**ARAB REPUBLIC OF EGYPT**

**MINISTRY OF HEALTH AND POPULATION**

**NATIONAL POPULATION COUNCIL**

# *EGYPT DEMOGRAPHIC AND HEALTH*

# *SURVEY 2000*

# *HOUSEHOLD QUESTIONNAIRE*

# EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2000
## HOUSEHOLD QUESTIONNAIRE

### IDENTIFICATION

GOVERNORATE _____    PSU/ SEGMENT NO. _____

KISM/ MARQAZ _____    BUILDING NO. _____

SHIAKHA/ VILLAGE _____   HOUSING UNIT NO. _____

URBAN ............... 1   RURAL ............... 2   HOUSEHOLD NO. _____

LARGE CITY ....... 1   SMALL CITY ....... 2   TOWN ............... 3   VILLAGE .......... 4

SUBSAMPLE      YES ................................. 1   NO ................................. 2

NAME OF HOUSEHOLD HEAD _____

ADDRESS IN DETAIL _____

GOVERNORATE

PSU/ SEGMENT NO

HOUSEHOLD NO      URBAN/ RURAL

SUBSAMPLE      LOCALITY

---

## INTERVIEWER VISITS | FINAL VISIT

| | 1 | 2 | 3 |
|---|---|---|---|
| DATE | _____ | _____ | _____ |
| TEAM | _____ | _____ | _____ |
| INTERVIEWER | _____ | _____ | _____ |
| SUPERVISOR | _____ | _____ | _____ |
| RESULT | _____ | _____ | _____ |

| DAY | MONTH | YEAR |
|---|---|---|
| | 0 | 2 0 0 0 |

TEAM

INTERVIEWER

SUPERVISOR

RESULT

| NEXT VISIT: | DATE | _____ | _____ | |
|---|---|---|---|---|
| | TIME | _____ | _____ | |

TOTAL VISITS

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 _____
                (SPECIFY)

TOTAL IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESPONDENT
FROM HOUSEHOLD SCHEDULE

| | YES | NO |
|---|---|---|
| WOMAN / CHILD / ADOLESCENT REFERRED FOR SEVERE ANEMIA | 1 | 2 |
| ADRDRESS CHECKED (BY NAME: _____ ) | 1 | 2 |
| REINTERVIEW: | 1 | 2 |

| | FIELD EDITOR | OFFICE EDITOR | CODER | KEYER |
|---|---|---|---|---|
| NAME | _____ | _____ | _____ | _____ |
| DATE | /   / 2000 | /   / 2000 | /   / 2000 | /   / 2000 |
| SIGNATURE | _____ | _____ | _____ | _____ |

# 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 | ELIGIBILITY | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | IF AGE 15 OR OLDER | WOMEN | CHILDREN | ADOLESCENTS |
| 001 | 002 | 006 | 007 | 008 | 009 | 010 | 011 | 012 | 013 | 014 |
| | 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 COMPLET- ED YEARS. | What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED/ SIGNED CONTRACT | 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) | CIRCLE LINE NUMBER OF CHILD- REN UNDER AGE 6 | CIRCLE LINE NUMBER OF ALL MALE AND NEVER MARRIED FEMALE ADOLE- SCENTS AGE 11-19 |
| | | | YES  NO | YES  NO | M  F | IN YEARS | | | | |
| 01 | _____ | HEAD 0 1 | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 01 | 01 | 01 |
| 02 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 02 | 02 | 02 |
| 03 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 03 | 03 | 03 |
| 04 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 04 | 04 | 04 |
| 05 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 05 | 05 | 05 |
| 06 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 06 | 06 | 06 |
| 07 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 07 | 07 | 07 |
| 08 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 08 | 08 | 08 |
| 09 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 09 | 09 | 09 |
| 10 | _____ | ☐☐ | 1  2 | 1  2 | 1  2 | ☐☐ | ☐ | 10 | 10 | 10 |

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 Q006
RELATIONSHIP TO HOUSEHOLD HEAD:

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

| LINE NO. | PARENTAL SURVIVORSHIP AND RESIDENCE | | | | EDUCATION | | |
|---|---|---|---|---|---|---|---|
| | IF 0 – 14 YEARS OLD | | | | IF AGE 6 YEARS OR OLDER | | |
| 001 | 015 | 016 | 017 | 018 | 019 | 020 | 021 |
| | Is (NAME'S) natural mother still alive? QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER. IF ALIVE ASK 016, OTHERWISE GO TO 017. | IF ALIVE: Is (NAME'S) natural mother a usual household member or was she present in the household last night? IF YES: What is her name? CHECK 002 AND RECORD MOTHER'S LINE NUMBER. IF NO: RECORD 00. | Is (NAME'S) natural father still alive? QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER. IF ALIVE ASK 018, OTHERWISE GO TO 019. | IF ALIVE: Is (NAME'S) natural father a usual household member or was he present in the household last night? IF YES: What is his name? CHECK 002 AND RECORD FATHER'S LINE NUMBER. IF NO: RECORD 00. | Has (NAME) ever been to school? IF YES: ASK QUESTIONS 020-028 AS APPROPRIATE. IF NO: GO TO 029. | IF ATTENDED SCHOOL | |
| | | | | | | What is the highest level of school (NAME) attended? 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY | What is the highest grade he/she successfully completed at that level? |
| | YES NO DK | | YES NO DK | | YES NO | LEVEL | GRADE |
| 01 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 02 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 03 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 04 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 05 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 06 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 07 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 08 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 09 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |
| 10 | 1   2   8 | ☐☐ | 1   2   8 | ☐☐ | 1   2 | ☐ | ☐ |

| LINE NO. | CURRENT SCHOOL ATTENDANCE | | | | RECENT SCHOOL ATTENDANCE | | | WORK STATUS | |
|---|---|---|---|---|---|---|---|---|---|
| | IF AGE 3 – 24 YEARS | | | | IF AGE 3 – 24 YEARS | | | IF AGE 6 YEARS OR OLDER | |
| | 022 | 023 | 024 | 025 | 026 | 027 | 028 | 029 | 030 |
| | Is (NAME) currently attending school? IF NO: ASK QUESTION 023. IF YES: ASK QUESTIONS 024-025. | During the current school year did (Name) attend school at any time? IF YES: ASK QUESTIONS 024 – 025. IF NO: GO TO 026. | IF ATTENDED SCHOOL — During this current school year what level was (NAME) attending? 0 NURSERY / KINDER GARTEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY | What grade was (he / she) attending? | During the previous school year did (NAME) attend school at any time? IF YES: ASK QUESTIONS 027 – 028. IF NO: GO TO 029. | IF ATTENDED SCHOOL — During that school year what level did (NAME) attend? 0 NURSERY / KINDER GARDEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY | What grade did (he / she) attend? | Did (NAME) work during the last month? IF YES: ASK 030. 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 GO TO 006 FOR NEXT PERSON. |
| | YES  NO | YES  NO | LEVEL | GRADE | YES  NO | LEVEL | GRADE | YES  NO | |
| 01 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 02 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 03 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 04 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 05 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 06 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 07 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 08 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 09 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |
| 10 | 1   2 | 1   2 | ☐ | ☐ | 1   2 | ☐ | ☐ | 1   2 | 1   2   3   4 |

031  CHECK 012 AND ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN: ☐☐

032  CHECK 013 AND ENTER THE TOTAL NUMBER OF ELIGIBLE CHILDREN ☐☐

033  CHECK 014 AND ENTER THE TOTAL NUMBER OF ELIGIBLE ADOLESCENTS ☐☐

034  TICK IF ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED ☐

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 035 | What type of dwelling does your household live in? | APARTMENT ............................ 1 <br> FREE STANDING HOUSE ............... 2 <br> OTHER _____ 6 <br> (SPECIFY) | |
| 036 | Is your dwelling owned by your household or not? <br><br> IF OWNED: Is it owned solely by your household or jointly with someone else? | OWNED ............................ 1 <br> OWNED JOINTLY ..................... 2 <br> RENTED ............................ 3 <br> OTHER _____ 6 <br> (SPECIFY) | |
| 037 | MAIN MATERIAL OF THE FLOOR. <br><br><br><br> RECORD YOUR OBSERVATIONS. | NATURAL FLOOR <br>   EARTH/SAND ..................... 11 <br> RUDIMENTARY FLOOR <br>   WOOD PLANKS ................... 21 <br> FINISHED FLOOR <br>   PARQUET OR POLISHED WOOD ...... 31 <br>   CERAMIC/MARBLE TILES .......... 32 <br>   CEMENT TILES .................. 33 <br>   CEMENT ........................ 34 <br>   WALL-TO-WALL CARPET ........... 35 <br>   VINYL ......................... 36 <br> OTHER _____ 96 <br> (SPECIFY) | |
| 038 | How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)? | ROOMS ........................ ☐☐ | |
| 039 | What is the main source of drinking water for members of your household? | PIPED WATER <br>   PIPED INTO RESIDENCE .......... 11 → 041 <br>   PIPED INTO YARD/PLOT .......... 12 → 041 <br>   PUBLIC TAP .................... 13 <br> WATER FROM OPEN WELL <br>   OPEN WELL IN RESIDENCE ........ 21 → 041 <br>   OPEN WELL IN YARD/PLOT ........ 22 → 041 <br>   OPEN PUBLIC WELL .............. 23 <br> WATER FROM PROTECTED WELL <br>   PROTECTED WELL IN RESIDENCE ... 31 → 041 <br>   PROTECTED WELL IN YARD/PLOT ... 32 → 041 <br>   PROTECTED PUBLIC WELL ......... 33 <br> SURFACE WATER <br>   NILE/CANALS ................... 41 <br> BOTTLED WATER ................... 51 → 041 <br> OTHER _____ 96 <br> (SPECIFY) | |
| 040 | How long does it take to go there, get water, and come back? | MINUTES ........................ ☐☐☐ | |
| 041 | What kind of toilet facility do most members of your household use? | MODERN FLUSH TOILET ............. 11 <br> TRADITIONAL WITH TANK FLUSH ..... 12 <br> TRADITIONAL WITH BUCKET FLUSH ... 13 <br> PIT TOILET/LATRINE .............. 21 <br> NO FACILITY .................... 31 → 043 <br> OTHER _____ 96 <br> (SPECIFY) | |
| 042 | Do you share this facility with other households? | YES ............................ 1 <br> NO ............................. 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP TO |
|---|---|---|---|---|---|
| 043 | What type of fuel does your household use for cooking? | ELECTRICITY ............................ 01<br>LPG/NATURAL GAS ..................... 02<br>KEROSENE ............................. 03<br>COAL/IGNITE ........................... 04<br>CHARCOAL ............................. 05<br>FIREWOOD/STRAW ..................... 06<br>DUNG ................................. 07<br>OTHER _____ 96<br>(SPECIFY) | | | |
| 044 | Does your household have:<br><br>Electricity?<br>A radio with cassette recorder?<br>A television?<br>A video?<br>A telephone? | | YES | NO | |
| | | ELECTRICITY .......................... | 1 | 2 | |
| | | RADIO ............................... | 1 | 2 | |
| | | TELEVSION ........................... | 1 | 2 | |
| | | VIDEO ............................... | 1 | 2 | |
| | | TELEPHONE ........................... | 1 | 2 | |
| 045 | Does your household have:<br><br>An electric fan?<br>A water heater?<br>A refrigerator?<br>A sewing machine?<br>An automatic washing machine?<br>Any other washing machine? | | YES | NO | |
| | | ELECTRIC FAN ........................ | 1 | 2 | |
| | | WATER HEATER ........................ | 1 | 2 | |
| | | REFRIGERATOR ........................ | 1 | 2 | |
| | | SEWING MACHINE ...................... | 1 | 2 | |
| | | AUTOMATIC WASHING MACHINE .. | 1 | 2 | |
| | | OTHER WASHING MACHINE .......... | 1 | 2 | |
| 046 | Do you or any member of your household own:<br><br>A bicycle?<br>A motorcycle or motor scooter?<br>A car/van/truck?<br>Farm or other land?<br>Livestock (donkeys, horses, cows, sheep, etc.)/poultry? | | YES | NO | |
| | | BICYCLE ............................. | 1 | 2 | |
| | | MOTORCYCLE / MOTOR SCOOTER .. | 1 | 2 | |
| | | CAR/VAN / TRUCK ..................... | 1 | 2 | |
| | | FARM / OTHER LAND .................. | 1 | 2 | |
| | | LIVESTOCK / POULTRY ................ | 1 | 2 | |
| 047 | Does your household have any place used for hand washing? | YES ................................. | | 1 | |
| | | NO .................................. | | 2 ──▶ | 049 |
| 048 | ASK TO SEE THE PLACE USED MOST OFTEN FOR HAND WASHING AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.<br><br>Water/tap<br>Soap, ash or other cleansing agent<br><br>Basin | | YES | NO | |
| | | WATER/TAP ........................... | 1 | 2 | |
| | | SOAP, ASH OR OTHER CLEANSING<br>AGENT ............................... | 1 | 2 | |
| | | BASIN ............................... | 1 | 2 | |
| 049 | ASK RESPONDENT FOR A TEASPOON OF SALT. TEST SALT FOR IODINE.<br><br>RECORD PPM (PARTS PER MILLION) | 0 PPM (NO IODINE ) ................... 1<br>1 - 25 PPM ........................... 2<br>26 - 50 PPM .......................... 3<br>51 - 75 PPM .......................... 4<br>76 - 100 PPM ......................... 5 | | | |

# HEIGHT AND WEIGHT MEASUREMENT

050 CHECK QUESTIONS 012 AND 013 AND IDENTIFY ALL ELIGIBLE EVER-MARRIED WOMEN 15-49 AND CHILDREN UNDER AGE 6. RECORD THE LINE NUMBERS, NAMES AND AGES OF THE WOMEN AND CHILDREN FROM THE HOUSEHOLD SCHEDULE IN THE APPROPRIATE GRID BELOW. USE AN ADDITIONAL QUESTIONNAIRE IF THERE ARE NOT SUFFICIENT LINES TO RECORD ALL OF THE ELIGIBLE WOMEN AND CHILDREN.

| ELIGIBLE WOMEN 15 – 49 | | | | HEIGHT AND WEIGHT MEASUREMENT OF ELIGIBLE WOMEN 15 - 49 | | | |
|---|---|---|---|---|---|---|---|
| LINE NO. CHECK COLUMN 001 | NAME CHECK COLUMN 002 | AGE CHECK COLUMN 010 | | WEIGHT (KILOGRAMS) | HEIGHT (CENTIMETERS) | | RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER |
| 051 | 052 | 053 | 054 | 055 | 056 | 057 | 058 |
| ☐☐ | — | ☐☐ | | ☐☐☐.☐ | ☐☐☐.☐ | | ☐ |
| ☐☐ | — | ☐☐ | | ☐☐☐.☐ | ☐☐☐.☐ | | ☐ |
| ☐☐ | — | ☐☐ | | ☐☐☐.☐ | ☐☐☐.☐ | | ☐ |

| ELIGIBLE CHILDREN UNDER AGE 6 | | | | HEIGHT AND WEIGHT MEASUREMENT OF CHILDREN UNDER AGE 6 | | | |
|---|---|---|---|---|---|---|---|
| LINE NO. CHECK COLUMN 001 | NAME CHECK COLUMN 002 | AGE CHECK COLUMN 010 | What is NAME'S date of birth? | WEIGHT (KILOGRAMS) | HEIGHT (CENTIMETERS) | MEASURED 1 LYING DOWN 2 STANDING UP | RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER |
| 051 | 052 | 053 | 054 | 055 | 056 | 057 | 058 |
| | | | DAY MONTH YEAR | | | | |
| ☐☐ | — | ☐☐ | ☐☐ ☐☐ ☐☐☐☐ | 0☐☐.☐ | ☐☐☐.☐ | 1    2 | ☐ |
| ☐☐ | — | ☐☐ | ☐☐ ☐☐ ☐☐☐☐ | ☐☐☐.☐ | ☐☐☐.☐ | 1    2 | ☐ |
| ☐☐ | — | ☐☐ | ☐☐ ☐☐ ☐☐☐☐ | 0☐☐.☐ | ☐☐☐.☐ | 1    2 | ☐ |
| ☐☐ | — | ☐☐ | ☐☐ ☐☐ ☐☐☐☐ | 0☐☐.☐ | ☐☐☐.☐ | 1    2 | ☐ |
| ☐☐ | — | ☐☐ | ☐☐ ☐☐ ☐☐☐☐ | 0☐☐.☐ | ☐☐☐.☐ | 1    2 | ☐ |

059    TICK IF ADDITIONAL QUESTONNAIRE USED TO RECORD MEASUREMENTS FOR:

WOMEN     ☐

CHILDREN  ☐

# ANEMIA TEST

060 CHECK COVER PAGE TO DETERMINE IF HOUSEHOLD IS INCLUDED IN THE SUBSAMPLE FOR ANEMIA TESTING.

YES ☐      NO ☐ ——→ 082

CHECK QUESTIONS 012, 013 AND 014 AND RECORD THE LINE NUMBERS FROM THE HOUSEHOLD SCHEDULE FOR EACH ELIGIBLE WOMAN, CHILD, AND ADOLESCENT IN THE APPROPRIATE GRIDS BELOW. USE AN ADDITIONAL QUESTIONNAIRE IF THERE ARE NOT SUFFICIENT LINES WITHIN A GRID TO RECORD ALL OF THE ELIGIBLE INDIVIDUALS.

