADITION.....A AGAINST RELIGION.....B CAUSES MANY MEDICAL COMPLICATIONS.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION.....F OTHER.....X (SPECIFY) DOES NOT KNOW.....Y																																	
833	What do you think is the best way to stop the practice of female circumcision? RECORD ALL RESPONSES.	PRACTITIONERS SHOULD BE STOPPED FROM DOING THE OPERATION.....A SEX EDUCATION.....B EDUCATIONAL CAMPAIGN FOR PARENTS.....C OTHER.....X (SPECIFY)																																	
834	I will read you some statements. Please tell me if you agree or do not agree? Circumcision is an important part of religious tradition. A husband will prefer his wife to be circumcised. Circumcision can cause severe complications, which may lead to the girl's death. Circumcision prevents adultery. Circumcision may cause a woman to have problems in becoming pregnant. Circumcision lessens sexual satisfaction for a couple. Childbirth is more difficult for a woman who has been circumcised.	<table border="1"> <thead> <tr> <th></th> <th>DIS- AGREE</th> <th>AGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>IMPORTANT PART OF RELIGIOUS TRADITION..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>HUSBANDS PREFER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CAN LEAD TO GIRL'S DEATH.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>PREVENTS ADULTERY....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CAUSES PROBLEMS IN GETTING PREGNANT..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>LESSENS SEXUAL SATISFACTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILDBIRTH MORE DIFFICULT.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		DIS- AGREE	AGREE	DK	IMPORTANT PART OF RELIGIOUS TRADITION..1	2	8		HUSBANDS PREFER.....1	2	8		CAN LEAD TO GIRL'S DEATH.....1	2	8		PREVENTS ADULTERY....1	2	8		CAUSES PROBLEMS IN GETTING PREGNANT..1	2	8		LESSENS SEXUAL SATISFACTION.....1	2	8		CHILDBIRTH MORE DIFFICULT.....1	2	8		
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SECTION 9. MARRIAGE AND HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
901	Now I would like to ask some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED..... <input type="text"/>		
902	In what month and year did you enter into a marriage contract with your first husband?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	→ 904	
903	How old were you when you entered into the marriage contract with your first husband?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW AGE.....98		
904	In what month and year did you start living with your (first) husband?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	→ 906	
905	How old were you when you started living together with your (first) husband?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW AGE.....98		
906	<p>DETERMINE MONTHS MARRIED SINCE JANUARY 1990. ENTER "X" IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1990.</p> <p>FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WIDOWED OR DIVORCED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE.</p>			
907	What do you think is the ideal age for marriage for sons? And for daughters?	AGE FOR SONS..... <input type="text"/> <input type="text"/> DOES NOT MATTER FOR SONS.....95 AGE FOR DAUGHTERS..... <input type="text"/> <input type="text"/> DOES NOT MATTER FOR DAUGHTERS..95		
908	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p> <p>↓ (SKIP TO 910)</p>			→ 911
909	RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.	HUSBAND'S LINE NUMBER..... <input type="text"/> <input type="text"/>		
910	How old was your (current/last) husband on his last birthday?	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
911	In what month and year was your husband born? COMPARE AND CORRECT 910 AND/OR 911 IF INCONSISTENT.	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
912	Before you got married, was your (last) husband related to you in anyway through blood or marriage?	YES.....1 NO.....2	914
913	What type of relationship was it?	FIRST COUSIN ON FATHER'S SIDE....01 FIRST COUSIN ON MOTHER'S SIDE....02 SECOND COUSIN ON FATHER'S SIDE...03 SECOND COUSIN ON MOTHER'S SIDE...04 OTHER BLOOD RELATIVE.....05 OTHER RELATIVE BY MARRIAGE.....06	
914	Did your (last) husband ever attend school?	YES.....1 NO.....2	917
915	What was the highest level of school he attended?	PRIMARY1 PREPARATORY.....2 SECONDARY.....3 UPPER INTERMEDIATE.....4 UNIVERSITY.....5 MORE THAN UNIVERSITY.....6 DON'T KNOW.....8	917
916	What was the highest grade which he completed at that level?	GRADE..... <input type="text"/> DON'T KNOW.....8	
917	What kind of work does (did) your (last) husband mainly do? RECORD ANSWER IN DETAIL.	<input type="text"/> <input type="text"/> 	
918	Does (did) your husband work for a member of his family for someone else, or is he self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 FOR HIMSELF.....3	920
919	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2	
920	CHECK 917: WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE DOES (DID) <input type="checkbox"/> NOT WORK IN AGRICULTURE		1001
921	(Does/did) your husband mainly work on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	

SECTION 10. WOMAN'S WORK AND RESIDENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1001	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Before you married (for the first time), did you ever do any of these things or any other work?	YES.....1 NO.....2	
1002	Are you currently doing any of these things or any other work?	YES.....1 NO.....2	1004
1003	Have you done any work in the last 12 months?	YES.....1 NO.....2	1020
1004	What is your occupation, that is, what kind of work do you mainly do? RECORD ANSWER IN DETAIL.	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>	
1005	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
1006	CHECK 1004: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		1008
1007	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
1008	On a typical day, how many hours do you spend doing this work?	NUMBER OF HOURS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1009	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	1011 1012
1010	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1011	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	1013
1012	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	
1013	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	1017

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1014	<p>How much do you usually earn for this work?</p> <p>RECORD AMOUNT: _____</p> <p>PROBE: Is this by the day, by the month or by the year?</p> <p>RECORD UNIT OF TIME: _____</p>	<p>PER YEAR.....1</p> <p>PER MONTH.....2</p> <p>PER WEEK.....3</p> <p>PER DAY.....4</p> <p>PER HOUR.....5</p> <p>OTHER _____ 999996</p> <p style="text-align: center;">(SPECIFY)</p>	
1015	<p>CHECK 107:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else?</p> </div> <div style="text-align: center;"> <p>WIDOWED/DIVORCED <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?</p> </div> </div>	<p>RESPONDENT DECIDES.....1</p> <p>HUSBAND DECIDES.....2</p> <p>JOINTLY WITH HUSBAND.....3</p> <p>SOMEONE ELSE DECIDES.....4</p> <p>JOINTLY WITH SOMEONE ELSE.....5</p>	
1016	<p>What do you mainly do with your earnings?</p> <p>PROBE: Anything else?</p>	<p>HOUSEHOLD EXPENSES.....A</p> <p>SCHOOL/OTHER COSTS FOR CHILDREN,.B</p> <p>PERSONAL EXPENSES.....C</p> <p>SUPPORT OTHER RELATIVES.....D</p> <p>SAVINGS.....E</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
1017	<p>Do you usually work at home or away from home?</p>	<p>AT HOME.....1</p> <p>AWAY FROM HOME.....2</p>	
1018	<p>CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 1020
1019	<p>Who usually takes care of (NAME OF THE YOUNGEST CHILD AT HOME) while you are working?</p>	<p>RESPONDENT.....01</p> <p>HUSBAND.....02</p> <p>OLDER FEMALE CHILD.....03</p> <p>OLDER MALE CHILD.....04</p> <p>OTHER RELATIVES.....05</p> <p>NEIGHBORS.....06</p> <p>FRIENDS.....07</p> <p>SERVANTS/HIRED HELP.....08</p> <p>CHILD IS IN SCHOOL.....09</p> <p>INSTITUTIONAL CHILDCARE.....10</p> <p>HAS NOT WORKED SINCE LAST BIRTH.....95</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	
1020	<p>RECORD THE TIME.</p>	<p>HOUR.....</p> <p>MINUTES.....</p>	

SECTION 11. HEIGHT AND WEIGHT

1101 CHECK 222:
ONE OR MORE BIRTHS
SINCE JANUARY 1990

NO BIRTHS SINCE
JANUARY 1990

1201

INTERVIEWER:

IN 1102 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1990 AND STILL ALIVE.
IN 1103 AND 1104 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1990. IN 1106 AND 1108 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1990 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1990, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
1102 LINE NO. FROM Q.212				
1103 NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)	(NAME)	(NAME)
1104 DATE OF BIRTH FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... YEAR....	DAY..... MONTH.... YEAR....	DAY..... MONTH.... YEAR....	DAY..... MONTH.... YEAR....
1105 BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1106 HEIGHT (in centimeters)				
1107 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1108 WEIGHT (in kilograms)		0	0	0
1109 DATE WEIGHED AND MEASURED	DAY..... MONTH.... YEAR....	DAY..... MONTH.... YEAR....	DAY..... MONTH.... YEAR....	DAY..... MONTH.... YEAR....
1110 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)
1111 NAME OF MEASURER:			NAME OF ASSISTANT:	

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1201-1202 AS APPROPRIATE.
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