**CONSENT STATEMENT**

As part of the survey, we are studying anemia among women, children and adolescents. Anemia is a serious health problem which results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all ever-married women aged 15-49, children under 6 and adolescents 11-19 participate in the anemia testing and give a drop of blood from the finger. The test uses sterile instruments that are clean and completely safe. The blood will be tested using special equipment and the results will be given to you right away. However, if you decide not to have the test done, it is your right and we will respect your decision. Now may I ask if (YOU / NAME OF CHILD OR ADDOLESCENT) would participate in the anemia test?

| HEMOGLOBIN MEASUREMENT OF ELIGIBLE WOMEN | | | |
|---|---|---|---|
| LINE NO. AND NAME OF WOMAN<br><br>CHECK 001 - 002 | READ CONSENT STATEMENT TO EACH ELIGIBLE WOMAN | HEMOGLOBIN LEVEL (G / DL) | RESULT:<br>1 MEASURED<br>2 NOT PRESENT<br>6 OTHER |
| 061 | 062 | 063 | 064 |
| ☐☐<br><br>———————<br>NAME | 1- GRANTED          2- REFUSED ┐<br>↓<br>———————<br>SIGNATURE OF      NEXT LINE ◄——┘<br>INTERVIEWER | ☐☐ · ☐ | ☐ |
| ☐☐<br><br>———————<br>NAME | 1- GRANTED          2- REFUSED ┐<br>↓<br>———————<br>SIGNATURE OF      NEXT LINE ◄——┘<br>INTERVIEWER | ☐☐ · ☐ | ☐ |
| ☐☐<br><br>———————<br>NAME | 1- GRANTED          2- REFUSED ┐<br>↓<br>———————<br>SIGNATURE OF      NEXT LINE ◄——┘<br>INTERVIEWER | ☐☐ · ☐ | ☐ |

065    TICK IF ADDITIONAL QUESTIONNARE USED ☐
        FOR ELIGIBLE WOEN

| HEMOGLOBIN MEASUREMENT OF ELIGIBLE CHILDREN | | | | |
|---|---|---|---|---|
| LINE NO. AND NAME OF CHILD UNDER AGE 6 CHECK 001 - 002 | RECORD LINE NUMBER OF PARENT / RESPONSIBLE ADULT ASKED FOR CONSENT | READ CONSENT STATEMENT TO PARENT / ADULT RESPONSIBLE FOR EACH CHILD. | HEMOGLOBIN LEVEL (G / DL) | RESULT: 1 MEASURED 2 NOT PRESENT 3 CHILD REFUSED 6 OTHER |
| 066 | 067 | 068 | 069 | 070 |
| ☐☐ _____ NAME | ☐☐ | 1- GRANTED → _____ SIGNATURE OF INTERVIEWER    2- REFUSED ⌐ NEXT LINE ← | ☐☐ · ☐ | ☐ |
| ☐☐ _____ NAME | ☐☐ | 1- GRANTED → _____ SIGNATURE OF INTERVIEWER    2- REFUSED ⌐ NEXT LINE ← | ☐☐ · ☐ | ☐ |
| ☐☐ _____ NAME | ☐☐ | 1- GRANTED → _____ SIGNATURE OF INTERVIEWER    2- REFUSED ⌐ NEXT LINE ← | ☐☐ · ☐ | ☐ |
| ☐☐ _____ NAME | ☐☐ | 1- GRANTED → _____ SIGNATURE OF INTERVIEWER    2- REFUSED ⌐ NEXT LINE ← | ☐☐ · ☐ | ☐ |
| ☐☐ _____ NAME | ☐☐ | 1- GRANTED → _____ SIGNATURE OF INTERVIEWER    2- REFUSED ⌐ NEXT LINE ← | ☐☐ ☐ | ☐ |

071    TICK IF ADDITIONAL QUESTIONNAIRE USED ☐
FOR CHILDERN UNDER AGE 6

## HEMOGLOBIN MEASUREMENT OF ELIGIBLE ADOLESCENTS 11 - 19

| LINE NO. AND NAME OF ADOLESCENTS AGE 11-19 CHECK 001 - 002 | RECORD LINE NUMBER OF PARENT / RESPONSIBLE ADULT ASKED FOR CONSENT | READ CONSENT STATEMENT TO PARENT / ADULT RESPONSIBLE FOR EACH ADOLESCENT | HEMOGLOBIN LEVEL (G / DL) | RESULT: 1 MEASURED 2 NOT PRESENT 3 ADOLESCENT REFUSED 6 OTHER |
|---|---|---|---|---|
| 072 | 073 | 074 | 075 | 076 |
| ☐☐ ___ NAME | ☐☐ | 1- GRANTED ↓ 2- REFUSED _____ SIGNATURE OF INTERVIEWER     NEXT LINED ← | ☐☐ . ☐ | ☐ |
| ☐☐ ___ NAME | ☐☐ | 1- GRANTED ↓ 2- REFUSED _____ SIGNATURE OF INTERVIEWER     NEXT LINED ← | ☐☐ . ☐ | ☐ |
| ☐☐ ___ NAME | ☐☐ | 1- GRANTED ↓ 2- REFUSED _____ SIGNATURE OF INTERVIEWER     NEXT LINED ← | ☐☐ . ☐ | ☐ |

| 077 | TICK IF ADDITIONAL QUESTIONNAIRER USED FOR ADOLESCENTS  ☐ |
|---|---|

| 078 | NAME OF MEASURE / TESTER: ............  ☐☐     NAME OF ASSISTANT: ...............  ☐☐ |
|---|---|

| 079 | COMPLETE AN ANEMIA TEST RESULT CARD FOR EACH WOMAN, CHILD OR ADOLESCENT WHOSE HEMOGLOBIN LEVEL WAS TESTED. |
|---|---|

**080** CHECK QUESTIONS 063, 069, AND 075. INDICATE WHETHER ANY OF THE EVER-MARRIED WOMEN, CHILDREN UNDER SIX OR ADOLESCENTS HAD A HEMOGLOGIN LEVEL BELOW 9 G/DL

ONE OR MORE PERSONS WITH HEMOGLOBIN LEVEL BELOW 9 G/DL  ☐ ↓

NO PERSONS WITH HEMOGLOBIN LEVEL BELOW 9 G/DL  ☐ ——————————→ 082

**081** READ THE FOLLOWING STATEMENT TO EACH WOMAN WITH A HEMOGLOBIN LEVEL BELOW 9 G/DL AND/TO THE PARENT OR OTHER ADULT RESPONSIBLE FOR EACH CHILD OR ADOLESCENT WITH A HEMOGLOBIN LEVEL BELOW 9 G/DL.

We detected a very low level of hemoglobin in (your blood/blood of (NAME OF CHILD / ADOLESCENT)). This may be a serious health problem. We would like to inform the doctor at (NEAREST MINISTRY OF HEALTH REFERRAL FACILITY) about (your condition/the condition of (NAME OF CHILD / ADOLESCENT)). This will assist you in obtaining appropriate treatment for the condition at this facility.

Do you agree that information about the level of hemoglobin in (your blood/the blood of (NAME OF CHILD/ADOLESCENT)) may be given to this facility? Whether you agree or not, we will give you a referral form to take to the facility.

FOR EACH WOMAN, CHILD OR ADOLESCENT WITH HEMOGLOBIN LEVEL OF 9 G/DL, MARK BELOW WHETHER THE REFERRAL TO THE MINISTRY OF HEALTH FACILITY WAS ACCEPTED.

PREPARE A SEVERE ANEMIA REFERRAL FORM FOR EACH WOMAN, CHILD, OR ADOLESCENT WITH A HEMOGLOBIN LEVEL BELOW 9 G/DL. GIVE THE WOMAN OR PARENT/OTHER RESPONSIBLE ADULT IN THE CASE OF A CHILD OR ADOLESCENT.

FOR INDIVIDUALS WHERE THERE IS AGREEMENT THAT THE MINISTRY OF HEALTH CAN BE INFORMED, COMPLETE THE INFORMATION ON THE CLUSTER SEVERE ANEMIA REFERRAL RECORD AND FORWARD TO THE DHS OFFICE IN CAIRO.

| NAME(S) OF PERSON WITH HEMOGLOBIN LEVEL BELOW 9 G/DL | FOR CHILDREN/ADOLESCENTS: NAME OF PARENT/OTHER RESPONSIBLE ADULT | AGREED/DID NOT AGREE TO REFERRAL |
|---|---|---|
|  |  | 1 AGREED     2 DID NOT AGREED |
|  |  | 1 AGREED     2 DID NOT AGREED |
|  |  | 1 AGREED     2 DID NOT AGREED |
|  |  | 1 AGREED     2 DID NOT AGREED |

## OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS O82 – 083 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNIARE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

| 082 | DEGREE OF COOPERATION. | POOR ........................... 1 <br> FAIR ........................... 2 <br> GOOD ........................... 3 <br> VERY GOOD ........................... 4 |
|---|---|---|

| 083 | INTERVIEWER'S COMMENTS: |
|---|---|

| 084 | FIELD EDITOR'S COMMENTS: |
|---|---|

| 085 | SUPERVISOR'S COMMENTS: |
|---|---|

| 086 | OFFICE EDITOR'S COMMENTS: |
|---|---|

O-10

**ARAB REPUBLIC OF EGYPT**

**MINISTRY OF HEALTH AND POPULATION**

**NATIONAL POPULATION COUNCIL**

# *EGYPT DEMOGRAPHIC AND HEALTH*

# *SURVEY 2000*

# *WOMAN'S QUESTIONNAIRE*

# EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2000
## WOMAN'S QUESTIONNAIRE

## IDENTIFICATION

GOVERNORATE _____  PSU/ SEGMENT NO. _____

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 _____

GOVERNORATE

PSU/ SEGMENT NO

HOUSEHOLD NO          URBAN/ RURAL

LOCALITY                LINE NUMBER

## INTERVIEWER VISITS                    FINAL VISIT

| | 1 | 2 | 3 | DAY | MONTH | YEAR |
|---|---|---|---|---|---|---|
| DATE | _____ | _____ | _____ | | | |
| TEAM | _____ | _____ | _____ | TEAM | | |
| INTERVIEWER | _____ | _____ | _____ | INTERVIEWER | | |
| SUPERVISOR | _____ | _____ | _____ | SUPERVISOR | | |
| RESULT | _____ | _____ | _____ | RESULT | | |

| NEXT VISIT:    DATE | _____ | _____ | | TOTAL VISITS |
|---|---|---|---|---|
| TIME | _____ | _____ | | |

RESULT CODES:

1 COMPLETED

2 NOT AT HOME

3 POSTPONED

4 REFUSED

5 PARTLY COMPLETED

6 INCAPACITATED

7 OTHER _____

(SPECIFY)

| | FIELD EDITOR | OFFICE EDITOR | CODER | KEYER |
|---|---|---|---|---|
| NAME | _____ | _____ | _____ | _____ |
| DATE | /  / 2000 | /  / 2000 | /  / 2000 | /  / 2000 |
| SIGNATURE | _____ | _____ | _____ | _____ |

# SECTION 1: RESPONDENT'S BACKGROUND

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

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

At this time, do you want to ask me anything about the survey.

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____          DATE:    /    / 2000

RESPONDENT AGREE ☐          RESPONDENT DOES NOT ☐ ──────────► 1101
TO INTERVIEW                 AGREE TO INTERVIEW

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 101 | **RECORD THE TIME** | HOUR ........................... ☐☐ <br> 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? <br><br> _____ <br> **(NAME OF LOCALITY AND GOVERNORATE)** | CAIRO / GIZA ........................... 1 <br> ALEXANDRIA .............................. 2 <br> OTHER CITY / TOWN ................... 3 <br> VILLAGE .................................. 4 <br> OUTSIDE EGYPT _____ 5 <br> (SPECIFY) <br> OFFICE: CODE GOVERNORATE ☐☐ | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? <br><br> **IF LESS THAN ONE YEAR RECORD "00".** | YEARS ........................... ☐☐ <br> ALWAYS ................................. 95 <br> VISITOR/ TEMPRORAY STAYING.. 96 | ► 105 |
| 104 | Just before you moved here, did you live in Cairo, Giza, Alexandria, another city or town or in a village? <br><br> _____ <br> **(NAME OF LOCALITY AND GOVERNORATE)** | CAIRO / GIZA ........................... 1 <br> ALEXANDRIA ........................... 2 <br> OTHER CITY / TOWN ................. 3 <br> VILLAGE ................................. 4 <br> OUTSIDE EGYPT _____ 5 <br> (SPECIFY) <br> OFFICE: CODE GOVERNORATE ☐☐ | |
| 105 | In what month and year were you born? | MONTH ........................... ☐☐ <br> DON'T KNOW MONTH ............ 98 <br> YEAR ................. ☐☐☐☐ <br> DON'T KNOW YEAR ................. 9998 | |
| 106 | How old were you at your last birthday? <br> **COMPARE AND CORRECT 105 AND / OR 106 IF INCONSISTENT** | AGE IN COMPLETED YEARS ☐☐ | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 107 | What is your current marital status? | MARRIED .................................. 1<br>WIDOWED ................................ 2<br>DIVORCED ............................. 3<br>SEPARATED ............................. 4 | |
| 108 | Now I would like to ask you some questions about your marriage (s).<br>How many times have you been married? | NUMBER OF TIMES MARRIED .... ☐ | |
| 109 | **CHECK 108:**<br>**MARRIED ONCE** ☐    **MARRIED TWO TIMES** ☐<br>                             **OR MORE**<br>In what month and year did you enter into a marriage contract with your husband?    Now we would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband? | MONTH ........................... ☐☐<br>DON'T KNOW MONTH ............ 98<br>YEAR ............... ☐☐☐☐<br>DON'T KNOW YEAR ............. 9998 | ► 111 |
| 110 | How old were you when you entered into a marriage contract with your first husband? | AGE IN COMPLETED YEARS.. ☐☐ | |
| 111 | **CHECK 108:**<br>**MARRIED ONCE** ☐    **MARRIED TWO TIMES** ☐<br>                             **OR MORE**<br>In what month and year did you start living with your husband?    In what month and year did you start living with your first husband? | MONTH ........................... ☐☐<br>DON'T KNOW MONTH ............ 98<br>YEAR ............... ☐☐☐☐<br>DON'T KNOW YEAR ............. 9998 | ► 113 |
| 112 | How old were you when you started living together with your (first) husband? | AGE IN COMPLETED YEARS.. ☐☐ | |
| 113 | DETERMINE MONTHS MARRIED SINCE JANUARY 1995. ENTER "X" IN COLUMN 1 OF THE CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1995.<br><br>FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WIDOWED, DIVORCED, OR SEPARATED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE. | | |
| 114 | Have you ever attended school? | YES ............................................. 1<br>NO ......................................... 2 | ► 201 |
| 115 | What is the highest level of school you attended? | PRIMARY .................................. 1<br>PREPARATORY ........................... 2<br>SECONDARY ............................. 3<br>UPPER INTERMIDIATE ................. 4<br>UNIVERSITY ............................ 5<br>MORE THAN UNIVERSITY ............. 6 | |
| 116 | What is the highest grade which you successfully completed at that level? | GRADE ............................... ☐ | |