1201 DEGREE OF COOPERATION.

POOR.....1
FAIR.....2
GOOD.....3
VERY GOOD.....4

1202 INTERVIEWER'S COMMENTS:

1203 FIELD EDITOR'S COMMENTS:

1204 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS:

1205 OFFICE EDITOR'S COMMENTS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

B BIRTHS
P PREGNANCIES
M MISCARRIAGE
A ABORTION
S STILLBIRTH

0 NOT USING METHOD
1 PILL
2 IUD
3 INJECTABLES
4 NORPLANT
5 DIAPHRAGM/FOAM/JELLY
6 CONDOM
7 FEMALE STERILIZATION
8 MALE STERILIZATION
9 PERIODIC ABSTINENCE
L WITHDRAWAL
G PROLONGED BREASTFEEDING
X OTHER _____
(SPECIFY)

COL.2: Discontinuation of Contraceptive Use

1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COST TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
U UNABLE TO GET PREGNANT/MENOPAUSE
D MARITAL DISSOLUTION/SEPARATION
I INFREQUENT SEX/HUSBAND AWAY
X OTHER _____
(SPECIFY)
Z DON'T KNOW

COL.3: Marriage

X MARRIED
0 NOT MARRIED

		1	2	3		
FEB	01				01	FEB
JAN	02				02	JAN
DEC	03				03	DEC
NOV	04				04	NOV
OCT	05				05	OCT
SEP	06				06	SEP
1	AUG	07			07	AUG 1
9	JUL	08			08	JUL 9
9	JUN	09			09	JUN 9
5	MAY	10			10	MAY 5
	APR	11			11	APR
	MAR	12			12	MAR
	FEB	13			13	FEB
	JAN	14			14	JAN
DEC	15				15	DEC
NOV	16				16	NOV
OCT	17				17	OCT
SEP	18				18	SEP
1	AUG	19			19	AUG 1
9	JUL	20			20	JUL 9
9	JUN	21			21	JUN 9
4	MAY	22			22	MAY 4
	APR	23			23	APR
	MAR	24			24	MAR
	FEB	25			25	FEB
	JAN	26			26	JAN
DEC	27				27	DEC
NOV	28				28	NOV
OCT	29				29	OCT
SEP	30				30	SEP
1	AUG	31			31	AUG 1
9	JUL	32			32	JUL 9
9	JUN	33			33	JUN 9
3	MAY	34			34	MAY 3
	APR	35			35	APR
	MAR	36			36	MAR
	FEB	37			37	FEB
	JAN	38			38	JAN
DEC	39				39	DEC
NOV	40				40	NOV
OCT	41				41	OCT
SEP	42				42	SEP
1	AUG	43			43	AUG 1
9	JUL	44			44	JUL 9
9	JUN	45			45	JUN 9
2	MAY	46			46	MAY 2
	APR	47			47	APR
	MAR	48			48	MAR
	FEB	49			49	FEB
	JAN	50			50	JAN
DEC	51				51	DEC
NOV	52				52	NOV
OCT	53				53	OCT
SEP	54				54	SEP
1	AUG	55			55	AUG 1
9	JUL	56			56	JUL 9
9	JUN	57			57	JUN 9
1	MAY	58			58	MAY 1
	APR	59			59	APR
	MAR	60			60	MAR
	FEB	61			61	FEB
	JAN	62			62	JAN
DEC	63				63	DEC
NOV	64				64	NOV
OCT	65				65	OCT
SEP	66				66	SEP
1	AUG	67			67	AUG 1
9	JUL	68			68	JUL 9
9	JUN	69			69	JUN 9
0	MAY	70			70	MAY 0
	APR	71			71	APR
	MAR	72			72	MAR
	FEB	73			73	FEB
	JAN	74			74	JAN

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S STATUS MODULE
FOLLOW-ON QUESTIONNAIRE**

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	<div style="text-align: center;">GOVERNORATE</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: center;">PSU/SEGMENT NO.</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: center;">HOUSEHOLD NO. URBAN/RURAL</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: center;">LOCALITY LINE NUMBER</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>
KISM/MARQAZ _____ BUILDING NO. _____	
SHIAKHA/VILLAGE _____ HOUSE NO. _____	
HOUSEHOLD NO. _____	
URBAN.....1 RURAL.....2	
LARGE CITY...1 SMALL CITY....2 TOWN....3 VILLAGE....4	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
LINE NUMBER OF WOMAN _____	

INTERVIEWER VISITS				FINAL VISIT		
	1	2	3	DAY	MONTH	YEAR
DATE				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
TEAM						
INTERVIEWER						
SUPERVISOR						
ASSISTANT SUPERVISOR						
RESULT						
NEXT VISIT: DATE				TOTAL VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
TIME						
RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>						
REINTERVIEW				YES 1	NO 2	

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
SIGNATURE	_____	_____	_____	_____
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

SECTION 0. INFORMATION FROM THE MAIN DHS SURVEY

BEFORE BEGINNING THE INTERVIEW FILL IN THE INFORMATION BELOW USING THE MAIN DHS SURVEY FOR THE RESPONDENT.

001	CHECK Q.106 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD THE WOMAN'S AGE.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>
002	CHECK Q.107 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD THE WOMAN'S CURRENT MARITAL STATUS.	MARRIED.....1 WIDOWED.....2 DIVORCED.....3
003	CHECK Q.901 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD THE NUMBER OF TIMES MARRIED.	NUMBER OF TIMES MARRIED..... <input type="text"/>
004	CHECK Q.108, Q.109 AND Q.112 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WOMAN'S SCHOOLING STATUS	CURRENTLY IN SCHOOL/UNIV.....1 ATTENDED SCHOOL IN THE PAST.....2 NEVER ATTENDED SCHOOL.....3
005	CHECK Q.1001 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WHETHER THE WOMAN WORKED BEFORE MARRIAGE.	WORKED BEFORE MARRIAGE.....1 DID NOT WORK BEFORE MARRIAGE.....2
006	CHECK Q.1002 AND Q.1003 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WOMAN'S EMPLOYMENT STATUS.	CURRENTLY WORKING.....1 WORKED IN PAST 12 MONTHS.....2 NOT CURRENTLY WORKING AND NOT WORKED IN PAST 12 MONTHS.....3
007	CHECK Q.208 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WHETHER WOMAN HAS HAD ANY BIRTHS. THEN IF WOMAN HAS NO BIRTHS: CHECK Q.227 IN THE MAIN SURVEY QUESTIONNAIRE AND RECORD WHETHER SHE IS CURRENTLY PREGNANT.	WOMAN HAS ONE OR MORE BIRTHS.....1 WOMAN HAS NO BIRTH BUT IS CURRENTLY PREGNANT.....2 WOMAN HAS NO BIRTH AND IS NOT CURRENTLY PREGNANT.....3

SECTION 1. BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																
101	RECORD THE TIME.	HOUR..... MINUTES.....																	
102	CHECK 004: SCHOOL ATTENDANCE HAS ATTENDED BUT IS NOT ATTENDING CURRENTLY <input type="checkbox"/> CURRENTLY ATTENDING/NEVER ATTENDED <input type="checkbox"/>		104																
103	We are interested in some details regarding your schooling and that of your parents. How old were you when you stopped attending school? RECORD AGE IN COMPLETED YEARS	AGE..... DON'T KNOW.....98																	
104	Could(can) your father read a newspaper or letter?	YES.....1 NO.....2 DIDN'T SEE/KNOW FATHER.....3 DON'T KNOW.....8	106																
105	What was(is) your father's occupation, that is, what kind of work did(does) he mainly do?																		
106	Could(can) your mother read a newspaper or letter?	YES.....1 NO.....2 DIDN'T SEE/KNOW MOTHER.....3 DON'T KNOW.....8	110																
107	At any time before you were first married did your mother work at a job for which she earned cash ?	YES.....1 NO.....2 DON'T KNOW.....8	110																
108	Did she do this work throughout the year, or seasonally or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3 DON'T KNOW.....8																	
109	What was your mother's main occupation, that is, what work did she mainly do?																		
110	How much education parents give their children depends on many factors in addition to the cost of education. In your opinion, in deciding how many years of schooling a daughter should have: Which of the following factors is the most important: the daughter's interest in studies? the daughter's marriage prospects afterwards? the daughter's intelligence? Which is the least important?	<table border="1"> <thead> <tr> <th></th> <th>MOST</th> <th>NOT MOST/LEAST</th> <th>LEAST</th> </tr> </thead> <tbody> <tr> <td>INTEREST.....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>MARRIAGE PROSPECTS..1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>INTELLIGENCE.....1</td> <td>2</td> <td>3</td> <td></td> </tr> </tbody> </table>		MOST	NOT MOST/LEAST	LEAST	INTEREST.....1	2	3		MARRIAGE PROSPECTS..1	2	3		INTELLIGENCE.....1	2	3		
	MOST	NOT MOST/LEAST	LEAST																
INTEREST.....1	2	3																	
MARRIAGE PROSPECTS..1	2	3																	
INTELLIGENCE.....1	2	3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
111	And in deciding how many years of schooling a son should have: Which of the same factors is the most important: the son's interest in studies? the son's marriage prospects afterwards? the son's intelligence? Which is the least important?		NOT MOST/ LEAST		
		MOST		LEAST	
		INTEREST.....1	2	3	
		MARRIAGE PROSPECTS..1	2	3	
		INTELLIGENCE.....1	2	3	
112	In your opinion is it important for a woman to marry a man who has more education than her?	IMPORTANT.....1			
		NOT IMPORTANT.....2			
		DON'T KNOW.....8			