## 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 <br> 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 <br> NO ..................................................... 2 ──► 204 | |
| 203 | How many sons live with you? <br> And how many daughters live with you? <br><br> IF NONE RECORD "00" | SONS AT HOME ......................... ▭▭ <br><br> DAUGHTERS AT HOME ............ ▭▭ | |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES ................................................ 1 <br> NO ..................................................... 2 ──► 206 | |
| 205 | How many sons are alive but do not live with you? <br> And how many daughters are alive but do not live with you? <br><br> IF NONE RECORD "00" | SONS ELSEWHERE ................... ▭▭ <br><br> DAUGHTERS ELSEWHERE ......... ▭▭ | |
| 206 | Have you ever given birth to a boy or a girl who was born alive but later died?   IF NO PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days? | YES ................................................ 1 <br> NO ..................................................... 2 ──► 208 | |
| 207 | In all, how many boys have died? <br> And how many girls have died? <br><br> IF NONE RECORD "00" | BOYS DEAD ............................. ▭▭ <br><br> GIRLS DEAD ............................. ▭▭ | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. <br> IF NONE RECORD "00" | Total ....................................... ▭▭ | |
| 209 | CHECK 208: <br> Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? <br><br> YES ▭     NO ▭ ─────────► PROBE AND <br>                                        CORRECT 201-209 <br>                                        AS NECESSARY | | |
| 210 | CHECK 208: <br><br> ONE OR MORE BIRTHS ▭          NO BIRTHS ▭ ────────────► 226 | | |

| 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 | | | 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. | Were there any other live births between (WHEN YOU FIRST MARRIED /NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY |
| | | | | | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE). | | |
| 01 (NAME) | SING ....... 1  MULT ..... 2 | BOY ........ 1  GIRL ....... 2 | MONTH  YEAR | YES ..... 1  NO ....... 2 → Go to 220 | AGE IN YEARS | YES ...... 1  NO ........ 2 | HOUSEHOLD LINE NUMBER ↓ Go to 221 | DAYS........1  MONTHS....2  YEARS.....3 | YES ........... 1  NO ............ 2 → NEXT BIRTH |
| 02 (NAME) | SING ....... 1  MULT ..... 2 | BOY ........ 1  GIRL ....... 2 | MONTH  YEAR | YES ..... 1  NO ....... 2 → Go to 220 | AGE IN YEARS | YES ...... 1  NO ........ 2 | HOUSEHOLD LINE NUMBER ↓ Go to 221 | DAYS........1  MONTHS....2  YEARS......3 | YES ........... 1  NO ............ 2 → NEXT BIRTH |
| 03 (NAME) | SING ....... 1  MULT ..... 2 | BOY ........ 1  GIRL ....... 2 | MONTH  YEAR | YES ..... 1  NO ....... 2 → Go to 220 | AGE IN YEARS | YES ...... 1  NO ........ 2 | HOUSEHOLD LINE NUMBER ↓ Go to 221 | DAYS........1  MONTHS....2  YEARS......3 | YES ........... 1  NO ............ 2 → NEXT BIRTH |
| 04 (NAME) | SING ....... 1  MULT ..... 2 | BOY ........ 1  GIRL ....... 2 | MONTH  YEAR | YES ..... 1  NO ....... 2 → Go to 220 | AGE IN YEARS | YES ...... 1  NO ........ 2 | HOUSEHOLD LINE NUMBER ↓ Go to 221 | DAYS........1  MONTHS....2  YEARS......3 | YES ........... 1  NO ............ 2 → NEXT BIRTH |
| 05 (NAME) | SING ....... 1  MULT ..... 2 | BOY ........ 1  GIRL ....... 2 | MONTH  YEAR | YES ..... 1  NO ....... 2 → Go to 220 | AGE IN YEARS | YES ...... 1  NO ........ 2 | HOUSEHOLD LINE NUMBER ↓ Go to 221 | DAYS........1  MONTHS....2  YEARS.....3 | YES ........... 1  NO ............ 2 → NEXT BIRTH |
| 06 (NAME) | SING ....... 1  MULT ..... 2 | BOY ........ 1  GIRL ....... 2 | MONTH  YEAR | YES ..... 1  NO ....... 2 → Go to 220 | AGE IN YEARS | YES ...... 1  NO ........ 2 | HOUSEHOLD LINE NUMBER ↓ Go to 221 | DAYS........1  MONTHS....2  YEARS......3 | YES ........... 1  NO ............ 2 → NEXT BIRTH |
| 07 (NAME) | SING ....... 1  MULT ..... 2 | BOY ........ 1  GIRL ....... 2 | MONTH  YEAR | YES ..... 1  NO ....... 2 → Go to 220 | AGE IN YEARS | YES ...... 1  NO ........ 2 | HOUSEHOLD LINE NUMBER ↓ Go to 221 | DAYS........1  MONTHS....2  YEARS......3 | YES ........... 1  NO ............ 2 → NEXT BIRTH |

| 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 | | | 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. | Were there any other live births between (WHEN YOU FIRST MARRIED/NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY |
| | | | | | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE). | | |
| 08 (NAME) | SING ....... 1 MULT ..... 2 | BOY ........ 1 GIRL ....... 2 | MONTH ☐☐ YEAR ☐☐☐☐ | YES ..... 1 NO ....... 2 → Go to 220 | AGE IN YEARS ☐☐ | YES ...... 1 NO ........ 2 | HOUSEHOLD LINE NUMBER ☐☐ → Go to 221 | DAYS........1 MONTHS....2 YEARS......3 ☐☐ | YES .......... 1 NO ............ 2 → NEXT BIRTH |
| 09 (NAME) | SING ....... 1 MULT ..... 2 | BOY ........ 1 GIRL ....... 2 | MONTH ☐☐ YEAR ☐☐☐☐ | YES ..... 1 NO ....... 2 → Go to 220 | AGE IN YEARS ☐☐ | YES ...... 1 NO ........ 2 | HOUSEHOLD LINE NUMBER ☐☐ → Go to 221 | DAYS........1 MONTHS....2 YEARS......3 ☐☐ | YES .......... 1 NO ............ 2 → NEXT BIRTH |
| 10 (NAME) | SING ....... 1 MULT ..... 2 | BOY ........ 1 GIRL ....... 2 | MONTH ☐☐ YEAR ☐☐☐☐ | YES ..... 1 NO ....... 2 → Go to 220 | AGE IN YEARS ☐☐ | YES ...... 1 NO ........ 2 | HOUSEHOLD LINE NUMBER ☐☐ → Go to 221 | DAYS........1 MONTHS....2 YEARS......3 ☐☐ | YES .......... 1 NO ............ 2 → GO TO 222 |

| 222 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? CORRECT THE BIRTH HISTORY IF NECESSARY. | YES ................................................ 1 → ADD TO TABLE NO ................................................ 2 |
|-----|-----|-----|

| 223 | COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. |
|-----|-----|

| 224 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1995. IF NONE, RECORD "0" AND GO TO 226. | ☐ |
|-----|-----|-----|

| 225 | FOR EACH BIRTH SINCE JANUARY 1995, ENTER "B" IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. ALSO ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 1995 (IF ANY) AT THE BOTTOM OF THE CALENDAR. FOR EACH BIRTH ENTERED IN THE CALENDAR, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. (NOTE: THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE "B" CODE. |
|-----|-----|

| 226 | Are you pregnant now? | YES ................................................ 1 NO ................................................ 2 UNSURE ........................................... 8 → 230 |
|-----|-----|-----|

| 227 | How many months pregnant are you? RECORD IN COMPLETED MONTHS | MONTHS ................................... ☐☐ |
|-----|-----|-----|

| 228 | RECORD NUMBER OF COMPLETED MONTHS. ENTER "Ps" IN COLUMN 2 OF CALENDAR FOR THE TOTAL NUMBER OF COMPLETED MONTHS, BEGINNING IN THE MONTH OF INTERVIEW. |
|-----|-----|

| 229 | At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all? | THEN ............................................... 1 LATER ............................................. 2 NOT AT ALL ..................................... 3 |
|-----|-----|-----|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 230 | Unfortunately many women have pregnancies that do not end in a live birth.<br><br>Sometimes a baby is still born, that is, the baby is born who does not breathe or show any life.<br><br>Other times women have a miscarriage or abortion early during a pregnancy.<br><br>It is very important in our study to know about such pregnancies so health programs can be developed for women.<br><br>USING THE INFORMATION IN THE CALENDAR, PROBE TO DETERMINE IF THE WOMAN HAD ANY STILL BIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY 1995.<br>IF THE WOMAN REPORTS A PREGNANCY THAT DID NOT END IN A LIVE BIRTH, ASK ABOUT THE MONTH AND YEAR IN WHICH THE PREGNANCY ENDED.<br>RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTCOME ON THAT DATE IN COLUMN 2 IN THE CALENDAR. ( "S" FOR STILL BIRTH, "M" FOR MISCARRIAGE AND "A" FOR ABORTION).<br>THEN ASK ABOUT THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY.<br>(NOTE: THE DURATION OF THE PREGNANCY SHOULD BE RECORDED IN COMPLETED MONTHS. THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)<br><br>ILLUSTRATIVE QUESTIONS<br><br>TO IDENTIFY NON-LIVE BIRTH PREGNANCIES, ASK:<br><br>●   INTERVAL BETWEEN CURRENT PREGNANCY AND PRIOR BIRTH (LSAT BIRTH):<br>    Did you have any pregnancy that ended in a still birth after the birth of (NAME OF LAST BIRTH) and before your current pregnancy? Or any pregnancy that ended in a miscarriage or abortion?<br><br>●   INTERVAL BETWEEN LAST AND PRIOR BIRTH:<br>    Did you have any pregnancy that ended in a still birth between (NAME OF LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion?<br><br>●   INTERVAL BETWEEN NEXT-TO-LAST BIRTH AND PRIOR BIRTH:<br>    Did you have any pregnancy that ended in a still birth between (NAME OF NEXT-TO-LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion?<br><br>●   WOMEN WITH NO LIVE BIRTHS BUT WITH CURRENT PREGNANCY<br>    Before your current pregnancy, did you ever have any other pregnancy that ended in a still birth? Or any other pregnancy that ended in a miscarriage or abortion?<br><br>●   WOMEN WITH NO LIVE BIRTHS AND NOT CURRENTLY PREGNANT<br>    Have you ever had a still birth? If YES: When did the last still birth occur?<br>    Have you ever had a miscarriage or abortion? If YES: When did the last miscarriage or abortion occur?<br><br>●   FOR EACH PREGNANCY TERMINATION, ASK:<br>    How many months pregnant were you when the pregnancy ended? | | |
| 231 | IN THE BOXES AT THE BOTTOM OF THE CALENDAR, FILL IN THE MONTH AND YEAR AND OUTCOME OF THE LAST PREGNANCY THAT TERMINATED IN A MISCARRIAGE, ABORTION OR STILL BIRTH PRIOR TO JANUARY 1995. | | |
| 232 | When did your last menstrual period start? | DAYS AGO ............................... 1<br>WEEKS AGO ............................. 2<br>MONTHS AGO ........................... 3<br>YEARS AGO ............................. 4<br>IN MENOPAUSE/HAD HYSTERECTOMY .. 994<br>BEFORE LAST BIRTH ......................... 995<br>NEVER MENSTRUATED ..................... 996 | |
| 233 | From one menstrual period until the next, is there a time when a woman is more likely to become pregnant if she has sexual relations? | YES ..................................................... 1<br>NO ...................................................... 2<br>DON'T KNOW .................................... 8 | → 301 |
| 234 | Is this time just before the period begins, during her period, right after her period or half way between two periods? | JUST BEFORE HER PERIOD BEGINS ...... 1<br>DURING HER PERIOD ......................... 2<br>RIGHT AFTER HER PERIOD HAS ENDED... 3<br>HALF WAY BETWEEN PERIODS ............ 4<br>OTHER _____ 6<br>        (SPECIFY)<br>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 1 IF METHOD IS RECOGNIZED AND CODE 2 IF NOT RECOGNIZED.

THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.

| | METHOD | 302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD | 303 Have you ever used (METHOD)? |
|---|---|---|---|
| 01 | PILL A woman can take a pill every day. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 02 | IUD A woman can have a loop or coil placed inside her by a doctor or a nurse. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 03 | INJECTABLES A woman can have an injection by a doctor or a nurse which stops her from becoming pregnant for several months. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 04 | NORPLANT A woman can have small rods placed in her arm by a doctor which stops her from becoming pregnant for several years. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 05 | DIAPHRAGM, FOAM, JELLY A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 06 | CONDOM A man can use a rubber covering during sexual intercourse. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 07 | FEMALE STERILIZATION A woman can have an operation to avoid having any more children. | YES ... 1 <br> NO ... 2 | Have you ever had an operation to avoid having any more children? <br> YES ... 1 <br> NO ... 2 |
| 08 | MALE STERILIZATION A man can have an operation to avoid having any more children. | YES ... 1 <br> NO ... 2 | Have you ever had a husband who had an operation to avoid having children? <br> YES ... 1 <br> NO ... 2 |
| 09 | RHYTHM OR 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 ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 10 | WITHDRAWAL A man can be careful and pull out before ejaculation. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 11 | PROLONGED BREASTFEEDING A woman can prolong the time that she breastfeeds her baby to delay the next pregnancy. | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 |
| 12 | Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy? <br><br> 1 _____ <br> (SPECIFY) <br> 2 _____ <br> (SPECIFY) <br> 3 _____ <br> (SPECIFY) | YES ... 1 <br> NO ... 2 | YES ... 1 <br> NO ... 2 <br> YES ... 1 <br> NO ... 2 <br> YES ... 1 <br> NO ... 2 |

3-1

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 304 | CHECK 303:<br><br>NOT A SINGLE "YES" ☐<br>(NEVER USED)<br>↓ | AT LEAST ONE "YES" ☐<br>(EVER USED) | → 308 |
| 305 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES ............................................... 1<br>NO ................................................ 2 | → 307 |
| 306 | ENTER "0" IN COLUMN 2 OF CALENDAR IN EACH BLANK MONTH | ———————————— | → 401 |
| 307 | What have you used or done?<br>CORRECT 303-305 (AND 302 IF NECESSARY) | ————————————<br>(SPECIFY) | |
| 308 | Now I would like to ask you about the first time you did something or used a method to avoid getting pregnant.<br>How many living children did you have at that time if any?<br>IF NONE, RECORD "00" | NUMBER OF CHILDREN ......... ☐☐ | |
| 309 | CHECK 303 (FEMALE STERILIZATION):<br><br>WOMAN NOT ☐<br>STERILIZED<br>↓ | WOMAN ☐<br>STERILIZED | → 313A |
| 310 | CHECK 107:<br><br>CURRENTLY ☐<br>MARRIED<br>↓ | WIDOWED/ DIVORCED/ ☐<br>SEPARATED | → 353 |
| 311 | CHECK 226:<br><br>NOT PREGNANT ☐<br>OR UNSURE<br>↓ | PREGNANT ☐ | → 353 |
| 312 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES ............................................... 1<br>NO ................................................ 2 | → 353 |
| 313<br><br><br>313A | Which method are you using?<br><br>RECORD ALL RESPONSES<br><br>CIRCLE "7" FOR FEMALE STERILIZATION. | PILL ...................................................... 1<br>IUD ....................................................... 2<br>INJECTABLES ..................................... 3<br>NORPLANT ........................................ 4<br>DIAPHRAGM/ FOAM/ JELLY ................ 5<br>CONDOM ............................................ 6<br>FEMALE STERILIZATION ..................... 7<br>MALE STERILIZATION ..................... 8<br>PERIODIC ABSTINENCE .................... 9<br>WITHDRAWAL .................................. L<br>PROLONGED BREASTFEEDING ........... G<br>OTHER _____ X<br>(SPECIFY) | → 314A |
| 314<br><br><br>314A | ASK FOR HIGHEST METHOD CODED IN Q 313:<br>In what month and year did you begin this current segment of use of (METHOD)?<br><br>In what month and year was the sterilization performed? | MONTH ............................ ☐☐<br><br>YEAR ................... ☐☐☐☐ | |
| 315 | IN CURRENT MONTH IN COLUMN 2 IN CALENDAR, ENTER CODE SHOWN TO THE LEFT OF THE CALENDAR FOR THE HIGHEST METHOD CIRCLED IN Q.313. THEN ENTER METHOD CODE IN EACH MONTH OF USE BACK TO THE DATE THE WOMAN BEGAN THE CURRENT SEGMENT OR TO JANUARY 1995 IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995.<br>ILLUSTRATIVE QUESTIONS:<br>- When did you start using (Method) continuously?<br>- How long have you been using (Method) continuously? | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP TO |
|---|---|---|---|---|
| 316 | CHECK 313 AND RECORD CODE FOR CURRENT METHOD.<br><br>IF MORE THAN ONE METHOD IS CIRCLED IN Q.313, RECORD THE CODE FOR THE METHOD THAT IS HIGHEST ON THE LIST. | PILL .............................................. | 1 | → 320 |
| | | IUD ............................................... | 2 | |
| | | INJECTABLES ................................. | 3 | → 320 |
| | | NORPLANT .................................... | 4 | |
| | | DIAPHRAGM/ FOAM/ JELLY ................ | 5 | → 320 |
| | | CONDOM ......................................... | 6 | → 320 |
| | | FEMALE STERILIZATION .................... | 7 | |
| | | MALE STERILIZATION ..................... | 8 | |
| | | PERIODIC ABSTINENCE .................... | 9 | |
| | | WITHDRAWAL ................................. | L | |
| | | PROLONGED BREASTFEEDING ........... | G | |
| | | OTHER _____ | X | |
| | | (SPECIFY) | | |
| 317 | CHECK 316 :<br><br>USING IUD  ☐ →  Where did you have the IUD inserted?<br><br>USING NORPLANT  ☐ →  Where did you have the Norplant inserted?<br><br>SHE/ HE STERILIZED  ☐ →  Where did the sterilization take place?<br><br>USING PERIODIC ABSTINENCE, WITHDRAWAL, PROLONGED BREASTFEEDING OR OTHER METHOD  ☐ →  Did you get advice from anyone about how to use (METHOD) at the time you began this current period of use?<br><br>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.<br><br>_____<br><br>_____<br><br>(NAME AND ADDRESS OF PLACE)<br><br>OFFICE: CODE SOURCE .............. ☐☐☐☐ | MINISTRY OF HEALTH FACILITY (MOH)<br> URBAN HOSPITAL ........................... 1<br> URBAN HEALTH UNIT .................... 2<br> RURAL HOSPITAL ........................ 3<br> RURAL HEALTH UNIT .................... 4<br> MCH CENTER .............................. 5<br> MOBILE UNIT ................................. 6<br> OTHER MOH UNITS ........................ 7<br>OTHER GOVERNMENTAL FACILITY<br> TEACHING HOSPITAL ...................... 8<br> HEALTH INSURANCE ORGANIZATION.. 9<br> CURATIVE CARE ORGANIZATION ...... A<br> OTHER GOVERNMENTAL ................ B<br>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)<br> EGYPT FAMILY PLANNING ASSOCIATION ............................... C<br> CSI PROJECT ............................... D<br> OTHER NON-GOVERNMENTAL .......... E<br>MEDICAL PRIVATE SECTOR<br> PRIVATE HOSPITAL/ CLINIC ............ F<br> PRIVATE DOCTOR ........................ G<br> PHARMACY ................................. H<br>OTHER PRIVATE SECTOR<br> MOSQUE HEALTH UNIT ................... I<br> CHURCH HEALTH UNIT ................... J<br> OTHER VENDOR (SHOP, KIOSK, ETC.,)... K<br>FRIENDS / RELATIVES ........................ L<br>OTHER _____ X<br> (SPECIFY)<br>NO ONE ............................................. Y | | |
| 318 | ENTER THE CODE FOR THE SOURCE RECORDED IN 317 IN COLUMN 3 OF THE CALENDAR. IF THE CURRENT SEGMENT OF USE BEGAN SINCE JANUARY 1995, THE SOURCE CODE SHOULD BE ENTERED IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN. WRITE THE ADDRESS OF THE SOURCE TO THE RIGHT OF COLUMN 3. IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995, NO CODE WILL BE ENTERED IN THE CALANDER IN COLUMN 3. | | | |
| 319 | CHECK 317:<br> SOURCE CODES 1-9 , A-X ☐ → | | | → 325 |
| | SOURCE CODE "Y" ☐ → | | | → 353 |

| | | | |
|---|---|---|---|
| **320** | CHECK 316 : | MINISTRY OF HEALTH FACILITY (MOH) | |
| | | URBAN HOSPITAL .......................... 1 | |
| | **USING PILL** ☐ → Where did you obtain the packet of pills you are using now (you used most recently)? | URBAN HEALTH UNIT .................... 2 | |
| | | RURAL HOSPITAL ......................... 3 | |
| | | RURAL HEALTH UNIT .................... 4 | |
| | **USING INJECTABLES** ☐ → Where did you go for your last injection? | MCH CENTER .............................. 5 | |
| | | MOBILE UNIT ............................... 6 | |
| | | OTHER MOH UNITS ....................... 7 | |
| | **USING CONDOM, DIAPHRAGM, FOAM OR JELLY** ☐ → From where did you obtain your most recent supply of (METHOD)? | OTHER GOVERNMENTAL FACILITY | |
| | | TEACHING HOSPITAL ..................... 8 | |
| | | HEALTH INSURANCE ORGANIZATION.. 9 | |
| | | CURATIVE CARE ORGANIZATION ...... A | |
| | | OTHER GOVERNMENTAL ................ B | |
| | | NON-GOVERNMENTAL ORGANIZATIONS (NGO's) | |
| | | EGYPT FAMILY PLANNING | |
| | | ASSOCIATION ............................... C | |
| | **WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED / GOT ADVICE ABOUT THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.** | CSI PROJECT ................................ D | |
| | | OTHER NON-GOVERNMENTAL .......... E | |
| | | MEDICAL PRIVATE SECTOR | |
| | | PRIVATE HOSPITAL/ CLINIC ............ F | |
| | | PRIVATE DOCTOR ........................ G | |
| | | PHARMACY ................................ H | |
| | _____  _____ | OTHER PRIVATE SECTOR | |
| | | MOSQUE HEALTH UNIT ................... I | |
| | _____  _____ | CHURCH HEALTH UNIT ................... J | |
| | | OTHER VENDOR (SHOP, KIOSK, ETC.,)... K | |
| | **(NAME AND ADDRESS OF PLACE)** | FRIENDS / RELATIVES ........................ L | |
| | | OTHER _____ X | |
| | **OFFICE: CODE SOURCE** ............. ☐☐☐☐☐ | (SPECIFY) | |
| | | DON'T KNOW ................................. Z | |
| **321** | At the time that you began using (METHOD) during this current period of use, did you obtain / get advice about your (METHOD) at (SOURCE IN 320) or did you go to somewhere else? | YES, SAME PLACE .......................... 1 | |
| | | NO, SOMEWHERE ELSE ................. 2 → **323** | 323 |
| **322** | ENTER THE CODE FOR THE SOURCE RECORDED IN 320 IN COLUMN 3 OF THE CALENDAR. IF THE CURRENT SEGMENT OF USE BEGAN SINCE JANUARY 1995, THE SOURCE CODE SHOULD BE ENTERED IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN. WRITE THE ADRESS OF THE SOURCE TO THE RIGHT OF COLUMN 3. IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995, NO CODE WILL BE ENTERED IN THE CALANDAR IN COLUMN 3 IN JANUARY 1995. GO TO 325 AFTER. | | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 323 | Where did you first obtain/ get advice about (METHOD) during your current period of use?<br><br>WRITE THE NAME AND ADDRESS OF THE PLACE WHERE THE RESPONDENT HAD OBTAINED THE METHOD/ ADVICE. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.<br><br>_____<br><br>_____<br>(NAME AND ADDRESS OF PLACE)<br><br>OFFICE: CODE SOURCE ............ ☐☐☐☐ | MINISTRY OF HEALTH FACILITY (MOH)<br>　　URBAN HOSPITAL ......................... 1<br>　　URBAN HEALTH UNIT .................... 2<br>　　RURAL HOSPITAL ......................... 3<br>　　RURAL HEALTH UNIT .................... 4<br>　　MCH CENTER ............................... 5<br>　　MOBILE UNIT ............................... 6<br>　　OTHER MOH UNITS ........................ 7<br>OTHER GOVERNMENTAL FACILITY<br>　　TEACHING HOSPITAL ..................... 8<br>　　HEALTH INSURANCE ORGANIZATION.. 9<br>　　CURATIVE CARE ORGANIZATION ...... A<br>　　OTHER GOVERNMENTAL ................ B<br>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)<br>　　EGYPT FAMILY PLANNING ASSOCIATION ............................... C<br>　　CSI PROJECT ................................ D<br>　　OTHER NON-GOVERNMENTAL .......... E<br>MEDICAL PRIVATE SECTOR<br>　　PRIVATE HOSPITAL/ CLINIC ............ F<br>　　PRIVATE DOCTOR ......................... G<br>　　PHARMACY .................................. H<br>OTHER PRIVATE SECTOR<br>　　MOSQUE HEALTH UNIT ................... I<br>　　CHURCH HEALTH UNIT ................... J<br>　　OTHER VENDOR (SHOP, KIOSK, ETC.,)... K<br>FRIENDS / RELATIVES ......................... L<br>OTHER _____ X<br>　　　　　　　(SPECIFY)<br>DON'T KNOW ................................... Z | |
| 324 | ENTER THE CODE FOR THE SOURCE RECORDED IN 323 IN COLUMN 3 OF THE CALENDAR. IF THE CURRENT SEGMENT OF USE BEGAN SINCE JANUARY 1995, THE SOURCE CODE SHOULD BE ENTERED IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN. WRITE THE ADDRESS OF THE SOURCE TO THE RIGHT OF COLUMN 3. IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1995, NO CODE WIL BE ENTERED IN COLUMN 3 IN THE CALANDAR . | | |
| 325 | CHECK 317, 320, 323:<br><br>　　METHOD OBTAINED ☐　　　OTHER SOURCES / ☐————————►<br>　　AT PHARMACY 　　　　　　NOT ASKED<br>　　　　　　↓ | | 332 |
| 326 | Who usually goes to the pharmacy to obtain (CURRENT METHOD)? | RESPONDENT HERSELF ..................... 01 ►<br>HUSBAND ...................................... 02<br>CHILDREN ...................................... 03<br>OTHER FEMALE RELATIVE(S) ............. 04<br>OTHER MALE RELATIVE(S) ................. 05<br>FRIEND(S) ..................................... 06<br>OTHER _____ 96<br>　　　　　　(SPECIFY) | 328 |
| 327 | During this current period of use, did you yourself ever go to the pharmacy to obtain/ get advice about (CURRENT METHOD)? | YES .............................................. 1<br>NO ................................................ 2 ► | 332 |
| 328 | At any time when you went to the pharmacy during this current period of use to obtain/ get advice about (METHOD),did anyone tell or show you how to use the (METHOD)? | YES .............................................. 1<br>NO ................................................ 2 | |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 329 | At any time when you went to the pharmacy during this current period of use, were you told about side effects or health problems you might have with the method? | YES ............................................. 1 <br> NO ............................................... 2 | → 331 |
| 330 | Were you told what to do if you experienced side effects or health problems? | YES ............................................. 1 <br> NO ............................................... 2 | |
| 331 | Were you told about other methods of family planning which you could use? | YES ............................................. 1 <br> NO ............................................... 2 | |
| 332 | CHECK 317, 320, 323: <br><br> METHOD OBTAINED AT ☐       PHARMACY / ☐ <br> CLINICAL SOURCE        OTHER SOURCES/ NOT ASKED | | → 336 |
| 333 | At any time when you went to the (SOURCE IN 317, 320, 323) during this current period of use to (OBTAIN/ GET ADVICE ABOUT CURRENT METHOD), were you told about side effects or health problems you might have with the method? | YES ............................................. 1 <br> NO ............................................... 2 | → 335 |
| 334 | Were you told what to do if you experienced side effects or health problems? | YES ............................................. 1 <br> NO ............................................... 2 | |
| 335 | Were you told about other methods of family planning which you could use? | YES ............................................. 1 <br> NO ............................................... 2 | |
| 336 | CHECK 316 AND CALENDAR: <br><br> CURRENTLY USING IUD ☐    CURRENTLY USING PILL ☐ <br>        CURRENTLY USING ☐ <br>        OTHER METHOD | | → 342 <br><br> → 349 |
| 337 | I would like to ask about when you began using the IUD during this current period of use. <br> First of all did you get the IUD at (SOURCE IN 317) or did you buy it from somewhere else? | YES, SAME PLACE ......................... 1 <br> NO, SOMEWHERE ELSE .................... 2 | → 340 |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TC |
|---|---|---|---|
| 338 | From where did you buy the IUD?<br><br>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE IUD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.<br><br>_____<br><br>_____<br><br>(NAME AND ADDRESS OF PLACE)<br><br>OFFICE: CODE SOURCE ............ ☐☐☐☐ | **MINISTRY OF HEALTH FACILITY (MOH)**<br>URBAN HOSPITAL ...................... 1<br>URBAN HEALTH UNIT ................... 2<br>RURAL HOSPITAL ........................ 3<br>RURAL HEALTH UNIT ................... 4<br>MCH CENTER ............................. 5<br>MOBILE UNIT ............................. 6<br>OTHER MOH UNITS ..................... 7<br>**OTHER GOVERNMENTAL FACILITY**<br>TEACHING HOSPITAL .................. 8<br>HEALTH INSURANCE ORGANIZATION.. 9<br>CURATIVE CARE ORGANIZATION ...... A<br>OTHER GOVERNMENTAL ............... B<br>**NON-GOVERNMENTAL ORGANIZATIONS (NGO's)**<br>EGYPT FAMILY PLANNING ASSOCIATION ............................. C<br>CSI PROJECT .............................. D<br>OTHER NON-GOVERNMENTAL ......... E<br>**MEDICAL PRIVATE SECTOR**<br>PRIVATE HOSPITAL/ CLINIC ........... F<br>PRIVATE DOCTOR ....................... G<br>PHARMACY ............................... H<br>**OTHER PRIVATE SECTOR**<br>MOSQUE HEALTH UNIT ................. I<br>CHURCH HEALTH UNIT ................. J<br>OTHER VENDOR (SHOP, KIOSK, ETC.,).. K<br>FRIENDS / RELATIVES ................... L<br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ................................. Z | |
| 339 | How much did it cost to buy the IUD from that place? | COST (IN POUNDS) .................... ☐☐<br>FREE ........................................... 95<br>DON'T KNOW ................................. 98 | |
| 340 | How much did it cost to have the IUD inserted (including all fees)? | COST (IN POUNDS) ............ ☐☐☐<br>FREE ........................................... 995<br>DON'T KNOW ................................. 998 | |
| 341 | Would you be willing to pay the following for an IUD ( including all costs):<br>(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 353.<br>FOR AMOUNT MORE THAN 200 POUNDS, RECORD YES OR NO AND GO TO 353.)<br><br>5 pounds?<br>10 pounds?<br>25 pounds?<br>50 pounds?<br>100 pounds?<br>150 pounds?<br>200 pounds?<br>More than 200 pounds? | YES NO<br>5 POUNDS ........................... 1 2<br>10 POUNDS ......................... 1 2<br>25 POUNDS ......................... 1 2<br>50 POUNDS ......................... 1 2<br>100 POUNDS ....................... 1 2<br>150 POUNDS ....................... 1 2<br>200 POUNDS ....................... 1 2<br>MORE THAN 200 POUNDS ...... 1 2 | → 353<br><br>→ 353 |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TC |
|---|---|---|---|
| 342 | Now I would like to ask you some additional questions about this current segment of use of the pill.<br><br>May I see the package of pills you are using now?<br><br>**RECORD NAME OF BRAND** | PACKAGE SEEN ............................ 1<br><br>BRAND NAME _____ ☐☐<br>(SPECIFY)<br><br>PACKAGE NOT SEEN ..................... 2 | → 344 |
| 343 | Do you know the brand name of the pill which you are using now?<br><br>**RECORD NAME OF BRAND** | BRAND NAME _____ ☐☐<br>(SPECIFY)<br><br>DON'T KNOW .................................. 98 | |
| 344 | How much does one cycle of pills cost? | POUNDS  PIASTERS<br>COST ................... ☐☐ · ☐☐<br>FREE ......................................... 9995<br>DON'T KNOW ........................... 9998 | |
| 345 | Would you be willing to pay the following for a cycle of pills?<br><br>**(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 346.**<br>**AFTER ASKING ABOUT AMOUNT MORE THAN 5 POUNDS, RECORD YES OR NO AND GO TO 346.)**<br><br>  50 piasters?<br>  75 piasters?<br>  1 pound?<br>  2 pounds?<br>  5 pounds?<br>  More than 5 pounds? |                     YES  NO<br>50 PIASTERS ........................ 1   2<br>75 PIASTERS ........................ 1   2<br>1 POUND ............................ 1   2<br>2 POUNDS ........................ 1   2<br>5 POUNDS ........................ 1   2<br>MORE THAN 5 POUNDS .......... 1   2 | → 346<br><br>→ 346 |
| 346 | When was the last time you took a pill?<br><br>**IF LESS THAN 24 HOURS, WRITE "00".** | DAYS AGO .............................. ☐☐<br><br>MORE THAN ONE MONTH AGO ........... 95 | |
| 347 | **CHECK 346:**<br><br>    MORE THAN TWO ☐<br>    DAYS AGO<br>      ↓ | TWO DAYS AGO ☐<br>OR LESS | → 353 |
| 348 | Why aren't you taking the pill these days? | HUSBAND AWAY .......................... 01<br>FORGOT ...................................... 02<br>HEALTH REASONS .......................... 03<br>COST TOO MUCH .......................... 04<br>NO NEED TO TAKE DAILY ................. 05<br>RAN OUT ..................................... 06<br>MENSTRUATING ............................. 07<br>OTHER _____ 96<br>(SPECIFY) | → 353 |
| 349 | **CHECK CALENDAR AND RECORD SOURCE WHERE METHOD OBTAINED AT BEGINNING OF CURRENT SEGMENT:**<br><br>    SOURCE CODES ☐<br>    (1-9, A - L)<br>      ↓ | SOURCE CODES ☐<br>(X, Z) | → 353 |
| 350 | When you began using (METHOD IN 316) this time, how much did it cost you to obtain/ get advice about the method at (SOURCE RECORDED IN COLUMN 3 OF CALENDAR)? | POUNDS  PIASTERS<br>COST ......... ☐☐☐ · ☐☐<br>FREE ......................................... 999995<br>DON'T KNOW ........................... 999998 | |
| 351 | **CHECK 316:**<br><br>    USING ☐<br>    INJECTABLES<br>      ↓ | NOT USING ☐<br>INJECTABLES | → 353 |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP TC |
|-----|----------------------|-------------------|---|---------|
| 352 | Would you be willing to pay the following for the injectables (including all costs)?<br><br>**(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 353.**<br>**AFTER ASKING ABOUT AMOUNT MORE THAN 20, RECORD YES OR NO AND**<br>**GO TO 353.)**<br><br>2 pounds?<br>5 pounds?<br>10 pounds?<br>15 pounds?<br>20 pounds?<br>More than 20 pounds? | | YES   NO<br><br>2 POUNDS ........................... 1   2<br>5 POUNDS ........................... 1   2<br>10 POUNDS ......................... 1   2<br>15 POUND S ........................ 1   2<br>20 POUNDS ......................... 1   2<br>MORE THAN 20 POUNDS ......... 1   2 | → 353<br><br>→ 353 |

3-9

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TC |
|---|---|---|---|
| 353 | | | |

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.

COLUMN 2 - SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 1995

PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 1995.

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

RECORD PERIODS OF USE AND NONUSE IN COLUMN 2 OF THE CALENDAR. 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 FOR COLUMN 2 :

- 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?

IF THERE ARE NO PRIOR SEGMENTS OF USE, GO TO 401.

COLUMN 3 - SOURCE OF CONTRACEPTIVE METHOD SINCE JANUARY 1995

ASK FOR THE SOURCE OF THE METHOD FOR EACH SEGMENT OF USE PRIOR TO THE CURRENT SEGMENT OF USE IN THE CALENDAR THAT BEGAN IN JANUARY 1995 OR LATER. RECORD THE CODE OF THE SOURCE IN COLUMN 3 IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN.

FOR THE PILL,CONDOM,INJECTABLES AND DIAPHRAGM/ FAOM/ JELLY, THE SOURCE SHOULD BE THE PLACE FROM WHICH THE METHOD WAS OBTAINED AT THE TIME THE SEGMENT OF USE BEGAN.

ILLUSTRATIVE QUESTIONS FOR COLUMN 3

FOR MODERN METHODS (CODES 1-8)
- Where did you obtain the (method) when you began using it that time?
IF PHARMACY/OTHER SOURCE (CODES I,X)
- Did you consult a doctor or a clinic, when you began using the (method) that time?
    IF YES: Where did you consult?
    IF NO: RECORD CODE FOR PHARMACY (H) OR OTHER SOURCE AS APPROPRIATE.

PROBE FOR THE EXACT ADDRESS OF EACH SOURCE. WRITE THE NAME TO THE RIGHT OF COLUMN 3 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE BEGAN.