SECTION 2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	CHECK CURRENT MARITAL STATUS IN 002.	MARRIED.....1 WIDOWED.....2 DIVORCED.....3	206 205
202	Is your husband with you, or is he travelling, or does he live elsewhere?	LIVES WITH HER.....1 TRAVELLING.....2 LIVES ELSEWHERE.....3	206
203	Has your husband been away for less than one month or has he been gone longer than that?	AWAY LESS THAN ONE MONTH.....1 AWAY ONE MONTH OR MORE.....2 OTHER.....6 (SPECIFY)	206
204	In your husband's absence, who mainly takes the day to day financial decisions of your household?	RESPONDENT.....1 SON.....2 OTHER MALE RELATIVE.....3 OTHER FEMALE RELATIVE.....4 OTHER.....6 (SPECIFY)	206
205	Was the divorce initiated by you, by your husband, or did you both decide that you should divorce?	RESPONDENT.....1 HUSBAND.....2 BOTH.....3	
206	<p>Now I will be asking some questions about your husband and your marriage.</p> <p>FOR WOMEN WHO HAVE BEEN MARRIED ONLY ONCE: IF CURRENTLY MARRIED: ASK ABOUT HER CURRENT HUSBAND AND MARRIAGE <input type="checkbox"/> → (COMPLETE COL. 1 ONLY) IF WIDOWED OR DIVORCED: ASK ABOUT HER LAST HUSBAND AND MARRIAGE <input type="checkbox"/> → (COMPLETE COL. 1 ONLY)</p> <p>FOR WOMEN MARRIED MORE THAN ONCE: ASK FIRST QUESTIONS ABOUT HER MOST RECENT HUSBAND AND MARRIAGE (CURRENT/LAST). THEN ASK HER ABOUT HER FIRST HUSBAND AND MARRIAGE (COMPLETE COL. 1 AND COL. 2).</p>		
		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
207	What is (was) the first name of your (last) husband?	NAME OF HUSBAND	
208	CHECK NUMBER OF TIMES MARRIED IN 003.	MARRIED ONLY ONCE.....1 (SKIP TO 224) MARRIED MORE THAN ONCE...2	
209	In what month and year did you first enter into a marriage contract with (NAME OF CURRENT/LAST HUSBAND)?	MONTH..... <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> (SKIP TO 211) DON'T KNOW YEAR.....98	
210	How old were you when you signed this marriage contract?	RESPONDENT'S AGE IN COMPLETED YEARS.... <input type="text"/> DON'T KNOW.....98	

		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
211	In what month and year did you start living with (NAME OF CURRENT/LAST HUSBAND)?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> (SKIP TO 224)← DON'T KNOW YEAR.....98	
212	How old were you when you started living together with your husband?	RESPONDENT'S AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/> DON'T KNOW.....98 (SKIP TO 224)←	
213	Now I would like to ask questions about your first husband. What was the name of your first husband?		NAME OF FIRST HUSBAND
214	How old was (NAME OF FIRST HUSBAND) when your marriage contract was signed?		HUSBAND'S AGE IN COMPLETED YEARS.... <input type="text"/> <input type="text"/> DON'T KNOW.....98
215	In what month and year was your first husband born?		MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98
216	Before you got married, was your first husband related to you in anyway?		YES.....1 NO.....2 (SKIP TO 218)←
217	What type of relationship was it?		FIRST COUSIN ON FATHER'S SIDE.....1 FIRST COUSIN ON MOTHER'S SIDE.....2 SECOND COUSIN ON FATHER'S SIDE.....3 SECOND COUSIN ON MOTHER'S SIDE.....4 OTHER BLOOD RELATIVE.....5 OTHER RELATIVE BY MARRIAGE.....6
218	Did your first husband ever attend school?		YES.....1 NO.....2 (SKIP TO 221)←
219	What was the highest level of school he attended?		PRIMARY1 PREPARATORY.....2 SECONDARY.....3 UPPER INTERMEDIATE.....4 UNIVERSITY.....5 MORE THAN UNIVERSITY.....6 DON'T KNOW.....8 (SKIP TO 221)←
220	What was the highest grade which he completed at that level?		GRADE..... <input type="text"/> DON'T KNOW.....8

	CURRENT/LAST MARRIAGE	FIRST MARRIAGE
221	What kind of work did your first husband mainly do? RECORD ANSWER IN DETAIL	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
222	Did he earn a regular wage or salary?	YES.....1 NO.....2 DON'T KNOW.....8
223	Did this marriage end in a divorce or were you widowed?	DIVORCE.....1 WIDOWED.....2 OTHER.....6 (SPECIFY)
224	I will now like to ask some questions about how you met your (last/first) husband. Before you got married, did you yourself know your (last/first) husband well, a little, or not at all?	<div style="display: inline-block; width: 45%;"> KNEW WELL.....1 KNEW A LITTLE.....2 DID NOT KNOW.....3 (SKIP TO 229) ← </div> <div style="display: inline-block; width: 45%;"> KNEW WELL.....1 KNEW A LITTLE.....2 DID NOT KNOW.....3 (SKIP TO 229) ← </div>
225	How long had you yourself known him before your marriage?	<div style="display: inline-block; width: 45%;"> LESS THAN 1 MONTH.....1 1 MONTH TO 1 YEAR.....2 MORE THAN 1 YEAR.....3 ALWAYS KNOWN HIM.....4 </div> <div style="display: inline-block; width: 45%;"> LESS THAN 1 MONTH.....1 1 MONTH TO 1 YEAR.....2 MORE THAN 1 YEAR.....3 ALWAYS KNOWN HIM.....4 </div>
226	Did you yourself choose your (last/first) husband or did your family choose or someone else choose?	<div style="display: inline-block; width: 45%;"> RESPONDENT CHOSE.....1 FAMILY CHOSE.....2 OTHER RELATIVES CHOSE.....3 OTHER.....6 (SPECIFY) (SKIP TO 229) ← </div> <div style="display: inline-block; width: 45%;"> RESPONDENT CHOSE.....1 FAMILY CHOSE.....2 OTHER RELATIVES CHOSE.....3 OTHER.....6 (SPECIFY) (SKIP TO 229) ← </div>
227	How did you yourself first meet your (last/first) husband?	<div style="display: inline-block; width: 45%;"> THROUGH FAMILY.....1 THROUGH FRIENDS.....2 HUSBAND IS RELATIVE.....3 MET AT WORK.....4 HUSBAND WAS NEIGHBOR.....5 OTHER.....6 (SPECIFY) </div> <div style="display: inline-block; width: 45%;"> THROUGH FAMILY.....1 THROUGH FRIENDS.....2 HUSBAND IS RELATIVE.....3 MET AT WORK.....4 HUSBAND WAS NEIGHBOR.....5 OTHER.....6 (SPECIFY) </div>
228	Did your family approve of your choice of husband from the very beginning, or only later, or did they never approve?	<div style="display: inline-block; width: 45%;"> YES, FROM BEGINNING.....1 YES, BUT LATER.....2 NO, NEVER.....3 (SKIP TO 235) ← </div> <div style="display: inline-block; width: 45%;"> YES, FROM BEGINNING.....1 YES, BUT LATER.....2 NO, NEVER.....3 (SKIP TO 235) ← </div>
229	Had you yourself ever met and spoken to your (last/first) husband before you were married to him?	<div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 (SKIP TO 231) ← </div> <div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 (SKIP TO 231) ← </div>
230	Had you yourself met and spoken to him before your engagement to him?	<div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 </div> <div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 </div>
231	Were you consulted when your (last/first) husband was being chosen for you, that is, were you asked whether you wanted to marry (NAME OF HUSBAND)?	<div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 </div> <div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 </div>
232	If you had not approved of (NAME OF CURRENT /LAST/FIRST HUSBAND) would your family have insisted that you marry him anyway?	<div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 DON'T KNOW.....8 </div> <div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 DON'T KNOW.....8 </div>
233	Do you think that your (last/first) husband had a say in choosing you for his wife?	<div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 235) ← </div> <div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 235) ← </div>
234	If he had not approved of you, do you think his family would have made him marry you anyway?	<div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 DON'T KNOW.....8 </div> <div style="display: inline-block; width: 45%;"> YES.....1 NO.....2 DON'T KNOW.....8 </div>