FOR TRADITIONAL METHODS (CODES 9,L-X)
- Did you seek advice about how to use (METHOD) when you began using it that time?
NUMBER OF CODES ENTERED IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2.

COLUMN 4 -REASON FOR DISCONTINUATION
    FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD AND RECORD THE REASON FOR DISCONTINUATION IN COLUMN 4 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE WAS TERMINATED.

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

ILLUSTRATIVE QUESTIONS FOR COLUMN 4
    -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)"?
ENTER "0" IN EACH SUCH MONTH IN COLUMN 2.

NUMBER OF CODES ENTERED IN COLUMN 4 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN2.

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## SECTION 4: FERTILITY PREFERENCES AND ATTITUDES ABOUT FAMILY PLANNING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TC |
|---|---|---|---|
| 401 | CHECK 107:<br><br>CURRENTLY ☐     MARRIED     DIVORCED/ WIDOWED/ ☐ SEPARATED | | → 417 |
| 402 | CHECK 313:<br><br>NEITHER ☐     STERILIZED     SHE OR HE ☐ STERILIZED | | → 405 |
| 403 | CHECK 226:<br><br>NOT PREGNANT ☐    OR UNSURE      PREGNANT ☐<br><br>Now I have some questions about the future.<br>Would you like to have (a / another) child or would you prefer not to have any (more) children?    Now I have some questions about the future.<br>After the child you are expecting, would you like to have another child or would you prefer not to have any more children? | HAVE A (ANOTHER) CHILD .................. 1<br>NO MORE / NONE ............................ 2<br>SAYS SHE CAN'T GET PREGNANT ........ 3<br>UNDECIDED OR DON'T KNOW .............. 8 | → 405<br>→ 417<br>→ 405 |
| 404 | CHECK 226:<br><br>NOT PREGNANT ☐    OR UNSURE      PREGNANT ☐<br><br>How long would you like to wait from now before the birth of (a / another) child?    How long would you like to wait after the birth of the child you are expecting before the birth of another child? | MONTHS ........................... 1 ☐☐<br>YEARS .............................. 2<br>SOON / NOW ............................... 994<br>SAYS SHE CAN'T GET PREGNANT ..... 995<br>OTHER_____ 996<br>(SPECIFY)<br>DON'T KNOW .............................. 998 | → 417<br><br>→ 411 |
| 405 | CHECK 226:<br><br>NOT PREGNANT ☐    OR UNSURE      PREGNANT ☐ | | → 412 |
| 406 | CHECK 313:<br><br>NOT CURRENTLY ☐    USING/ NOT ASKED      CURRENTLY ☐ USING | | → 410 |
| 407 | CHECK 403:<br><br>WANTS ☐   ANOTHER   SOON      WANTS ☐ NO MORE<br><br>UNDECIDED/ ☐ UNSURE | | → 409<br><br>→ 410 |
| 408 | CHECK 404:<br><br>WANTS AFTER ☐ 24 OR MORE MONTHS OR 00-01 YEARS      WANTS WITHIN ☐ 00-23 MONTHS OR 00-01 YEARS | | → 412 |

4-1

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 409 | **CHECK 403:**<br><br>WANTS ☐    WANTS NO ☐<br>A / ANOTHER CHILD    MORE CHILDREN<br><br>You have said that you do not want (a / another) child soon, but you are not using any method to delay a pregnancy. Can you tell me why? **PROBE:** Are there any other reasons?    You have said that you do not want any (more) children, but you are not using any method to avoid a pregnancy. Can you tell me why? **PROBE:** Are there any other reasons?<br><br>_____<br><br>_____<br><br>(RECORD ANSWER IN DETAIL) | FERTILITY-RELATED REASONS<br>  NOT HAVING SEX ........................... A<br>  INFREQUENT SEX ........................... B<br>  MENOPAUSAL / HYSTERECTOMY ...... C<br>  SUBFECUND .................. D<br>  INFECUND ................. E<br>  POSTPARTUM AMENORRHEIC .......... F<br>  BREASTFEEDING .............................. G<br>  FATALISTIC .....................................<br><br>OPPOSITION TO USE    H<br>  RESPONDENT OPPOSED ................... I<br>  HUSBAND OPPOSED ....................... J<br>  OTHER OPPOSED ............................. K<br>  RELIGIOUS PROHIBITION ................<br><br>LACK OF KNOWLEDGE    L<br>  KNOWS NO METHOD ....................... M<br>  KNOWS NO SOURCE .........................<br><br>METHOD RELATED REASONS    N<br>  HEALTH CONCERNS ......................... O<br>  FEAR OF SIDE EFFECTS .................. P<br>  LACK OF ACCESS / TOO FAR ........... Q<br>  COST TOO MUCH ............................. R<br>  INCONVENIENT TO USE ....................<br>  INTERFERES WITH BODY'S NORMAL    S<br>  PROCESSES ..................................... X<br>OTHER _____<br>            (SPECIFY)    Z<br>DON'T KNOW ...................................... | |
| 410 | In the next few weeks, if you discovered that you were pregnant, would it be a big problem, a small problem or no problem at all for you? | BIG PROBLEM ............................... 1<br>SMALL PROBLEM ........................... 2<br>NO PROBLEM AT ALL ....................... 3 | |
| 411 | **CHECK 313:**<br><br>NOT CURRENTLY ☐        CURRENTLY ☐ ──────────► 417<br>USING/ NOT ASKED        USING | | |
| 412 | Do you know of a place where you can obtain a method of family planning? | YES ................................................ 1<br>NO .................................................. 2 ──► 414 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 413 | Where is that?<br><br>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.<br><br>_____<br><br>_____<br><br>(NAME AND ADDRESS OF PLACE) | MINISTRY OF HEALTH FACILITY (MOH)<br>   URBAN HOSPITAL ............................ 1<br>   URBAN HEALTH UNIT ..................... 2<br>   RURAL HOSPITAL ......................... 3<br>   RURAL HEALTH UNIT ..................... 4<br>   MOBILE UNIT ................................. 5<br>   MCH CENTER ................................. 6<br>   OTHER MOH UNITS ........................ 7<br>OTHER GOVERNMENTAL FACILITY<br>   TEACHING HOSPITAL ...................... 8<br>   HEALTH INSURANCE ORGANIZATION ... 9<br>   CURATIVE CARE ORGANIZATION ...... A<br>   OTHER GOVERNMENTAL ................ B<br>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)<br>   EGYPT FAMILY PLANNING<br>   ASSOCIATION ................................ C<br>   CSI PROJECT ................................. D<br>   OTHER NGO's ................................ E<br>MEDICAL PRIVATE SECTOR<br>   PRIVATE HOSPITAL/ CLINIC ............ F<br>   PRIVATE DOCTOR ......................... G<br>   PHARMACY ................................. H<br>OTHER PRIVATE SECTOR<br>   MOSQUE HEALTH UNIT ................... I<br>   CHURCH HEALTH UNIT ................... J<br>   OTHER VENDOR (SHOP, KIOSK, ETC.,). K<br>FRIENDS / RELATIVES ......................... L<br>OTHER _____ X<br>      (SPECIFY)<br>DON'T KNOW ................................. Z | |
| 414 | Do you think you will use a method at any time in the future? | YES .............................................. 1<br>NO ............................................... 2<br>DON'T KNOW ................................. 8 | ► 416 |
| 415 | Which method would you prefer to use? | PILL .............................................. 1<br>IUD ............................................... 2<br>INJECTABLES .................................. 3<br>NORPLANT ...................................... 4<br>DIAPHRAGM/ FOAM/ JELLY ................ 5<br>CONDOM ........................................ 6<br>FEMALE STERILIZATION .................... 7<br>MALE STERILIZATION ....................... 8<br>PERIODIC ABSTINENCE ..................... 9<br>WITHDRAWAL ................................. L<br>PROLONGED BREASTFEEDING ........... G<br>OTHER _____ X<br>      (SPECIFY)<br>UNSURE ......................................... Z | ► 417 |

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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 416 | What is the main reason that you think that you will not use a method at any time in the future?<br><br>_____<br><br>_____<br><br>(RECORD ANSWER IN DETAIL) | FERTILITY-RELATED REASONS<br>NOT HAVING SEX .......................... 21<br>INFREQUENT SEX ........................... 22<br>MENOPAUSAL / HYSTERECTOMY ...... 23<br>SUBFECUND / INFECUND ................. 24<br>WANTS AS MANY CHILDREN AS<br>POSSIBLE ................................... 26<br><br>OPPOSITION TO USE<br>RESPONDENT OPPOSED ................... 31<br>HUSBAND OPPOSED ....................... 32<br>OTHER OPPOSED ............................ 33<br>RELIGIOUS PROHIBITION ................ 34<br><br>LACK OF KNOWLEDGE<br>KNOWS NO METHOD ...................... 41<br>KNOWS NO SOURCE ....................... 42<br><br>METHOD RELATED REASONS<br>HEALTH CONCERNS ....................... 51<br>FEAR OF SIDE EFFECTS ................. 52<br>LACK OF ACCESS / TOO FAR .......... 53<br>COST TOO MUCH ........................... 54<br>INCONVENIENT TO USE ................... 55<br>INTERFERES WITH BODY'S NORMAL<br>PROCESSES ................................ 56<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ................................. 98 | |
| 417 | CHECK 203 AND 205:<br><br>HAS LIVING ☐    NO LIVING ☐<br>CHILD (REN)    CHILD (REN)<br><br>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? — If you could choose exactly the number of children to have in your whole life, how many would that be?<br><br>(RECORD SINGLE NUMBER   OR OTHER ANSWER) | NUMBER ............................ ☐☐<br><br>OTHER ANSWER _____ 96<br>(SPECIFY)<br>DON'T KNOW ............................... 98 | 419 |
| 418 | How many of these children would you like to be boys, how many would you like to be girls, and for how many would it not matter? | BOYS<br>NUMBER WANTED .......... ☐☐<br><br>GIRLS<br>NUMBER WANTED .......... ☐☐<br><br>DOES NOT MATTER, EITHER SEX<br>NUMBER WANTED .......... ☐☐<br><br>OTHER ANSWER _____ 96<br>(SPECIFY) | |
| 419 | Would you say that you approve or disapprove of couples using a method to avoid getting pregnant? | APPROVE ..................................... 1<br>DISAPPROVE ................................. 2<br>NOT SURE / DON'T KNOW   8<br>.................. | |
| 420 | Would you consider it appropriate for a couple to use family planning after the first birth? | YES ........................................... 1<br>NO ............................................. 2<br>DON'T KNOW ................................. 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TC |
|---|---|---|---|
| 421 | Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy? | YES ..................................................... 1<br>NO ....................................................... 2<br>DON'T KNOW ......................................... 8 | |
| 422 | In the past six months have you discussed family planning with your friends, neighbours or relatives? | YES ..................................................... 1<br>NO ....................................................... 2 —→ 424 | |
| 423 | With whom?<br><br>Anyone else?<br><br>**RECORD ALL MENTIONED** | MOTHER ............................................. A<br>FATHER .............................................. B<br>SISTER (S) .......................................... C<br>BROTHER (S) ....................................... D<br>DAUGHTER .......................................... E<br>MOTHER-IN-LAW ................................. F<br>FRIENDS / NEIGHBORS ....................... G<br>OTHER _____ X<br>(SPECIFY) | |
| 424 | In the past six months did a health worker, a raida rifia, or anyone else visit you to talk about family planning?<br><br>IF YES: Who visited you? | VISITED BY:<br>   HEALTH WORKER ........................... A<br>   RAIDA .............................................. B<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE VISITED ................................ Y | |
| 425 | Have you visited any governmental health facility for any reason during the past six months? | YES ..................................................... 1<br>NO ....................................................... 2 —→ 427 | |
| 426 | Did any staff member at the health facility speak to you about family planning methods during any of your visits? | YES ..................................................... 1<br>NO ....................................................... 2 | |
| 427 | Have you visited a private doctor or clinic for any reason during the past six months? | YES ..................................................... 1<br>NO ....................................................... 2 —→ 428 | |
| 428 | Did the doctor or any staff person there speak to you about family planning methods during any of your visits? | YES ..................................................... 1<br>NO ....................................................... 2 | |

| 429 | During the past six months have you heard about family planning?<br><br>On television?<br>On radio?<br>In a newspaper or magazine?<br>From a poster?<br>From leaflets or brochures?<br>From billboards or signboards?<br>At a community meeting?<br>From other sources? | | YES | NO |
|---|---|---|---|---|
| | | ON TELEVISION ......................... | 1 | 2 |
| | | ON RADIO ................................ | 1 | 2 |
| | | NEWSPAPER OR MAGAZINE....... | 1 | 2 |
| | | POSTER ................................... | 1 | 2 |
| | | LEAFLETS OR BROCHURES .... | 1 | 2 |
| | | BILLBOARDS OR SIGNBOARDS... | 1 | 2 |
| | | AT A COMMUNITY MEETING ....... | 1 | 2 |
| | | OTHER _____ (SPECIFIY) | 1 | 2 |

| NO. | | | SKIP TC |
|---|---|---|---|
| 430 | CHECK 302:<br><br>KNOWS PILL ☐ | DOESN'T KNOW PILL ☐ ————————→ | 432 |
| 431 | Are you aware there is a special brand of pill that is appropriate for a woman to use while breastfeeding?<br><br>IF YES: What brand is that?<br><br>_____<br><br>(MENTIONED HER EXACT WORDS) | YES, KNOW BRAND ........................... 1<br>YES, BUT CAN'T NAME BRAND ......... 2<br>NOT AWARE ..................................... 8 | |
| 432 | CHECK 107:<br><br>CURRENTLY ☐<br>MARRIED | DIVORCED/ WIDOWED/ ☐ ————————→<br>SEPARATED | 501 |

4-5

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP TO |
|---|---|---|---|---|
| 433 | 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 | |
| 434 | In the past six months have you discussed family planning with your husband? | NEVER | 1 | |
| | | ONCE OR TWICE | 2 | |
| | | MORE OFTEN | 3 | |
| 435 | 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 | |
| 436 | Do you think your husband wants the same number of children you want, or does he want more or fewer than you want? | SAME NUMBER | 1 | |
| | | MORE | 2 | |
| | | FEWER | 3 | |
| | | DON'T KNOW | 8 | |

# SECTION 5: PREGNANCY AND BREASTFEEDING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|---|
| 501 | CHECK 224:<br><br>ONE OR MORE BIRTHS ☐<br>SINCE JANUARY 1995 | NO BIRTHS SINCE ☐<br>JANUARY 1995 | → 635 |
| 502 | ENTER THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1995 IN THE TABLE.<br>BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS.<br>ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).<br><br>Now I would like to ask you some questions about the health of all your children born in the past 5 years. (We will talk about one child at a time.) | | |

| 503 | LINE NUMBER FROM Q. 212 | ☐☐ | ☐☐ | ☐☐ |
|---|---|---|---|---|

| 504 | FROM Q. 212 AND Q. 216 | **LAST BIRTH**<br>NAME _____<br>ALIVE ☐ DEAD ☐ | **NEXT-TO-LAST BIRTH**<br>NAME _____<br>ALIVE ☐ DEAD ☐ | **SECOND-FROM-LAST BIRTH**<br>NAME _____<br>ALIVE ☐ DEAD ☐ |
|---|---|---|---|---|
| 505 | 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 not want <u>(more)</u> children at all? | THEN ............... 1<br>(SKIP TO 507) ◄<br>LATER ............... 2<br>NO MORE ............... 8<br>(SKIP TO 507) ◄ | THEN ............... 1<br>(SKIP TO 507) ◄<br>LATER ............... 2<br>NO MORE ............... 8<br>(SKIP TO 507) ◄ | THEN ............... 1<br>(SKIP TO 507) ◄<br>LATER ............... 2<br>NO MORE ............... 8<br>(SKIP TO 507) ◄ |
| 506 | How much longer would you like to have waited? | MONTHS ........ 1 ☐☐<br>YEARS ........ 2 ☐☐<br>DON'T KNOW ........ 998 | MONTHS ........ 1 ☐☐<br>YEARS ........ 2 ☐☐<br>DON'T KNOW ........ 998 | MONTHS ........ 1 ☐☐<br>YEARS ........ 2 ☐☐<br>DON'T KNOW ........ 998 |
| 507 | When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?<br><br>IF YES: Whom did you see? Anyone else?<br><br>RECORD ALL PERSONS SEEN | HEALTH PROFESSIONAL<br>DOCTOR ............... A<br>NURSE / MIDWIFE ........ B<br>OTHER PERSON<br>DAYA ............... C<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE ............... Y<br>(SKIP TO 513) ◄ | HEALTH PROFESSIONAL<br>DOCTOR ............... A<br>NURSE / MIDWIFE ........ B<br>OTHER PERSON<br>DAYA ............... C<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE ............... Y<br>(SKIP TO 513) ◄ | HEALTH PROFESSIONAL<br>DOCTOR ............... A<br>NURSE / MIDWIFE ........ B<br>OTHER PERSON<br>DAYA ............... C<br>OTHER _____ X<br>(SPECIFY)<br>NO ONE ............... Y<br>(SKIP TO 513) ◄ |
| 508 | Where did you receive the antenatal care?<br><br>RECORD ALL PLACES | PUBLIC SECTOR<br>GVT. HOSPITAL ........... A<br>GVT. HEALTH UNIT ...... B<br>MCH CENTER ............... C<br>PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC.. D<br>PVT. DOCTOR ............... E<br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>GVT. HOSPITAL ........... A<br>GVT. HEALTH UNIT ...... B<br>MCH CENTER ............... C<br>PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC.. D<br>PVT. DOCTOR ............... E<br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>GVT. HOSPITAL ........... A<br>GVT. HEALTH UNIT ...... B<br>MCH CENTER ............... C<br>PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC.. D<br>PVT. DOCTOR ............... E<br>OTHER _____ X<br>(SPECIFY) |
| 509 | How many months pregnant were you when you first saw someone for an antenatal care for this pregnancy? | MONTHS ............... ☐☐<br>DON'T KNOW ............... 98 | MONTHS ............... ☐☐<br>DON'T KNOW ............... 98 | MONTHS ............... ☐☐<br>DON'T KNOW ............... 98 |
| 510 | How many times did you receive antenatal care during this pregnancy? | NO. OF VISITS ........ ☐☐<br>DON'T KNOW ............... 98 | NO. OF VISITS ........ ☐☐<br>DON'T KNOW ............... 98 | NO. OF VISITS ........ ☐☐<br>DON'T KNOW ............... 98 |

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| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|---|---|---|---|---|
| 511 | CHECK 510:<br><br>NUMBER OF RECEIVED ANTENATAL CARE | MORE THAN<br>ONCE ☐ ONCE / DK ☐<br>(SKIP TO 513) | MORE THAN<br>ONCE ☐ ONCE / DK ☐<br>(SKIP TO 513) | MORE THAN<br>ONCE ☐ ONCE / DK ☐<br>(SKIP TO 513) |
| 512 | How many months pregnant were you when you last saw someone for an antenatal care for this pregnancy? | MONTHS .............. ☐☐<br>DON'T KNOW .............. 98 | MONTHS .............. ☐☐<br>DON'T KNOW .............. 98 | MONTHS .............. ☐☐<br>DON'T KNOW .............. 98 |
| 513 | When you were pregnant with (NAME), were you given any injection in the arm to prevent the baby from getting tetanus, that is, convulsion after birth? | YES .............. 1<br>NO .............. 2⌐<br>DON'T KNOW .............. 8⌐<br>(SKIP TO 518) ◄ | YES .............. 1<br>NO .............. 2⌐<br>DON'T KNOW .............. 8⌐<br>(SKIP TO 518) ◄ | YES .............. 1<br>NO .............. 2⌐<br>DON'T KNOW .............. 8⌐<br>(SKIP TO 518) ◄ |
| 514 | During this pregnancy, How many times did you get this injection? | TIMES .............. ☐<br>DON'T KNOW .............. 8 | TIMES .............. ☐<br>DON'T KNOW .............. 8 | TIMES .............. ☐<br>DON'T KNOW .............. 8 |
| 515 | Where did you receive the tetanus injection (s)?<br><br>RECORD ALL PLACES | PUBLIC SECTOR<br>  GVT. HOSPITAL .......... A<br>  GVT. HEALTH UNIT ...... B<br>  MCH CENTER .............. C<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. D<br>  PVT. DOCTOR .............. E<br>OTHER _____ X<br>        (SPECIFY) | PUBLIC SECTOR<br>  GVT. HOSPITAL .......... A<br>  GVT. HEALTH UNIT ...... B<br>  MCH CENTER .............. C<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. D<br>  PVT. DOCTOR .............. E<br>OTHER _____ X<br>        (SPECIFY)<br>        (SKIP TO 518) | PUBLIC SECTOR<br>  GVT. HOSPITAL .......... A<br>  GVT. HEALTH UNIT ...... B<br>  MCH CENTER .............. C<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. D<br>  PVT. DOCTOR .............. E<br>OTHER _____ X<br>        (SPECIFY)<br>        (SKIP TO 518) |
| 516 | When you received the tetanus toxoid injection, did anyone tell you that you should go for (other) antenatal care? | YES .............. 1<br>NO .............. 2<br>DON'T KNOW .............. 8 | | |
| 517 | At that time, did anyone talk to you about family planning? | YES .............. 1<br>NO .............. 2<br>DON'T KNOW .............. 8 | | |
| 518 | When you were pregnant with (NAME), did you see a doctor, nurse or other health worker for any other reason (other than for an antenatal checkup or a tetanus injection)?<br><br>IF YES: Whom did you see? Anyone else?<br><br>RECORD ALL PERSONS SEEN | HEALTH PROFESSIONAL<br>  DOCTOR .............. A<br>  NURSE / MIDWIFE ........ B<br>OTHER PERSON<br>  DAYA .............. C<br>OTHER _____ X<br>        (SPECIFY)<br>NO ONE .............. Y⌐<br>(SKIP TO 524) ◄ | HEALTH PROFESSIONAL<br>  DOCTOR .............. A<br>  NURSE / MIDWIFE ........ B<br>OTHER PERSON<br>  DAYA .............. C<br>OTHER _____ X<br>        (SPECIFY)<br>NO ONE .............. Y⌐<br>(SKIP TO 524) ◄ | HEALTH PROFESSIONAL<br>  DOCTOR .............. A<br>  NURSE / MIDWIFE ........ B<br>OTHER PERSON<br>  DAYA .............. C<br>OTHER _____ X<br>        (SPECIFY)<br>NO ONE .............. Y⌐<br>(SKIP TO 524) ◄ |
| 519 | Where did you go to see the doctor (nurse and / or health worker)?<br><br>RECORD ALL PLACES | PUBLIC SECTOR<br>  GVT. HOSPITAL .......... A<br>  GVT. HEALTH UNIT ...... B<br>  MCH CENTER .............. C<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. D<br>  PVT. DOCTOR .............. E<br>OTHER _____ X<br>        (SPECIFY) | PUBLIC SECTOR<br>  GVT. HOSPITAL .......... A<br>  GVT. HEALTH UNIT ...... B<br>  MCH CENTER .............. C<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. D<br>  PVT. DOCTOR .............. E<br>OTHER _____ X<br>        (SPECIFY) | PUBLIC SECTOR<br>  GVT. HOSPITAL .......... A<br>  GVT. HEALTH UNIT ...... B<br>  MCH CENTER .............. C<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. D<br>  PVT. DOCTOR .............. E<br>OTHER _____ X<br>        (SPECIFY) |

| | | LAST BIRTH<br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 520 | CHECK Q 507:<br>HAD ANTENATAL CARE | NO ANTENATAL CARE ☐    HAD ANTENATAL CARE ☐<br>↓    ↓ (SKIP TO 526) | NO ANTENATAL CARE ☐    HAD ANTENATAL CARE ☐<br>↓    ↓ (SKIP TO 526) | NO ANTENATAL CARE ☐    HAD ANTENATAL CARE ☐<br>↓    ↓ (SKIP TO 526) |
| 521 | At any time did you seek this care because you thought there was a problem with the pregnancy? | YES ............... 1<br>NO ............... 2<br>SKIP TO 525 ← | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8 | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8 |
| 522 | How many times during this pregnancy, did you see a doctor, nurse, midwife or other health worker? | TIMES ............ ☐<br>DON'T KNOW ...... 8 | TIMES ............ ☐<br>DON'T KNOW ...... 8 | TIMES ............ ☐<br>DON'T KNOW ...... 8 |
| 523 | How many months pregnant were you when you last saw a health worker during this pregnancy? | MONTHS ......... ☐☐<br>DON'T KNOW ...... 98 | MONTHS ......... ☐☐<br>DON'T KNOW ...... 98 | MONTHS ......... ☐☐<br>DON'T KNOW ...... 98 |
| 524 | CHECK IF THE RESPONDENT HAD:<br><br>Q 507: ANTENATAL CARE<br>Q 513: TETANUS INJECTION<br>Q 518: OTHER CARE |              YES NO<br>ANTENATL CARE ...... 1   2<br>TETANUS INJECTION.... 1   2<br>OTHER CARE ......... 1   2 |              YES NO<br>ANTENATL CARE ...... 1   2<br>TETANUS INJECTION.... 1   2<br>OTHER CARE ......... 1   2 |              YES NO<br>ANTENATL CARE ...... 1   2<br>TETANUS INJECTION.... 1   2<br>OTHER CARE ......... 1   2 |
| 525 | CHECK Q 520: | AT LEAST ONE "YES" RESPONSE ☐    ALL RESPONSES "NO" ☐<br>↓    ↓ (SKIP TO 529) | AT LEAST ONE "YES" RESPONSE ☐    ALL RESPONSES "NO" ☐<br>↓    ↓ (SKIP TO 529) | AT LEAST ONE "YES" RESPONSE ☐    ALL RESPONSES "NO" ☐<br>↓    ↓ (SKIP TO 529) |
| 526 | During the time that you were pregnant with (NAME), were any of the following done:<br><br>Were you weighed?<br>Was your height measured?<br>Was your blood pressure measured?<br>Did you give a urine sample?<br>Did you give a blood sample? |            YES NO<br>WEIGHT ............ 1   2<br>HEIGHT ............ 1   2<br>BLOOD PRESSURE.. 1   2<br>URINE SAMPLE ...... 1   2<br>BLOOD SAMPLE ..... 1   2 |            YES NO<br>WEIGHT ............ 1   2<br>HEIGHT ............ 1   2<br>BLOOD PRESSURE.. 1   2<br>URINE SAMPLE ...... 1   2<br>BLOOD SAMPLE ..... 1   2 |            YES NO<br>WEIGHT ............ 1   2<br>HEIGHT ............ 1   2<br>BLOOD PRESSURE.. 1   2<br>URINE SAMPLE ...... 1   2<br>BLOOD SAMPLE ..... 1   2 |
| 527 | Were you told about the signs of pregnancy complications? | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8<br>(SKIP TO 529) ← | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8<br>(SKIP TO 529) ← | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8<br>(SKIP TO 529) ← |
| 528 | Were you told about where to go if you had any of those complications? | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8 | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8 | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8 |
| 529 | During this pregnancy were you given or did you buy iron tablets or iron syrup? | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8<br>(SKIP TO 531) ← | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8<br>(SKIP TO 531) ← | YES ............... 1<br>NO ............... 2<br>DON'T KNOW ...... 8<br>(SKIP TO 531) ← |

5-3    *Appendix E* | 299

| | | LAST BIRTH<br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 530 | During the whole pregnancy, for how many days did you take the tablets or syrup? | DAYS ............ ☐☐☐<br>DON'T KNOW .................. 998 | DAYS ............ ☐☐☐<br>DON'T KNOW .............. 998 | DAYS ............ ☐☐☐<br>DON'T KNOW .................. 998 |
| 531 | Where did you give birth to (NAME)? | HOME<br>  YOUR HOME ............... 11<br>  OTHER HOME ............. 12<br>PUBLIC SECTOR<br>  GVT. HOSPITAL ........... 21<br>  GVT. HEALTH UNIT ...... 22<br>  MCH CENTER ................ 23<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. 31<br>OTHER _____ 96<br>     (SPECIFY) | HOME<br>  YOUR HOME ............... 11<br>  OTHER HOME ............. 12<br>PUBLIC SECTOR<br>  GVT. HOSPITAL ........... 21<br>  GVT. HEALTH UNIT ...... 22<br>  MCH CENTER ............... 23<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. 31<br>OTHER _____ 96<br>     (SPECIFY) | HOME<br>  YOUR HOME ............... 11<br>  OTHER HOME ............. 12<br>PUBLIC SECTOR<br>  GVT. HOSPITAL ........... 21<br>  GVT. HEALTH UNIT ...... 22<br>  MCH CENTER ............... 23<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.. 31<br>OTHER _____ 96<br>     (SPECIFY) |
| 532 | Who assisted with the delivery of (NAME)?<br><br>Anyone else?<br><br>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. | HEALTH PROFESSIONAL<br>  DOCTOR ..................... A<br>  NURSE / MIDWIFE ......... B<br>OTHER PERSON<br>  DAYA ...................... C<br>  RELATIVES/ FRIENDS ...... D<br>OTHER _____ X<br>     (SPECIFY)<br>NO ONE .................. Y<br>(SKIP TO 534) ← | HEALTH PROFESSIONAL<br>  DOCTOR ..................... A<br>  NURSE / MIDWIFE ......... B<br>OTHER PERSON<br>  DAYA ...................... C<br>  RELATIVES/ FRIENDS ... D<br>OTHER _____ X<br>     (SPECIFY)<br>NO ONE .................. Y<br>(SKIP TO 534) ← | HEALTH PROFESSIONAL<br>  DOCTOR ..................... A<br>  NURSE / MIDWIFE ......... B<br>OTHER PERSON<br>  DAYA ...................... C<br>  RELATIVES/ FRIENDS ... D<br>OTHER _____ X<br>     (SPECIFY)<br>NO ONE .................. Y<br>(SKIP TO 534) ← |
| 533 | Was (name) delivered normal or caeserean? | NORMAL................ 1<br>CAESEREAN.......... 2 | NORMAL................ 1<br>CAESEREAN.......... 2 | NORMAL................ 1<br>CAESEREAN.......... 2 |
| 534 | Around the time of the birth of (NAME), did you have any of the following problems:<br><br>Long labor, that is, did your regular contractions last more than 12 hours?<br><br>Excessive bleeding that was so much that you feared it threatened your life?<br><br>A high fever with bad smelling vaginal discharge?<br><br>Convulsions not caused by fever? |       YES  NO<br>LABOR MORE<br>THAN 12 HOURS...... 1  2<br><br>EXCESSIVE<br>BLEEDING............... 1  2<br><br>FEVER WITH BAD<br>SMELLING<br>DISCHARGE........ 1  2<br>CONVULSIONS........ 1  2 |       YES  NO<br>LABOR MORE<br>THAN 12 HOURS...... 1  2<br><br>EXCESSIVE<br>BLEEDING............... 1  2<br><br>FEVER WITH BAD<br>SMELLING<br>DISCHARGE........ 1  2<br>CONVULSIONS...... 1  2 |       YES  NO<br>LABOR MORE<br>THAN 12 HOURS...... 1  2<br><br>EXCESSIVE<br>BLEEDING............... 1  2<br><br>FEVER WITH BAD<br>SMELLING<br>DISCHARGE........ 1  2<br>CONVULSIONS........ 1  2 |
| 535 | When (NAME) was born, was he/she:<br>very large,<br>larger than average,<br>average,<br>smaller than average,<br>or very small? | VERY LARGE ................... 1<br>LARGER THAN AVERAGE ... 2<br>AVERAGE ...................... 3<br>SMALLER THAN AVERAGE... 4<br>VERY SMALL ................... 5<br>DON'T KNOW .................. 8 | VERY LARGE ................... 1<br>LARGER THAN AVERAGE ... 2<br>AVERAGE ...................... 3<br>SMALLER THAN AVERAGE... 4<br>VERY SMALL ................... 5<br>DON'T KNOW ................. 8 | VERY LARGE ................... 1<br>LARGER THAN AVERAGE ... 2<br>AVERAGE ...................... 3<br>SMALLER THAN AVERAGE... 4<br>VERY SMALL ................... 5<br>DON'T KNOW .................. 8 |
| 536 | Was (NAME) weighed at birth? | YES ............................. 1<br>NO ............................... 2<br>DON'T KNOW .................. 8<br><br>(SKIP TO 538) ← | YES ............................. 1<br>NO ............................... 2<br>DON'T KNOW .................. 8<br><br>(SKIP TO 538) ← | YES ............................. 1<br>NO ............................... 2<br>DON'T KNOW .................. 8<br><br>(SKIP TO 538) ← |