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235	Now I would like to ask some questions about expenses related to your marriage to your (last/first) husband. Would you tell me if these expenses were paid by you or your family or by your husband and his family or by both sides:	<table border="1"> <thead> <tr> <th></th> <th>RESP/RESP-FAM.</th> <th>HUSB/HUSB-FAM.</th> <th>NO EXP-BOTH</th> </tr> </thead> <tbody> <tr><td>Land/apartment/house?</td><td>LAND.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Jewelry?</td><td>JEWELRY...1</td><td>2</td><td>3 4</td></tr> <tr><td>Clothing for respondent?</td><td>RES CLOTH.1</td><td>2</td><td>3 4</td></tr> <tr><td>Clothing for husband?</td><td>HUS CLOTH.1</td><td>2</td><td>3 4</td></tr> <tr><td>Furniture?</td><td>FURNITURE.1</td><td>2</td><td>3 4</td></tr> <tr><td>Kitchen items?</td><td>KITCHEN..1</td><td>2</td><td>3 4</td></tr> <tr><td>Other consumer durables?</td><td>DURABLES..1</td><td>2</td><td>3 4</td></tr> <tr><td>Engagement ceremony expenses?</td><td>ENGAG.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Cash payment to bride's family?</td><td>CASH.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Marriage ceremony expenses?</td><td>MARR.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Other?</td><td>OTHER.....1</td><td>2</td><td>3 4</td></tr> </tbody> </table> <p>(Specify)</p>		RESP/RESP-FAM.	HUSB/HUSB-FAM.	NO EXP-BOTH	Land/apartment/house?	LAND.....1	2	3 4	Jewelry?	JEWELRY...1	2	3 4	Clothing for respondent?	RES CLOTH.1	2	3 4	Clothing for husband?	HUS CLOTH.1	2	3 4	Furniture?	FURNITURE.1	2	3 4	Kitchen items?	KITCHEN..1	2	3 4	Other consumer durables?	DURABLES..1	2	3 4	Engagement ceremony expenses?	ENGAG.....1	2	3 4	Cash payment to bride's family?	CASH.....1	2	3 4	Marriage ceremony expenses?	MARR.....1	2	3 4	Other?	OTHER.....1	2	3 4	<table border="1"> <thead> <tr> <th></th> <th>RESP/RESP-FAM.</th> <th>HUSB/HUSB-FAM.</th> <th>NO EXP-BOTH</th> </tr> </thead> <tbody> <tr><td>Land/apartment/house?</td><td>LAND.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Jewelry?</td><td>JEWELRY...1</td><td>2</td><td>3 4</td></tr> <tr><td>Clothing for respondent?</td><td>RES CLOTH.1</td><td>2</td><td>3 4</td></tr> <tr><td>Clothing for husband?</td><td>HUS CLOTH.1</td><td>2</td><td>3 4</td></tr> <tr><td>Furniture?</td><td>FURNITURE.1</td><td>2</td><td>3 4</td></tr> <tr><td>Kitchen items?</td><td>KITCHEN..1</td><td>2</td><td>3 4</td></tr> <tr><td>Other consumer durables?</td><td>DURABLES..1</td><td>2</td><td>3 4</td></tr> <tr><td>Engagement ceremony expenses?</td><td>ENGAG.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Cash payment to bride's family?</td><td>CASH.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Marriage ceremony expenses?</td><td>MARR.....1</td><td>2</td><td>3 4</td></tr> <tr><td>Other?</td><td>OTHER.....1</td><td>2</td><td>3 4</td></tr> </tbody> </table>		RESP/RESP-FAM.	HUSB/HUSB-FAM.	NO EXP-BOTH	Land/apartment/house?	LAND.....1	2	3 4	Jewelry?	JEWELRY...1	2	3 4	Clothing for respondent?	RES CLOTH.1	2	3 4	Clothing for husband?	HUS CLOTH.1	2	3 4	Furniture?	FURNITURE.1	2	3 4	Kitchen items?	KITCHEN..1	2	3 4	Other consumer durables?	DURABLES..1	2	3 4	Engagement ceremony expenses?	ENGAG.....1	2	3 4	Cash payment to bride's family?	CASH.....1	2	3 4	Marriage ceremony expenses?	MARR.....1	2	3 4	Other?	OTHER.....1	2	3 4
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236	If all the costs of the engagement and marriage are taken into consideration approximately how much did you or your family spend on your (last/first) marriage?	COSTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in L.E. DON'T KNOW.....999998	COSTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> in L.E. DON'T KNOW.....999998																																																																																																
237	As compared to your family's total expenditures on everything related to your engagement and marriage, did your (last/first) husband's family spend more, less, or about equal?	MORE.....1 LESS.....2 EQUAL.....3 DON'T KNOW.....8	MORE.....1 LESS.....2 EQUAL.....3 DON'T KNOW.....8																																																																																																
238	Now I would like to talk about your living arrangements when you married your (last/first) husband. When you and your (first) husband started living together, did you live with your family, your husband's family, with someone else or by yourselves?	OWN FAMILY.....1 HUSBAND'S FAMILY.....2 SOMEONE ELSE.....3 OURSELVES ONLY.....4 (SKIP TO 240) ←	OWN FAMILY.....1 HUSBAND'S FAMILY.....2 SOMEONE ELSE.....3 OURSELVES ONLY.....4 (SKIP TO 240) ←																																																																																																
239	Approximately how many years did you all live together then? ROUND TO THE NEAREST FULL YEAR	YEARS..... <input type="text"/> <input type="text"/> STILL TOGETHER.....97	YEARS..... <input type="text"/> <input type="text"/> STILL TOGETHER.....96																																																																																																
240	At that time were you living in Cairo, Giza, Alexandria, another city, or town or village or outside Egypt?	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5																																																																																																
241	CHECK 238:	LIVED WITH HUSBAND'S FAMILY, SOMEONE ELSE OR NO ONE <input type="checkbox"/> LIVED WITH OWN FAMILY <input type="checkbox"/> (SKIP TO 244)	LIVED WITH HUSBAND'S FAMILY, SOMEONE ELSE, OR NO ONE <input type="checkbox"/> LIVED WITH OWN FAMILY <input type="checkbox"/> (SKIP TO 245)																																																																																																
242	At that time were you able to meet any of your own family members often, only sometimes, or not at all?	OFTEN.....1 (SKIP TO 244) ← SOMETIMES.....2 NOT AT ALL.....3	OFTEN.....1 (SKIP TO 245) ← SOMETIMES.....2 NOT AT ALL.....3																																																																																																

		CURRENT/LAST MARRIAGE	FIRST MARRIAGE
243	What was the main reason why you did not meet any member of your own family often?	REASON _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	REASON _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____ (GO TO 245)
244	CHECK NUMBER OF TIMES MARRIED IN Q.003.	MARRIED ONLY ONCE <input type="checkbox"/> ↓	MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ (GO TO 213 FOR FIRST HSUBAND)
245	In general, are the financial costs today of rearing and marrying off children greater for sons or for daughters?	SONS.....1 DAUGHTERS.....2 BOTH EQUALLY COSTLY.....3 DON'T KNOW.....8	