| | | LAST BIRTH<br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 537 | How much did (NAME) weigh?<br><br>**RECORD WEIGHT FROM HEALTH CARD OR OTHER RECORD IF AVAILABLE.** | GRAMS FROM CARD ...... 1 ☐☐☐☐<br>GRAMS FROM RECALL ... 2 ☐☐☐☐<br>DON'T KNOW ............... 99998 | GRAMS FROM CARD ...... 1 ☐☐☐☐<br>GRAMS FROM RECALL ... 2 ☐☐☐☐<br>DON'T KNOW ............... 99998 | GRAMS FROM CARD ...... 1 ☐☐☐☐<br>GRAMS FROM RECALL ... 2 ☐☐☐☐<br>DON'T KNOW ............... 99998 |
| 538 | After (NAME) was born, did a doctor, nurse or other health worker or the daya check on your health? | YES ................................. 1<br>NO ..................................... 2⌐<br>DON'T KNOW ................. 8⌐<br><br>(SKIP TO 542) ◄——— | YES ................................. 1<br>NO ..................................... 2⌐<br>DON'T KNOW ................. 8⌐<br><br>(SKIP TO 542) ◄——— | YES ................................. 1<br>NO ..................................... 2⌐<br>DON'T KNOW ................. 8⌐<br><br>(SKIP TO 542) ◄——— |
| 539 | How many days or weeks after the delivery did the first check take place? | DAYS ................... 1 ☐☐<br>WEEKS ................. 2 ☐☐<br><br>DON'T KNOW .................... 998 | DAYS ................... 1 ☐☐<br>WEEKS ................. 2 ☐☐<br><br>DON'T KNOW .................... 998 | DAYS ................... 1 ☐☐<br>WEEKS ................. 2 ☐☐<br><br>DON'T KNOW .................... 998 |
| 540 | Who checked on your health for the first time?<br><br>Anyone else? | HEALTH PROFESSIONAL<br>  DOCTOR ....................... 1<br>  NURSE / MIDWIFE ......... 2<br>OTHER PERSON<br>  DAYA ........................... 3<br>  RELATIVES/ FRIENDS ...... 4<br>OTHER _____ 6<br>(SPECIFY) | HEALTH PROFESSIONAL<br>  DOCTOR ....................... 1<br>  NURSE / MIDWIFE ......... 2<br>OTHER PERSON<br>  DAYA ........................... 3<br>  RELATIVES/ FRIENDS ... 4<br>OTHER _____ 6<br>(SPECIFY) | HEALTH PROFESSIONAL<br>  DOCTOR ....................... 1<br>  NURSE / MIDWIFE ......... 2<br>OTHER PERSON<br>  DAYA ........................... 3<br>  RELATIVES/ FRIENDS ... 4<br>OTHER _____ 6<br>(SPECIFY) |
| 541 | Where did this first check take place? | HOME<br>  YOUR HOME.................... 11<br>  OTHER HOME................. 12<br>PUBLIC SECTOR<br>  GVT. HOSPITAL.............. 21<br>  GVT. HEALTH UNIT........ 22<br>  MCH CENTER ................ 23<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC... 31<br>OTHER_____ 96<br>(SPECIFY) | HOME<br>  YOUR HOME.................... 11<br>  OTHER HOME................. 12<br>PUBLIC SECTOR<br>  GVT. HOSPITAL.............. 21<br>  GVT. HEALTH UNIT........ 22<br>  MCH CENTER ................ 23<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC... 31<br>OTHER_____ 96<br>(SPECIFY) | HOME<br>  YOUR HOME.................... 11<br>  OTHER HOME................. 12<br>PUBLIC SECTOR<br>  GVT. HOSPITAL.............. 21<br>  GVT. HEALTH UNIT........ 22<br>  MCH CENTER ................ 23<br>PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC... 31<br>OTHER_____ 96<br>(SPECIFY) |
| 542 | In the first two months after delivery, did you receive a Vitamin A dose?<br><br>**SHOW CAPSULE.** | YES ................................. 1<br>NO ..................................... 2<br>DON'T KNOW .................... 8 | YES ................................. 1<br>NO ..................................... 2<br>DON'T KNOW .................... 8 | YES ................................. 1<br>NO ..................................... 2<br>DON'T KNOW .................... 8 |
| 543 | **CHECK 528:**<br><br>**ASSISTED AT DELIVERY BY DOCTOR OR NURSE/ MIDWIFE** | ASSISTED BY DOCTOR/ NURSE/ MIDWIFE ☐<br>⬇<br>(SKIP TO 547)    ASSISTED BY DAYA/ OTHER ☐ ⬇ | ASSISTED BY DOCTOR/ NURSE/ MIDWIFE ☐<br>⬇<br>(SKIP TO 547)    ASSISTED BY DAYA/ OTHER ☐ ⬇ | ASSISTED BY DOCTOR/ NURSE/ MIDWIFE ☐<br>⬇<br>(SKIP TO 547)    ASSISTED BY DAYA/ OTHER ☐ ⬇ |
| 544 | In the first two months after delivery, did a doctor, nurse or other health worker check on his / her health? | YES ................................. 1<br>NO ..................................... 2⌐<br>DON'T KNOW ................. 8⌐<br><br>(SKIP TO 547) ◄——— | YES ................................. 1<br>NO ..................................... 2⌐<br>DON'T KNOW ................. 8⌐<br><br>(SKIP TO 549) ◄——— | YES ................................. 1<br>NO ..................................... 2⌐<br>DON'T KNOW ................. 8⌐<br><br>(SKIP TO 549) ◄——— |
| 545 | How many days or weeks after the delivery did the first check take place? | DAYS ................... 1 ☐☐<br>WEEKS ................. 2 ☐☐<br><br>DON'T KNOW .................... 998 | DAYS ................... 1 ☐☐<br>WEEKS ................. 2 ☐☐<br><br>DON'T KNOW .................... 998 | DAYS ................... 1 ☐☐<br>WEEKS ................. 2 ☐☐<br><br>DON'T KNOW .................... 998 |

| | | LAST BIRTH<br>NAME _____ | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 546 | Has your period returned since the birth of (NAME)? | YES.................... ⌐<br>(SKIP TO 548) ◄<br>NO............................ 2 | | |
| 547 | ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (OR TO CURRENT PREGNANCY) (SKIP TO 549) | | | |
| 548 | For how many months after the birth of (NAME) did you not have a period? | ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH. | | |
| 549 | CHECK 226:<br><br>RESPONDENT PREGNANT? | NOT PREGNANT ☐     PREGNANT OR UNSURE ☐<br>(SKIP TO 551) | | |
| 550 | Have you resumed sexual relations since the birth of (NAME)? | YES........................ 1<br>NO............................ 2⌐<br>(SKIP TO 552) ◄ | | |
| 551 | How long after birth of (NAME) did you not have sexual relations?<br><br>Record Period In Days If Less Than Month And In Months Otherwise | DAYS ............ 1 ☐☐<br>MONTHS ......... 2 ☐☐<br>DON'T KNOW ............ 998 | DAYS ............ 1 ☐☐<br>MONTHS ......... 2 ☐☐<br>DON'T KNOW ............ 998 | DAYS ............ 1 ☐☐<br>MONTHS ......... 2 ☐☐<br>DON'T KNOW ............ 998 |
| 552 | At the time you were pregnant with (NAME) or after you delivered, did anyone give you advice about breastfeeding? | YES........................ 1<br>NO............................ 2⌐<br>(SKIP TO 554) ◄ | YES........................ 1<br>NO............................ 2⌐<br>(SKIP TO 554) ◄ | YES........................ 1<br>NO............................ 2⌐<br>(SKIP TO 554) ◄ |
| 553 | Who gave you this advice?<br><br>RECORD ALL MENTIONED | HEALTH PROVIDER............ A<br>SOCIAL WORKER................ B<br>DAYA.................................. C<br>RELIGOUS LEADERS............ D<br>NEIGHBORS/FRIENDS........ E<br>HOUSEHOLD MEMBER......... F<br>OTHER RELATIVES............... G<br>OTHER_____ X<br>(SPECIFY) | HEALTH PROVIDER........... A<br>SOCIAL WORKER.............. B<br>DAYA.................................. C<br>RELIGOUS LEADERS.......... D<br>NEIGHBORS/FRIENDS....... E<br>HOUSEHOLD MEMBER....... F<br>OTHER RELATIVES............ G<br>OTHER_____ X<br>(SPECIFY) | HEALTH PROVIDER........... A<br>SOCIAL WORKER.............. B<br>DAYA.................................. C<br>RELIGOUS LEADERS.......... D<br>NEIGHBORS/FRIENDS....... E<br>HOUSEHOLD MEMBER....... F<br>OTHER RELATIVES........... G<br>OTHER_____ X<br>(SPECIFY) |
| 554 | Did you ever breastfeed (NAME)? | YES........................ 1⌐<br>(SKIP TO 556) ◄<br>NO............................ 2 | YES........................ 1⌐<br>(SKIP TO 556) ◄<br>NO............................ 2<br>... | YES........................ 1⌐<br>(SKIP TO 556) ◄<br>NO............................ 2 |
| 555 | ENTER "N" IN COL.6 OF CALENDAR IN MONTH AFTER BIRTH. THEN GO TO 562 | | | |
| 556 | How long after birth did you first put (NAME) to the breast?<br><br>IF LESS THAN 1 HOUR, RECORD '00' HOURS.<br>IF LESS THAN 24 HOURS, RECORD HOURS.<br>OTHERWISE, RECORD DAYS. | IMMEDIATELY ............... 000<br>HOURS ............... 1 ☐☐<br>DAYS ................. 2 ☐☐ | IMMEDIATELY ............... 000<br>HOURS ............... 1 ☐☐<br>DAYS ................. 2 ☐☐ | IMMEDIATELY ............... 000<br>HOURS ............... 1 ☐☐<br>DAYS ................. 2 ☐☐ |

| | | LAST BIRTH<br>NAME _____ | NEXT-TO-LAST BIRTH<br>NAME _____ | SECOND-FROM-LAST BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 557 | Within the first three days after delivery, before your milk began flowing regularly was (NAME) given anything to drink other than breast milk? | YES................... 1<br>NO.................... 2⌐<br>(SKIP TO 559) ◄ | YES................... 1<br>NO.................... 2⌐<br>(SKIP TO 559) ◄ | YES................... 1<br>NO.................... 2⌐<br>(SKIP TO 559) ◄ |
| 558 | What was (NAME) given to drink before your milk began flowing regularly?<br><br>Anything else?<br><br>**RECORD ALL MENTIONED** | MILK (OTHER THAN BREAST MILK) ............... A<br>PLAIN WATER ............... B<br>SUGARE OR GLUCOSE WATER ............... C<br>GRIPE WATER ............... D<br>SALT AND SUGAR SOLUTION ............... E<br>FRUIT JUICE ............... F<br>INFANT FORNULA ............... G<br>TEA/ INFUSIONS ............... H<br>HONEY ............... I<br>OTHER _____ X<br>(SPECIFY) | MILK (OTHER THAN BREAST MILK) ............... A<br>PLAIN WATER ............... B<br>SUGARE OR GLUCOSE WATER ............... C<br>GRIPE WATER ............... D<br>SALT AND SUGAR SOLUTION ............... E<br>FRUIT JUICE ............... F<br>INFANT FORNULA ............... G<br>TEA/ INFUSIONS ............... H<br>HONEY ............... I<br>OTHER _____ X<br>(SPECIFY) | MILK (OTHER THAN BREAST MILK) ............... A<br>PLAIN WATER ............... B<br>SUGARE OR GLUCOSE WATER ............... C<br>GRIPE WATER ............... D<br>SALT AND SUGAR SOLUTION ............... E<br>FRUIT JUICE ............... F<br>INFANT FORNULA ............... G<br>TEA/ INFUSIONS ............... H<br>HONEY ............... I<br>OTHER _____ X<br>(SPECIFY) |
| 559 | **CHECK 504 OR 216:**<br><br>CHILD ALIVE? | ALIVE☐ DEAD☐<br>↓ ↓<br>(SKIP TO 561) | ALIVE☐ DEAD☐<br>↓ ↓<br>(SKIP TO 561) | ALIVE☐ DEAD☐<br>↓ ↓<br>(SKIP TO 561) |
| 560 | Are you still breastfeeding (NAME)? | YES................... 1⌐<br>(SKIP TO 564) ◄<br>NO.................... 2 | YES................... 1⌐<br>(SKIP TO 564) ◄<br>NO.................... 2 | YES................... 1⌐<br>(SKIP TO 564) ◄<br>NO.................... 2 |
| 561 | For how many months did you breastfeed (NAME)? | ENTER "X" IN COL.6 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. THEN GO TO 562.<br>IF LESS THAN A MONTH ENTER "0" IN THE MONTH AFTER BIRTH. | | |
| 562 | Why did you (never / stop) breastfeeding (NAME)? | MOTHER ILL/ WEAK............. 01<br>CHILD ILL/WEAK................... 02<br>CHILD DIED........................ 03<br>NIPPLE/BREAST PROBLEM 04<br>INSUFFICIENT MILK............. 05<br>MOTHER WORKING.............. 06<br>CHILD REFUSED................. 07<br>WEANING AGE.................... 08<br>BECAME PREGNANT........... 09<br>STARTED USING CONTRACEPTIVE................. 10<br>OTHER_____ 96<br>(SPECIFY) | MOTHER ILL/ WEAK............ 01<br>CHILD ILL/WEAK.............. 02<br>CHILD DIED..................... 03<br>NIPPLE/BREAST PROBLEM 04<br>INSUFFICIENT MILK.......... 05<br>MOTHER WORKING.............. 06<br>CHILD REFUSED................. 07<br>WEANING AGE.................... 08<br>BECAME PREGNANT........ 09<br>STARTED USING CONTRACEPTIVE................. 10<br>OTHER_____ 96<br>(SPECIFY) | MOTHER ILL/ WEAK.......... 01<br>CHILD ILL/WEAK................. 02<br>CHILD DIED........................ 03<br>NIPPLE/BREAST PROBLEM 04<br>INSUFFICIENT MILK........... 05<br>MOTHER WORKING............. 06<br>CHILD REFUSED................ 07<br>WEANING AGE.................... 08<br>BECAME PREGNANT......... 09<br>STARTED USING CONTRACEPTIVE............... 10<br>OTHER_____ 96<br>(SPECIFY) |
| 563 | **CHECK 504 OR 216:** | ALIVE☐ DEAD☐<br>↓ ↓<br>(SKIP TO 567) (SKIP TO 571) | ALIVE☐ DEAD☐<br>↓ ↓<br>(SKIP TO 567) (SKIP TO 571) | ALIVE☐ DEAD☐<br>↓ ↓<br>(SKIP TO 567) (SKIP TO 571) |
| 564 | ENTER "X" IN COL.6 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. | | | |

5-7

| | | LAST BIRTH<br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 565 | How many times did you breastfeed (NAME) last night between sunset and sunrise?<br><br>**IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER** | **NUMBER OF NIGHTTIME FEEDINGS...** ☐☐ | **NUMBER OF NIGHTTIME FEEDINGS..** ☐☐ | **NUMBER OF NIGHTTIME FEEDINGS..** ☐☐ |
| 566 | How many times did you breastfeed (NAME) yesterday during the daylight hours?<br><br>**IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER** | **NUMBER OF DAYLIGHT FEEDINGS....** ☐☐ | **NUMBER OF DAYLIGHT FEEDINGS..** ☐☐ | **NUMBER OF DAYLIGHT FEEDINGS..** ☐☐ |
| 567 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | **YES** ................................. 1<br>**NO** ..................................... 2<br>**DON'T KNOW** .................... 8 | **YES** ................................. 1<br>**NO** ..................................... 2<br>**DON'T KNOW** .................... 8 | **YES** ................................. 1<br>**NO** ..................................... 2<br>**DON'T KNOW** .................... 8 |

| | | LAST BIRTH<br>NAME _____ | | | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | | | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 568 | At any time yesterday or last night was (NAME), given any of the following: | | | | | | | | | |
| | | | YES | NO | | YES | NO | | YES | NO |
| | Plain water? | PLAIN WATER ........ | 1 | 2 | PLAIN WATER ........ | 1 | 2 | PLAIN WATER ........ | 1 | 2 |
| | Sugar water? | SUGAR WATER ...... | 1 | 2 | SUGAR WATER ...... | 1 | 2 | SUGAR WATER ...... | 1 | 2 |
| | Juice? | JUICE ................. | 1 | 2 | JUICE ................. | 1 | 2 | JUICE ................. | 1 | 2 |
| | Herbal tea? | HERBAL TEA ........ | 1 | 2 | HERBAL TEA ........ | 1 | 2 | HERBAL TEA ........ | 1 | 2 |
| | Baby formula? | BABY FORMULA .... | 1 | 2 | BABY FORMULA .... | 1 | 2 | BABY FORMULA .... | 1 | 2 |
| | Fresh milk? | FRESH MILK ......... | 1 | 2 | FRESH MILK ......... | 1 | 2 | FRESH MILK ......... | 1 | 2 |
| | Tinned or powdered milk? | TINNED/ POWDERED MILK ... | 1 | 2 | TINNED/ POWDERED MILK ... | 1 | 2 | TINNED/ POWDERED MILK ... | 1 | 2 |
| | Any other liquid? | OTHER LIQUID ...... | 1 | 2 | OTHER LIQUID ...... | 1 | 2 | OTHER LIQUID ........ | 1 | 2 |
| | Fruit? | FRUIT ................... | 1 | 2 | FRUIT ................... | 1 | 2 | FRUIT ................... | 1 | 2 |
| | Porridge, bread, rice, macaroni, or other food made from grains? | FOOD MADE FROM GRAIN ................ | 1 | 2 | FOOD MADE FROM GRAIN ................ | 1 | 2 | FOOD MADE FROM GRAIN ................ | 1 | 2 |
| | Sweet potatoes or other food made from tubers? | FOOD MADE FROM TUBERS ................ | 1 | 2 | FOOD MADE FROM TUBERS .............. | 1 | 2 | FOOD MADE FROM TUBERS ................ | 1 | 2 |
| | Eggs, fish, or poultry meat? | EGGS/ FISH/ POULTRY .............. | 1 | 2 | EGGS/ FISH/ POULTRY .............. | 1 | 2 | EGGS/ FISH/ POULTRY .............. | 1 | 2 |
| | Any other solid or semi-solid food? | OTHER SOLID/ SEMI-SOLID FOOD ... | 1 | 2 | OTHER SOLID/ SEMI-SOLID FOOD | 1 | 2 | OTHER SOLID/ SEMI-SOLID FOOD ... | 1 | 2 |
| 569 | CHECK 568:<br><br>FOOD OR LIQUID GIVEN YESTERDAY? | "YES" TO ONE OR MORE ☐ | | "NO" TO ALL ☐<br>↓<br>(SKIP TO 571) | "YES" TO ONE OR MORE ☐ | | "NO" TO ALL ☐<br>↓<br>(SKIP TO 571) | "YES" TO ONE OR MORE ☐ | | "NO" TO ALL ☐<br>↓<br>(SKIP TO 571) |
| 570 | In total, how many times was (NAME) fed any solid or semi-solid food yesterday or last night?<br><br>IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES ............☐<br>DON'T KNOW ................... 8 | | | NUMBER OF TIMES ..........☐<br>DON'T KNOW ................... 8 | | | NUMBER OF TIMES .......☐<br>DON'T KNOW ................... 8 | | |
| 571 | On how many days during the past seven days was (NAME) given any of the following: | RECORD THE NUMBER OF DAYS | | | RECORD THE NUMBER OF DAYS | | | RECORD THE NUMBER OF DAYS | | |
| | Plain water? | PLAIN WATER ................ ☐ | | | PLAIN WATER ................ ☐ | | | PLAIN WATER ................ ☐ | | |
| | Any kind of milk (other than breastmilk)? | MILK ............................ ☐ | | | MILK ............................ ☐ | | | MILK ............................ ☐ | | |
| | Liquids other than plain water or milk? | OTHER LIQUID ............... ☐ | | | OTHER LIQUID ............... ☐ | | | OTHER LIQUID ............... ☐ | | |
| | Food made from gains like porridge, bread, rice and macaroni? | FOODS FROM GRAINS .... ☐ | | | FOODS FROM GRAINS .... ☐ | | | FOODS FROM GRAINS .... ☐ | | |
| | Sweet potatoes or other foods tubers? | FOODS FROM TUBERS .... ☐ | | | FOODS FROM TUBERS .... ☐ | | | FOODS FROM TUBERS .... ☐ | | |
| | Eggs, fish, or poultry? | EGGS/ FISH/ POULTRY .... ☐ | | | EGGS/ FISH/ POULTRY .... ☐ | | | EGGS/ FISH/ POULTRY .... ☐ | | |
| | Meat? | MEAT ........................... ☐ | | | MEAT ........................... ☐ | | | MEAT ........................... ☐ | | |
| | Fruit? | FRUIT ........................... ☐ | | | FRUIT ........................... ☐ | | | FRUIT ........................... ☐ | | |
| | Any other solid or semi-solid food? | OTHER SOLID/ SEMI SOLID FOOD ........ ☐ | | | OTHER SOLID/ SEMI SOLID FOOD ........ ☐ | | | OTHER SOLID/ SEMI SOLID FOOD ........ ☐ | | |
| 572 | RETURN TO 505 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 601. | | | | | | | | | |