SECTION 3. INTRAHOUSEHOLD RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP TO
301	PRESENCE OF OTHERS AT THIS POINT	PRESENT/ LISTENING	PRESENT/NOT LISTENING	NOT PRESENT		
	CHILDREN UNDER 10.....1	2	3			
	HUSBAND.....1	2	3			
	OTHER MALES.....1	2	3			
	OTHER FEMALES.....1	2	3			
302	CHECK 002: MARITAL STATUS					
	CURRENTLY MARRIED <input type="checkbox"/>	DIVORCED/ WIDOWED <input type="checkbox"/>				305
303	Does your husband discuss any of the following topics with you regularly only sometimes, or never?	REGULAR- LY	SOME- TIMES	NEVER	NA	
	Events at work?	EVENTS AT WORK.....1	2	3	5	
	Plans for the future?	FUTURE PLANS.....1	2	3	5	
	Your children's activities?	CHILDREN'S ACTIVITIES...1	2	3	5	
	Money/financial matters?	MONEY MATTERS.....1	2	3	5	
	Community gossip/news?	GOSSIP/NEWS.....1	2	3	5	
304	Who has the final say in your family on the following---you or your husband, both you and your husband, or someone else? IF SOMEONE ELSE: Who? (SPECIFY)	RESP	HUSB	BOTH	ELSE→Who?	NA
	Visits to friends and family?	VISIT.....1	2	3	4 ()	5
	Household budget?	BUDGET.....1	2	3	4 ()	5
	Having (another) child?	HAVE CHILD.....1	2	3	4 ()	5
	Children's education?	EDUCATION.....1	2	3	4 ()	5
	Children's marriage plans?	MARRIAGE.....1	2	3	4 ()	5
	Food cooked in the house?	FOOD.....1	2	3	4 ()	5
	Medical attention for children?	MEDICAL.....1	2	3	4 ()	5
	Use of family planning methods?	CONTRACEPT.....1	2	3	4 ()	5
305	Now I would like to get your opinion on some aspects of family life. Please tell me if you agree or disagree with each statement.					
	There is some work only for men and some work only for women, and they should not be doing each other's work.	DIS- AGREE AGREE DK				
	MEN AND WOMEN SHOULD NOT DO SAME WORK...	1	2	8		
	A woman's place is not only in the household but she should be allowed to work.					
	WOMEN'S PLACE NOT ONLY AT HOME.....	1	2	8		
	If the wife has a job outside the home then the husband should help her with the children and household chores.					
	HUSBAND SHOULD HELP WORKING WIFE.....	1	2	8		
	A twenty-five year old woman who has a good job but is not yet married is to be pitied.					
	SINGLE WOMEN ARE TO BE PITIED.....	1	2	8		
	If girls are educated it should be to prepare them for jobs not just to make them better mothers and wives.					
	GIRLS EDUCATED FOR JOBS.....	1	2	8		
	A woman who has a full-time job cannot be a good mother.					
	WORKING WOMAN A POOR MOTHER.....	1	2	8		
	If a woman wants a good life she should not have more than three children.					
	NO MORE THAN THREE CHILDREN.....	1	2	8		
	If a wife disagrees with her husband she should express her opinion not keep quiet.					
	WIFE SHOULD SPEAK UP.....	1	2	8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	In the past year, have you had an illness or any health problem for which you saw or should have seen a doctor?	YES.....1 NO.....2	312
307	If you wanted to see the doctor, did you first have to ask someone's permission?	YES.....1 NO.....2	310
308	Whose permission did you need to ask?	HUSBAND.....1 MOTHER-IN-LAW.....2 OTHER MALE RELATIVE.....3 OTHER FEMALE RELATIVE.....4 OTHER.....6 (SPECIFY)	
309	Were you given permission to go see the doctor?	YES.....1 NO.....2 NEVER ASKED PERMISSION.....3	
310	Did you see the doctor (anyway)?	YES.....1 NO.....2	314
311	Why did you not see the doctor?	CANNOT DISOBEY.....01 FELT ALL RIGHT AGAIN.....02 NOT SERIOUS ENOUGH.....03 TOO SHY.....04 TOO AFRAID OF DOCTOR.....05 DOCTOR NOT AVAILABLE/NO DOCTOR.....06 DID NOT HAVE MONEY.....07 DOCTOR TOO EXPENSIVE.....08 OTHER.....96 (SPECIFY)	314
312	If you are ill and need to see a doctor do you first have to ask someone's permission?	YES.....1 NO.....2	314
313	Whose permission did you need?	HUSBAND.....1 MOTHER-IN-LAW.....2 OTHER MALE RELATIVE.....3 OTHER FEMALE RELATIVE.....4 OTHER.....6 (SPECIFY)	
314	Are you usually allowed to go to the following places on your own, only with children, only with another adult, or not at all?	A C A N L H D E O I U V N L L E E D T R OUTSIDE HOUSE.....1 2 3 4 MARKET.....1 2 3 4 HEALTH CENTER.....1 2 3 4 RECREATION.....1 2 3 4 RELATIVES/FRIENDS.....1 2 3 4	
315	Do you watch on television or listen on radio to women's programs such as Woman Journal and For You and Your Family on television and To Housewife and For Women Only on radio?	WATCHES ON TELEVISION.....A LISTENS ON RADIO.....B DOES NOT WATCH OR LISTEN TO WOMEN'S PROGRAMS.....C	317

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316	Do you watch or listen to these programs regularly, or only once in a while?	REGULARLY.....1 ONCE IN A WHILE.....2	
317	In your opinion would a wife have good reason for seeking divorce if:	YES NO DK	
	Her husband was disrespectful to her parents or to the other senior members of her family?	DISRESPECT.....1 2 8	
	Her husband never listened to her and never took her opinions into account?	NOT LISTEN.....1 2 8	
	Her husband was unable to have children?	NO CHILDREN.....1 2 8	
	He did not give her and the children enough money?	NO MONEY SUPPORT.....1 2 8	
	He beat her frequently?	BEATING.....1 2 8	
	He talked to other women?	OTHER WOMEN.....1 2 8	
	He was sexually unfaithful?	UNFAITHFUL.....1 2 8	
318	And what about a husband? Would a husband have good reason for seeking divorce if:	YES NO DK	
	His wife was disrespectful to his parents or to the other senior members of his family?	DISRESPECT.....1 2 8	
	She was disobedient or did not follow his orders?	DISOBEDIENT.....1 2 8	
	His wife was unable to have children?	NO CHILDREN.....1 2 8	
	She neglected household chores?	NEGLECT CHORES.....1 2 8	
	His wife neglected and beat the children?	NEGLECT CHILD.....1 2 8	
	She talked to other men?	OTHER MEN.....1 2 8	
	She was sexually unfaithful?	UNFAITHFUL.....1 2 8	

SECTION 4. HOUSEHOLD MEMBERS, WOMEN'S WORKLOAD AND EATING PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	CHECK 002: MARITAL STATUS		
	<div style="display: flex; justify-content: space-between;"> <div> CURRENTLY MARRIED OR WIDOWED <input type="checkbox"/> </div> <div> CURRENTLY DIVORCED <input type="checkbox"/> </div> </div>		403

402	Which of your husband's relatives usually lives with you? RECORD ALL MENTIONED. PROBE: Any other husband's relatives?	HIS FATHER.....A HIS MOTHER.....B HIS BROTHER.....C HIS SISTER.....D HIS BROTHER'S WIFE.....E HIS SISTER'S HUSBAND.....F OTHER.....X (SPECIFY) NO ONE.....Y	
-----	---	---	--

403	Which of your own relatives usually lives with you? RECORD ALL MENTIONED. PROBE: Any other relatives of your own?	OWN FATHER.....A OWN MOTHER.....B BROTHER.....C SISTER.....D BROTHER'S WIFE.....E SISTER'S HUSBAND.....F OTHER.....X (SPECIFY) NO ONE.....Y	
-----	---	---	--

404	Now I would like to know who does what household tasks in your home. First tell me which persons do each of these tasks and then tell me who is the main person responsible for the task.										
		RESP	HUSB	SON	DAUG	OTHER MALE	OTHER FEMALE	SERV/ MAID	NA	MAIN	
	Cooks the meals?	A	B	C	D	E	F	G	X		
	Cleans after meals?	A	B	C	D	E	F	G	X		
	Cleans the house?	A	B	C	D	E	F	G	X		
	Washes clothes?	A	B	C	D	E	F	G	X		
	Gets water?	A	B	C	D	E	F	G	X		
	Gets wood or other fuel for cooking?	A	B	C	D	E	F	G	X		

405	And now tell me which persons in your household do each of these tasks. Again please tell me who is the main person responsible for the task.										
		RESP	HUSB	SON	DAUG	OTHER MALE	OTHER FEMALE	SERV/ MAID	NA	MAIN	
	Works for income?	A	B	C	D	E	F	G	X		
	Goes to buy clothes?	A	B	C	D	E	F	G	X		
	Tends crops?	A	B	C	D	E	F	G	X		
	Tends animals?	A	B	C	D	E	F	G	X		
	Goes to buy food and other household items?	A	B	C	D	E	F	G	X		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																								
406	Finally, tell me which persons in your household do the following tasks related to children. Again please tell me who is the main person responsible for the tasks.	<table border="1"> <thead> <tr> <th></th> <th>RESP</th> <th>HUSB</th> <th>SON</th> <th>DAUG</th> <th>OTHER MALE</th> <th>OTHER FEMALE</th> <th>SERV/MAID</th> <th>NA</th> <th>MAIN</th> </tr> </thead> <tbody> <tr> <td>Cares for the children?</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td>X</td> <td></td> </tr> <tr> <td>Helps children with homework?</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td>X</td> <td></td> </tr> <tr> <td>Plays with children?</td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td>X</td> <td></td> </tr> </tbody> </table>		RESP	HUSB	SON	DAUG	OTHER MALE	OTHER FEMALE	SERV/MAID	NA	MAIN	Cares for the children?	A	B	C	D	E	F	G	X		Helps children with homework?	A	B	C	D	E	F	G	X		Plays with children?	A	B	C	D	E	F	G	X		
	RESP	HUSB	SON	DAUG	OTHER MALE	OTHER FEMALE	SERV/MAID	NA	MAIN																																		
Cares for the children?	A	B	C	D	E	F	G	X																																			
Helps children with homework?	A	B	C	D	E	F	G	X																																			
Plays with children?	A	B	C	D	E	F	G	X																																			
407	Are there any elderly or disabled persons who are dependent on you for care?	YES.....1 NO.....2	409																																								
408	How many such persons are usually in your care?	NUMBER.....																																									
409	At the time of the main meal do all members of your household, including you, usually eat together or do some eat separately?	TOGETHER.....1 SEPARATELY.....2	412																																								
410	Who is in the group that eats first? RECORD ALL MENTIONED.	RESPONDENT.....A HUSBAND.....B SONS.....C FATHER-IN-LAW.....D OWN FATHER.....E OTHER MALE RELATIVES.....F MOTHER-IN-LAW.....G OWN MOTHER.....H DAUGHTERS.....I OTHER FEMALE RELATIVES.....J OTHER.....X (SPECIFY)	412																																								
411	Who usually eats with you when you eat? RECORD ALL MENTIONED.	HUSBAND.....A SONS.....B FATHER-IN-LAW.....C OWN FATHER.....D OTHER MALE RELATIVES.....E MOTHER-IN-LAW.....F OWN MOTHER.....G DAUGHTERS.....H OTHER FEMALE RELATIVES.....I OTHER.....X (SPECIFY) EATS ALONE.....Y																																									
412	In your old age do you expect to live with a son, a daughter, with both at some time, or with neither?	SON(S).....1 DAUGHTER(S).....2 BOTH.....3 NEITHER.....4 DOES NOT HAVE SONS OR DAUG.....5	414																																								
413	With whom do you expect to live then?	ON HER OWN/WITH HUSBAND.....1 WITH OTHER FAMILY.....2 OTHER.....6 (SPECIFY)																																									
414	When you are old what do you expect to be your major sources of financial support? RECORD ALL MENTIONED.	OWN/HUSBAND'S EARNINGS.....A PENSIONS/SAVINGS.....B INCOME FROM LAND/INVESTMENTS.....C GOV'T AID.....D SUPPORT FROM SON(S).....E SUPPORT FROM DAUGHTER(S).....F SUPPORT FROM OTHER RELATIVE(S).....G OTHER.....X (SPECIFY)																																									

SECTION 5. EMPLOYMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	<p>READ TO ALL RESPONDENTS</p> <p>You have already been asked some questions by the earlier interviewer about your current employment. I have a few more questions that I would like you to answer.</p>		
501	<p>CHECK 006:</p> <p>NOT CURRENTLY WORKING <input type="checkbox"/></p> <p>CURRENTLY WORKING <input type="checkbox"/></p>		504
502	<p>I believe that you are not (currently) working. What is the main reason why you are not currently working?</p>	<p>ON VACATION/LEAVE.....01</p> <p>CHILDREN.....02</p> <p>HOUSEHOLD CARE.....03</p> <p>ILL OR DISABLED.....04</p> <p>CAN'T FIND/WAITING FOR WORK.....05</p> <p>HUSBAND/ELDERS OPPOSED.....06</p> <p>NO NEED TO WORK.....07</p> <p>DON'T WANT TO WORK ANY MORE.....08</p> <p>NO SKILLS/NO EDUCATION.....09</p> <p>GOT FIRED.....10</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
503	<p>CHECK 006:</p> <p>WORKED IN LAST 12 MONTHS <input type="checkbox"/></p> <p>NOT CURRENTLY WORKING AND DID NOT WORK LAST 12 MONTHS <input type="checkbox"/></p>		521
504	<p>For how many years have(had) you been working at your current/most recent job?</p> <p>ROUND TO THE NEAREST FULL YEAR.</p>	<p>NUMBER OF YEARS..... <input type="text"/></p>	
505	<p>When working do(did) you interact with only women only men or both women and men?</p>	<p>WOMEN ONLY.....1</p> <p>MEN ONLY.....2</p> <p>WOMEN AND MEN.....3</p> <p>MEETS NO ONE.....4</p>	507
506	<p>When working, do(did) you interact with mainly relatives, non-relatives, or with both?</p>	<p>ONLY RELATIVES.....1</p> <p>ONLY NON-RELATIVES.....2</p> <p>BOTH.....3</p>	
507	<p>Have you had any special training for the work that you do (did)?</p>	<p>YES.....1</p> <p>NO.....2</p>	509
508	<p>What training did you receive?</p>	<p>TRAINING _____ <input type="text"/></p> <p align="center">(SPECIFY)</p>	
509	<p>What is your main reason for working?</p>	<p>FAMILY NEEDS MONEY.....01</p> <p>FINANCIAL INDEPENDENCE.....02</p> <p>TO PURSUE PROFESSION.....03</p> <p>USE EDUCATIONAL SKILLS.....04</p> <p>HELP WITH FAMILY BUSINESS/FARM...05</p> <p>MAKE USE OF FREE TIME.....06</p> <p>TO GET SOCIAL STATUS.....07</p> <p>TO BE HERSELF/FIND HERSELF.....08</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
510	In your current/most recent job are(were) you paid in cash or kind or both, or are(were) you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	→518 →521
511	Do you use your own earnings to meet your personal needs or does your husband(someone else) give you money to cover your needs?	OWN EARNINGS.....1 HUSBAND GIVES MONEY.....2 USES OWN AND HUSBAND'S MONEY.....3 OTHER _____ 6 (SPECIFY)	
512	When you earn, do you give all your earnings to your husband or family, or do you keep part and give the rest, or do you keep all of your earnings?	GIVE ALL TO FAMILY.....1 KEPT PART FOR SELF2 KEPT ALL FOR SELF.....3	→514 →516
513	Do you give less than half, about half, or more than half to your husband or family?	LESS THAN HALF.....1 HALF.....2 MORE THAN HALF.....3	
514	Do you have the main control, some control, or no control over how the earnings you give to your husband or family are used?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
515	CHECK 512: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> KEPT PART OF EARNINGS <input type="checkbox"/> </div> <div style="text-align: center;"> ALL EARNINGS GIVEN TO HUSBAND OR FAMILY <input type="checkbox"/> </div> </div>		→517
516	Do you have to account to anyone for what you do with the earnings that you keep? IF YES: Who do you account to?	YES, ACCOUNTS TO: HUSBAND.....1 FATHER/MOTHER.....2 FATHER-IN-LAW/MOTHER-IN-LAW.....3 OTHER _____ 6 (SPECIFY) DOES NOT ACCOUNT TO ANYONE.....7	
517	On average, when you work(ed) what is(was) the share of your family's expenditures that are(were) met by the income or goods that you earn(ed): all, more than half, about half, less than half, or almost nothing?	ALL.....1 MORE THAN HALF.....2 ABOUT HALF.....3 LESS THAN HALF.....4 ALMOST ZERO.....5 DON'T KNOW.....8	
518	In addition to the work you described for which you are (were) paid in cash or kind are(were) you also doing any other work for which you are(were) NOT paid in cash or kind? PROBE: Any work in a family business or family farm?	YES.....1 NO.....2	→521
519	What is the work that you are(were) doing? RECORD RESPONSE IN FULL.	_____ _____ _____	
520	Approximately how many hours per week do(did) you spend doing this work?	HOURS..... WORKS ONLY IRREGULARLY.....95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
521	CHECK 005: <div style="display: flex; justify-content: space-around;"> <div> WORKED BEFORE (FIRST) MARRIAGE <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> </div> <div> DID NOT WORK BEFORE (FIRST) MARRIAGE <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> </div> </div>		540
522	I believe that you worked before (first) marriage. What was your last occupation before marriage, that is what work did you mainly do? RECORD RESPONSE IN FULL.	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="text"/> <input type="text"/> </div>
523	Were you paid in cash or in kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	525
524	Did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
525	Were you still working at the time of your marriage?	YES.....1 NO.....2	540
526	Did you continue this work even after your marriage, or did you do some other work, or did you stop then?	YES, SAME WORK.....1 YES, DIFFERENT WORK.....2 NO.....3	529 540
527	What was your new occupation? RECORD RESPONSE IN FULL.	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="text"/> <input type="text"/> </div>
528	Were you paid in cash or in kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	530
529	After marriage, did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
530	For how many years did you continue to do this work since you first began? ROUND TO THE NEAREST FULL YEAR.	YEARS..... STILL WORKING.....94	548
531	What was the main reason you stopped working then?	BECAME PREGNANT.....01 HOUSEHOLD CARE.....02 ILL OR DISABLED.....03 COULDN'T FIND WORK.....04 MIGRATED.....05 HUSBAND/ELDERS OPPOSED.....06 DIDN'T NEED TO WORK.....07 DIDN'T WANT TO WORK.....08 DID UNPAID WORK.....09 WAS FIRED.....10 OTHER.....96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
532	CHECK 006: <div style="display: flex; justify-content: space-around;"> <div>NOT CURRENTLY WORKING AND DID NOT WORK IN LAST 12 MONTHS <input type="checkbox"/></div> <div>CURRENTLY WORKING OR DID WORK LAST 12 MONTHS <input type="checkbox"/></div> </div>		548
533	Was this the last time that you worked after your marriage?	YES.....1 NO.....2	548
534	The last time that you worked, what was your occupation, that is, what work did you mainly do? RECORD RESPONSE IN FULL.	<div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>	
535	Were you paid in cash or in kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	537
536	Did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
537	For how many years did you work then? ROUND TO THE NEAREST FULL YEAR.	NO. OF YEARS..... <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>	
538	In which year did you last stop working?	CALENDAR YEAR.....19 <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>	
539	What was the main reason you stopped working then?	BECAME PREGNANT/CHILDCARE.....01 HOUSEHOLD CARE.....02 ILL OR DISABLED.....03 COULDN'T FIND WORK.....04 MIGRATED.....05 HUSBAND/ELDERS OPPOSED.....06 DIDN'T NEED TO WORK.....07 DIDN'T WANT TO WORK.....08 DID UNPAID WORK.....09 WAS FIRED.....10 OTHER.....96 (SPECIFY)	548
540	CHECK 006 <div style="display: flex; justify-content: space-around;"> <div>NOT CURRENTLY WORKING AND NO WORK LAST 12 MONTHS <input type="checkbox"/></div> <div>CURRENTLY WORKING OR DID WORK LAST 12 MONTHS <input type="checkbox"/></div> </div>		548
541	Did you ever work after your (first) marriage?	YES.....1 NO.....2	548

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
542	What was your (last) occupation, that is, what work did you mainly do? RECORD RESPONSE IN FULL.	<div style="border: 1px solid black; width: 100px; height: 40px; margin-left: 100px;"></div>	
543	Were you paid in cash or kind or both for this work or were you not paid at all?	CASH.....1 BOTH CASH AND KIND.....2 ONLY KIND.....3 NOT PAID.....4	545
544	Did you have the main control, some control, or no control over how the income that you earned at that time was spent?	MAIN CONTROL.....1 SOME CONTROL.....2 NO CONTROL.....3	
545	For how many years did you work then? ROUND TO THE NEAREST FULL YEAR.	NUMBER OF YEARS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
546	In which year did you last stop working?	CALENDAR YEAR.....19 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
547	What was the main reason you stopped working then?	BECAME PREGNANT/CHILDCARE.....01 HOUSEHOLD CARE.....02 ILL OR DISABLED.....03 COULDN'T FIND WORK.....04 MIGRATED05 HUSBAND/ELDERS OPPOSED.....06 DIDN'T NEED TO WORK.....07 DIDN'T WANT TO WORK.....08 DID UNPAID WORK.....09 WAS FIRED.....10 OTHER.....96 (SPECIFY)	
548	Do you believe that: Marriage interferes with having a successful career in work? Having children interferes with having a successful career in work? Having a successful career interferes with a woman's ability to keep a good life with her husband?	<div style="text-align: right;">YES NO DK</div> MARRIAGE INTERFERES.....1 2 8 CHILDREN INTERFERE.....1 2 8 CAREER-NO HUSBAND.....1 2 8	
549	What do you think is the importance of work to a woman?	FAMILY NEEDS MONEY.....01 FINANCIAL INDEPENDENCE.....02 TO PURSUE PROFESSION.....03 USE EDUCATIONAL SKILLS.....04 HELP WITH FAMILY BUSINESS/FARM.....05 MAKE USE OF FREE TIME.....06 TO GET SOCIAL STATUS.....07 TO BE HERSELF/FIND HERSELF.....08 OTHER.....96 (SPECIFY) NO IMPORTANCE OF WORK/ WOMAN SHOULD NOT WORK95	

SECTION 6. FINANCIAL AUTONOMY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	<p>READ TO ALL RESPONDENTS</p> <p>Now I would like to ask you some questions about financial matters. This is to try and understand more about the financial position of women.</p>		
601	<p>Please tell me if you solely, or jointly with someone else own each of the following assets.</p> <p>Land? House, apartment, or other building? Jewelry? Stocks, bonds or any other interest earning asset? Furniture? Livestock? Any other such items?</p>	<p>YES</p> <p>LAND.....1 BUILDING.....1 JEWELRY.....1 STOCKS/BONDS.....1 FURNITURE.....1 LIVESTOCK.....1 OTHER ITEMS.....1</p>	<p>DOES NOT OWN</p> <p>2 2 2 2 2 2 2</p>
602	<p>CHECK 601</p> <p>OWNS AT LEAST ONE ASSET OTHER THAN FURNITURE <input type="checkbox"/></p> <p>OWNS ONLY FURNITURE <input type="checkbox"/></p> <p>DOES NOT OWN ANY ASSET <input type="checkbox"/></p> <p>GO TO 604</p>		605
603	<p>Who mainly manages each of these assets?</p> <p>Land? House, apartment, or other building? Jewelry? Stocks, bonds, or any other interest earning assets? Livestock? Other such items? _____ (SPECIFY)</p>	<p>RESP HUSB FAM. OWN FAM. NON -FAM. MEMBER</p> <p>LAND.....1 2 3 4 5 BUILDING...1 2 3 4 5 JEWELRY....1 2 3 4 5 STOCKS.....1 2 3 4 5 LIVESTOCK...1 2 3 4 5 OTHER ITEMS.1 2 3 4 5</p>	<p>DO NOT OWN</p> <p>7 7 7 7 7 7</p>
604	<p>If you ever needed to, could you sell or exchange these assets without anyone else's permission, only with permission, or not at all?</p> <p>IF PERMISSION IS NEEDED ASK: Whose permission?</p> <p>Land? House, apartment, or other building? Jewelry? Stocks, bonds, or any other interest earning assets? Furniture? Livestock? Other such items? _____ (SPECIFY)</p>	<p>YES</p> <p>LAND.....1 2 3 4 5 BUILDING...1 2 3 4 5 JEWELRY....1 2 3 4 5 STOCKS.....1 2 3 4 5 FURNITURE..1 2 3 4 5 LIVESTOCK..1 2 3 4 5 OTHER ITEMS.....1 2 3 4 5</p>	<p>ONLY WITH PERMISSION FROM: HUSB OWN NON- HUSB FAM. FAM. FAM.</p> <p>NOT AT ALL</p> <p>DO NOT OWN</p> <p>6 7 6 7 6 7 6 7 6 7 6 7</p>
605	<p>Do you know how much your family's approximate total income from all sources is?</p>	<p>YES.....1 NO.....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
606	Who mainly decides how your family's income is spent?	HUSBAND ONLY.....1 RESPONDENT ONLY..... 2 BOTH HUSBAND AND RESPONDENT.....3 IN-LAWS..... 4 PARENTS.....5 OTHER6 (SPECIFY)													
607	Do you have a bank account or postal savings account in your name or jointly with some one else?	OWN ACCOUNT.....A JOINT ACCOUNT WITH: HUSBAND.....B OTHERX (SPECIFY) NO ACCOUNT.....Y	→ 609												
608	Do you yourself operate the account, that is, sign checks or deposit money and withdraw money?	YES.....1 NO.....2													
609	Are you personally part of any other kind of saving scheme which is not with a bank, into which you regularly deposit money?	YES.....1 NO.....2													
610	Do you know of any source from which you could get a loan or credit if you needed it? IF YES: What sources of credit do you know of? RECORD ALL SOURCES MENTIONED	LOCAL MONEY LENDER.....A BANK.....B OTHERX (SPECIFY) DOES NOT KNOW ANY SOURCE.....Y	→ 613												
611	Have you ever applied on your own or jointly with someone else for credit of any kind?	YES, ALONE.....1 YES, JOINTLY WITH OTHERS.....2 NO.....3	→ 613												
612	What was the credit to be used for? RECORD ALL MENTIONED.	MARRIAGE OF CHILD.....A TO BUY HOME/PROPERTY.....B TO TIDE OVER BAD TIME.....C TO BUY LIVESTOCK.....D TO START A BUSINESS.....E OTHERX (SPECIFY)													
613	When you have to spend money on each of the following things how do you usually get the money? ENTER RESPONSE CODE FOR EACH ITEM. Daily food items like fresh vegetables? Longer lasting food items like rice/wheat or sugar? Clothes for yourself? Gold jewelry? Toiletries for yourself like kohl, powder or lipstick? Medicine? RESPONSE CODES: 01 ASKS HUSBAND 02 HUSBAND ALREADY ASSIGNED MONEY. 03 TAKES FROM HOUSEHOLD POT/ACCOUNT, WITH PERMISSION. 04 TAKES FROM HOUSEHOLD POT/ACCOUNT, WITHOUT PERMISSION. 05 HAS OWN SEPARATE MONEY. 06 HUSBAND BUYS ITEM. 94 NOT APPLICABLE. 96 OTHER (SPECIFY)	DAILY FOOD..... STAPLES..... CLOTHES FOR SELF..... JEWELRY..... TOILETRIES..... MEDICINE.....	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
614	What is the main source of income from which you and your family meet most of your financial needs?	HUSBAND'S EARNINGS.....01 OWN AND HUSBAND'S EARNINGS.....02 OWN EARNINGS.....03 HUSBAND'S FAMILY INCOME.....04 OWN FAMILY INCOME.....05 ALIMONY/CHILD SUPPORT.....06 OWN PENSION.....07 HUSBAND'S PENSION.....08 OTHER.....96 (SPECIFY)	617
615	If for some reason your husband was not there or not able to provide for you and your family financially, would you still be able to meet your financial needs somehow?	YES.....1 NO.....2	617
616	What is the principal way by which you would try and meet your financial needs?	EARN INCOME.....1 INCOME FROM PROPERTY.....2 FAMILY HELP.....3 OTHER.....6 (SPECIFY)	
617	Are you a member of any type of association, organization or club which holds meetings?	YES.....1 NO.....2	701
618	What kind of association/organization/club is it? RECORD ALL MENTIONED.	PRIVATE CLUB.....A SAVINGS CLUB.....B WOMEN'S ORGANIZATION.....C LABOR UNION.....D OTHER.....X (SPECIFY)	
619	Are both men and women members or only women?	ONLY WOMEN.....1 BOTH MEN AND WOMEN.....2	
620	Do you attend meetings regularly, sometimes, or never?	REGULARLY.....1 SOMETIMES.....2 NEVER.....3 NO MEETINGS.....6	
621	Do you hold or have you ever held any special position in the association/organization/club?	YES.....1 NO.....2	701
622	What is the most important position that you have held? RECORD IN FULL.	_____ _____ _____	

SECTION 7. TREATMENT OF WOMEN IN THE HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>Sometimes a wife can do things which annoy or anger her husband. Please tell me if a husband is justified in beating his wife for each of the following situations:</p> <p>When she burns the food? When she neglects the children? When she answers him back? When she talks to other men? When she wastes his money? When she refuses him sex?</p>	<p align="right">YES NO DK</p> <p>BURNS FOOD.....1 2 8 NEGLECTS CHILDREN.....1 2 8 ANSWERS BACK.....1 2 8 TALKS TO OTHER MEN.....1 2 8 WASTES HIS MONEY.....1 2 8 REFUSES SEX.....1 2 8</p>	
702	Are there any (other) situations when a husband is justified in beating his wife?	<p>YES.....1 NO.....2 NEVER JUSTIFIED IN BEATING WIFE...3</p>	<p>→704 →706</p>
703	What would you say is another such situation?	<p>_____ <input type="checkbox"/> _____ _____</p>	
704	<p>CHECK 701 AND 702:</p> <p>AT LEAST ONE "YES" OR "DK" <input type="checkbox"/> ALL RESPONSES ARE "NO" <input type="checkbox"/></p>		→706
705	In your opinion is it alright for a husband to beat his wife in front of anyone, or only in front of his children, or should he do it only when no one else is present?	<p>ALRIGHT IN FRONT OF CHILDREN.....1 ALRIGHT IN FRONT OF ANYONE.....2 ONLY WHEN NO ONE PRESENT.....3 NEVER ALRIGHT.....4 DON'T KNOW.....8</p>	
706	Do you think that a man who beats his wife regularly to discipline her is more of a man than one who does not beat his wife?	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	
707	From the time you were married has anyone ever beaten you?	<p>YES.....1 NO.....2 NO ANSWER.....8</p>	→726
708	<p>Can you tell me who has done this to you since you were married?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>HUSBAND.....A FORMER HUSBAND.....B FATHER.....C BROTHER.....D SON.....E MOTHER.....F FATHER-IN-LAW.....G MOTHER-IN-LAW.....H OTHER MALE RELATIVE.....I OTHER FEMALE RELATIVE.....J OTHER _____ X (SPECIFY) NO ANSWER.....Y</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
709	CHECK 708: <div style="display: flex; justify-content: space-around;"> <div> MORE THAN ONE PERSON MENTIONED <input type="checkbox"/> </div> <div> ONLY ONE PERSON MENTIONED OR NO RESPONSE <input type="checkbox"/> </div> </div>		711
710	Who is the person who beats you most often?	HUSBAND.....01 FATHER.....02 BROTHER.....03 SON.....04 MOTHER.....05 FATHER-IN-LAW.....06 MOTHER-IN-LAW.....07 OTHER MALE RELATIVE.....08 OTHER FEMALE RELATIVE.....09 OTHER.....96 (SPECIFY) NO ANSWER.....98	
711	Is this person always, sometimes or never "on something" (drugs or alcohol) when he/she beats you?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3 NO ANSWER.....8	
712	Approximately, how many times were you beaten in the past one year?	SIX OR MORE1 3-5.....2 1-23 NOT BEATEN IN PAST YEAR.....4 ONLY ONCE OR TWICE EVER.....6 DON'T KNOW.....8	
713	What do you generally do when you are being beaten? CIRCLE ALL MENTIONED	NOTHING.....A JUST CRY.....B HIT BACK.....C YELL/SCREAM AT PERSON BEATING HER.....D SCREAM FOR HELP.....E THROW THINGS.....F BEAT CHILDREN.....G OTHER.....X (SPECIFY)	
714	What is the most common reason for which you are beaten?	REASON <input type="text"/> <input type="text"/> BEATEN FOR NO REASON/FOR ANY REASON.....94 DON'T KNOW.....98	
715	Generally, are you hurt as a result of a beating? PROBE: Any bruises, aches, or pains?	YES.....1 NO.....2 OTHER.....6 (SPECIFY)	
716	CHECK 007: <div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE BIRTHS <input type="checkbox"/> </div> <div> NO BIRTHS/ CURRENTLY PREGNANT <input type="checkbox"/> </div> <div> NO BIRTHS/NOT PREGNANT <input type="checkbox"/> </div> </div>		721

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
717	Have you ever been beaten when you were pregnant?	YES.....1 NO.....2	→721
718	Were you beaten more often or less often when you were pregnant, as compared to when you were not pregnant?	MORE OFTEN.....1 LESS OFTEN.....2 NO DIFFERENCE.....3 NOT BEATEN BEFORE PREGNANCY.....4	→721
719	Since you became pregnant, have you ever been beaten?	YES.....1 NO.....2	→721
720	Are you beaten more often or less often now that you are pregnant as compared to when you were not pregnant?	MORE OFTEN.....1 LESS OFTEN.....2 SAME.....3 NOT BEATEN BEFORE PREGNANCY.....4	
721	Have you ever been so seriously hurt during a beating that you needed medical attention even if you did not see a doctor?	YES.....1 NO.....2 NO ANSWER.....5	→723
722	How often has this happened?	ONCE.....1 TWICE.....2 THRICE.....3 MORE THAN THREE TIMES.....4 EVERY TIME BEATEN.....5 OTHER _____ 6 (SPECIFY)	
723	Have you ever talked to anyone about the beatings to try and get help?	YES.....1 NO.....2	→725
724	Can you tell me who you sought help from? RECORD ALL MENTIONED.	FRIEND.....A MOTHER.....B SISTER.....C HUSBAND.....D FATHER.....E BROTHER.....F OTHER MALE RELATIVE.....G OTHER FEMALE RELATIVE.....H DOCTOR/MEDICAL PERSONNEL.....I OTHER _____ X (SPECIFY)	→726
725	What is the main reason you have never sought help?	DON'T KNOW WHO TO GO TO.....01 NO USE.....02 PART OF LIFE.....03 AFRAID OF DIVORCE.....04 AFRAID OF FURTHER BEATINGS.....05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE.....06 EMBARRASSED.....07 OTHER _____ 96 (SPECIFY)	
726	RECORD TIME	Hours..... <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/>	

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 801-805 AS APPROPRIATE.
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

801 DEGREE OF COOPERATION.

POOR.....1
FAIR.....2
GOOD.....3
VERY GOOD.....4

802 INTERVIEWER'S COMMENTS:

803 FIELD EDITOR'S COMMENTS:

804 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS:

805 OFFICE EDITOR'S COMMENTS:

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