## SECTION 6: IMMUNIZATION AND HEALTH

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 601 | ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1995 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<br>FROM Q. 212 | ☐☐ | ☐☐ | ☐☐ |
|---|---|---|---|---|

| 603 | FROM Q. 212<br><br>FROM Q. 216 | **LAST BIRTH**<br>NAME _____<br>ALIVE ☐   DEAD ☐<br><br>GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 635 | **NEXT-TO-LAST BIRTH**<br>NAME _____<br>ALIVE ☐   DEAD ☐<br><br>GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634 | **SECOND-FROM-LAST BIRTH**<br>NAME _____<br>ALIVE ☐   DEAD ☐<br><br>GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634 |
|---|---|---|---|---|

| 604 | Do you have a birth certificate where (NAME'S) vaccinations are written down?<br><br>IF YES: May I see it, please? | YES, SEEN ........ 1<br>(SKIP TO 606)<br>YES, NOT SEEN ........ 2<br>(SKIP TO 608)<br>NO CERTIFICATE ........ 3 | YES, SEEN ........ 1<br>(SKIP TO 606)<br>YES, NOT SEEN ........ 2<br>(SKIP TO 608)<br>NO CERTIFICATE ........ 3 | YES, SEEN ........ 1<br>(SKIP TO 606)<br>YES, NOT SEEN ........ 2<br>(SKIP TO 608)<br>NO CERTIFICATE ........ 3 |
|---|---|---|---|---|

| 605 | Did you ever have a birth certificate with a vaccinations record for (NAME)? | YES ........ 1<br>NO ........ 2<br>(SKIP TO 608) | YES ........ 1<br>NO ........ 2<br>(SKIP TO 608) | YES ........ 1<br>NO ........ 2<br>(SKIP TO 608) |
|---|---|---|---|---|

| 606 | (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE.<br>(2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED. | DAY MO. YEAR<br>BCG<br>P1<br>P2<br>P3<br>AD<br>D1<br>D2<br>D3<br>AD<br>MEA<br>H1<br>H2<br>H3<br>VA | DAY MO. YEAR<br>BCG<br>P1<br>P2<br>P3<br>AD<br>D1<br>D2<br>D3<br>AD<br>MEA<br>H1<br>H2<br>H3<br>VA | DAY MO. YEAR<br>BCG<br>P1<br>P2<br>P3<br>AD<br>D1<br>D2<br>D3<br>AD<br>MEA<br>H1<br>H2<br>H3<br>VA |
|---|---|---|---|---|

Vaccine labels (column 1 of question 606):
BCG — BCG
POLIO 1 — P1
POLIO 2 — P2
POLIO 3 — P3
ACTIVATED DOSE — AD
DPT 1 — D1
DPT 2 — D2
DPT 3 — D3
ACTIVATED DOSE — AD
MEASLES — MEA
HEPATITS 1 — H1
HEPATITS 2 — H2
HEPATITS 3 — H3
VITAMIN A (MOST RECENT) — VA

| | | LAST BIRTH<br><br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 607 | Has (NAME) received any vaccination that is not recorded on the certificate?<br><br>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, AND/ OR HEPATITIS, (1-3) vaccine (s). | YES ................................. 1<br>(PROBE FOR ◄───────<br>VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606).<br>NO ................................. 2<br>DON'T KNOW ................... 8 | YES ................................. 1<br>(PROBE FOR ◄───────<br>VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606).<br>NO ................................. 2<br>DON'T KNOW ................... 8 | YES ................................. 1<br>(PROBE FOR ◄───────<br>VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606).<br>NO ................................. 2<br>DON'T KNOW ................... 8 |
| 608 | Do you have a health card where (NAME'S) vaccinations are written down?<br><br>IF YES: May I see it, please? | YES, SEEN ....................... 1<br>(SKIP TO 610) ◄───────<br>YES, NOT SEEN ............... 2<br>(SKIP TO 612) ◄───────<br>NO HEALTH CARD ........... 3 | YES, SEEN ....................... 1<br>(SKIP TO 610) ◄───────<br>YES, NOT SEEN ............... 2<br>(SKIP TO 612) ◄───────<br>NO HEALTH CARD ........... 3 | YES, SEEN ....................... 1<br>(SKIP TO 610) ◄───────<br>YES, NOT SEEN ............... 2<br>(SKIP TO 612) ◄───────<br>NO HEALTH CARD ........... 3 |
| 609 | Did you ever have a health card for (NAME)? | YES ................................. 1<br>NO ................................. 2<br>(SKIP TO 612) ◄─────── | YES ................................. 1<br>NO ................................. 2<br>(SKIP TO 612) ◄─────── | YES ................................. 1<br>NO ................................. 2<br>(SKIP TO 612) ◄─────── |
| 610 | (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.<br>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.<br><br>BCG<br>POLIO 1<br>DPT 1<br>HEPATITS 1<br>POLIO 2<br>DPT 2<br>HEPATITS 2<br>POLIO 3<br>DPT 3<br>HEPATITS 3<br>POLIO 4<br>MEASLES<br>ACTIVATED POLIO<br>ACTIVATED DPT<br>VITAMIN A<br>(MOST RECENT) | DAY MO. YEAR<br>BCG<br>P1<br>DPT1<br>H1<br>P2<br>DPT2<br>H2<br>P3<br>DPT3<br>H3<br>P4<br>MEA<br>AP<br>ADPT<br>VA | DAY MO. YEAR<br>BCG<br>P1<br>DPT1<br>H1<br>P2<br>DPT2<br>H2<br>P3<br>DPT3<br>H3<br>P4<br>MEA<br>AP<br>ADPT<br>VA | DAY MO. YEAR<br>BCG<br>P1<br>PT1<br>H1<br>P2<br>PT2<br>H2<br>P3<br>PT3<br>H3<br>P4<br>MEA<br>AP<br>ADPT<br>VA |
| 611 | Has (NAME) received any vaccinations that are not recorded on this health card?<br><br>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, AND/OR HEPATITIS 1-3 VACCINE (S) | YES ................................. 1<br>(PROBE FOR ◄───────<br>VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) ┐<br>NO ................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 615) ◄─────── | YES ................................. 1<br>(PROBE FOR ◄───────<br>VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) ┐<br>NO ................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 615) ◄─────── | YES ................................. 1<br>(PROBE FOR ◄───────<br>VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) ┐<br>NO ................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 615) ◄─────── |

6-2

| | | LAST BIRTH<br><br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 612 | CHECK 604 AND 608: | NEITHER CERTIFICATE<br>CERTIFICATE OR HEALTH<br>NOR HEALTH CARD SEEN<br>CARD SEEN ☐<br>☐<br>GO TO 615 | NEITHER CERTIFICATE<br>CERTIFICATE OR HEALTH<br>NOR HEALTH CARD SEEN<br>CARD SEEN ☐<br>☐<br>GO TO 615 | NEITHER CERTIFICATE<br>CERTIFICATE OR HEALTH<br>NOR HEALTH CARD SEEN<br>CARD SEEN ☐<br>☐<br>GO TO 615 |
| 613 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases? | YES .................... 1<br>NO .................... 2⌐<br>DON'T KNOW ............. 8⌐<br>(SKIP TO 618) ◄——— | YES .................... 1<br>NO .................... 2⌐<br>DON'T KNOW ............. 8⌐<br>(SKIP TO 618) ◄——— | YES .................... 1<br>NO .................... 2⌐<br>DON'T KNOW ............. 8⌐<br>(SKIP TO 618) ◄——— |
| 614 | Please tell me if (NAME) (has) received any of the following vaccinations:<br><br>A BCG vaccination against tuberculosis, that is, injection in the left shoulder that caused a scar? | <br><br><br>YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8 | <br><br><br>YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8 | <br><br><br>YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8 |
| | Polio vaccine, that is drops in the mouth?<br><br>IF YES:<br>How many times? | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ....... ☐ | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ....... ☐ | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ....... ☐ |
| | When was the first polio vaccination received, just after birth or later? | AFTER BIRTH .......... 1<br>LATER .................... 2 | AFTER BIRTH .......... 1<br>LATER .................... 2 | AFTER BIRTH .......... 1<br>LATER .................... 2 |
| | A DPT injection?<br><br>IF YES:<br>How many times? | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ...... ☐ | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ...... ☐ | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ...... ☐ |
| | An injection against measles at nine months? | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8 | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8 | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8 |
| | An injection against hepatitis?<br><br>IF YES:<br>How many times? | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ....... ☐ | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ....... ☐ | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8<br>NUMBER OF TIMES ....... ☐ |
| 615 | Did (NAME) receive a vitamin A dose during the past six months?<br><br>SHOW CAPSULE. | YES .................... 1<br>NO .................... 2<br>DON'T KNOW ............. 8 | YES .................... 1⌐<br>NO .................... 2⌐<br>DON'T KNOW ............. 8⌐<br>(SKIP TO 618) ◄——— | YES .................... 1⌐<br>NO .................... 2⌐<br>DON'T KNOW ............. 8⌐<br>(SKIP TO 618) ◄——— |
| 616 | At anytime when you took your child for these immunizations, did anyone talk to you about family planning? | YES .................... 1<br>NO .................... 2<br>DON'T KNOW/ UNSURE ...... 8 | ▨▨▨▨▨ | ▨▨▨▨▨ |

6-3

| | | LAST BIRTH<br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 617 | Did anyone talk to you about any other health services (nutrition / antenatal care)? | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW/ UNSURE ...... 8 | | |
| 618 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 |
| 619 | Has (NAME) been ill with a cough at any time in the last 2 weeks? | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 624) ◄──── | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 624) ◄──── | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 624) ◄──── |
| 620 | When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths? | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 |
| 621 | Did you seek advice or treatment for the cough? | YES ................................ 1<br>NO .................................. 2<br>(SKIP TO 623) ◄──── | YES ................................ 1<br>NO .................................. 2<br>(SKIP TO 623) ◄──── | YES ................................ 1<br>NO .................................. 2<br>(SKIP TO 623) ◄──── |
| 622 | Where did you seek advice or treatment?<br><br>Anywhere else?<br><br>RECORD ALL MENTIONED. | PUBLIC SECTOR<br>  GVT. HOSPITAL .............. A<br>  GVT. HEALTH UNIT ......... B<br>  MCH CENTER ................. C<br>MEDICAL PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.... D<br>  PVT. DOCTOR ............... E<br>  PHARMACY ................... F<br>OTHER PRIVATE SECTOR<br>TRADITIONAL<br>PRACTITIONER .............. G<br>RELATIVES/ FRIENDS ......... H<br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>  GVT. HOSPITAL .............. A<br>  GVT. HEALTH UNIT ......... B<br>  MCH CENTER ................. C<br>MEDICAL PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.... D<br>  PVT. DOCTOR ............... E<br>  PHARMACY ................... F<br>OTHER PRIVATE SECTOR<br>TRADITIONAL<br>PRACTITIONER .............. G<br>RELATIVES/ FRIENDS ......... H<br>OTHER _____ X<br>(SPECIFY) | PUBLIC SECTOR<br>  GVT. HOSPITAL .............. A<br>  GVT. HEALTH UNIT ......... B<br>  MCH CENTER ................. C<br>MEDICAL PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.... D<br>  PVT. DOCTOR ............... E<br>  PHARMACY ................... F<br>OTHER PRIVATE SECTOR<br>TRADITIONAL<br>PRACTITIONER .............. G<br>RELATIVES/ FRIENDS ......... H<br>OTHER _____ X<br>(SPECIFY) |
| 623 | Was (NAME) given antibiotic to treat the cough? | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8 |
| 624 | Has (NAME) had diarrhea in the last two weeks? | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 633) ◄──── | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 633) ◄──── | YES ................................ 1<br>NO .................................. 2<br>DON'T KNOW ................... 8<br>(SKIP TO 633) ◄──── |
| 625 | Now I would like to know how much (NAME) was offered to drink during the diarrhea, was he/she offered less than usual to drink?<br><br>IF LESS, PROBE: Was he/ she offered much less than usual to drink or somewhat less? | MUCH LESS ..................... 1<br>SOMEWHAT LESS ............ 2<br>ABOUT THE SAME ............ 3<br>MORE ............................. 4<br>NOTHING TO DRINK .......... 5<br>DON'T KNOW ................... 8 | MUCH LESS ..................... 1<br>SOMEWHAT LESS ............ 2<br>ABOUT THE SAME ............ 3<br>MORE ............................. 4<br>NOTHING TO DRINK .......... 5<br>DON'T KNOW ................... 8 | MUCH LESS ..................... 1<br>SOMEWHAT LESS ............ 2<br>ABOUT THE SAME ............ 3<br>MORE ............................. 4<br>NOTHING TO DRINK .......... 5<br>DON'T KNOW ................... 8 |

6-4

| | | LAST BIRTH<br><br>NAME _____ | NEXT-TO-LAST<br>BIRTH<br>NAME _____ | SECOND-FROM-LAST<br>BIRTH<br>NAME _____ |
|---|---|---|---|---|
| 626 | When (NAME) had diarrhea, was he/ she offered to eat, about the same amount, more than usual, or nothing to eat?<br><br>IF LESS, PROBE: Was he/ she offered much less than usual to eat or somewhat less? | MUCH LESS ............ 1<br>SOMEWHAT LESS ......... 2<br>ABOUT THE SAME ......... 3<br>MORE ............ 4<br>STOPPED FOOD ......... 5<br>NEVER GAVE FOOD ......... 6<br>DON'T KNOW ......... 8 | MUCH LESS ............ 1<br>SOMEWHAT LESS ......... 2<br>ABOUT THE SAME ......... 3<br>MORE ............ 4<br>STOPPED FOOD ......... 5<br>NEVER GAVE FOOD ......... 6<br>DON'T KNOW ......... 8 | MUCH LESS ............ 1<br>SOMEWHAT LESS ......... 2<br>ABOUT THE SAME ......... 3<br>MORE ............ 4<br>STOPPED FOOD ......... 5<br>NEVER GAVE FOOD ......... 6<br>DON'T KNOW ......... 8 |
| 627 | Was (NAME) given a fluid made from a special packet called mahloul moalget el-gaffaf to drink? | YES ............ 1<br>NO ............ 2<br>DON'T KNOW ............ 8 | YES ............ 1<br>NO ............ 2<br>DON'T KNOW ............ 8 | YES ............ 1<br>NO ............ 2<br>DON'T KNOW ............ 8 |
| 628 | Did anyone advice you to give (NAME) mahloul moalget el gafaf when (he/she) had diarrhea that time?<br><br>IF YES: Who?<br><br>RECORD ALL MENTIONED. | PUBLIC SECTOR<br>  DOCTOR/HEALTH WORKER  A<br>PRIVATE SECTOR<br>  DOCTOR/HEALTH WORKER  B<br>  PHARMACY WORKER ......... C<br>TRADITIONAL<br>  PRACTITIONER ............ D<br>HUSBAND ............ E<br>OTHER RELATIVE/FRIEND... F<br>OTHER_____ X<br>     (SPECIFY)<br>NO ONE ............ Y | PUBLIC SECTOR<br>  DOCTOR/HEALTH WORKER  A<br>PRIVATE SECTOR<br>  DOCTOR/HEALTH WORKER  B<br>  PHARMACY WORKER ......... C<br>TRADITIONAL<br>  PRACTITIONER ............ D<br>HUSBAND ............ E<br>OTHER RELATIVE/FRIEND... F<br>OTHER_____ X<br>     (SPECIFY)<br>NO ONE ............ Y | PUBLIC SECTOR<br>  DOCTOR/HEALTH WORKER  A<br>PRIVATE SECTOR<br>  DOCTOR/HEALTH WORKER  B<br>  PHARMACY WORKER ......... C<br>TRADITIONAL<br>  PRACTITIONER ............ D<br>HUSBAND ............ E<br>OTHER RELATIVE/FRIEND... F<br>OTHER_____ X<br>     (SPECIFY)<br>NO ONE ............ Y |
| 629 | Was he/she given anything (else) to treat the diarrhea? | YES ............ 1<br>NO ............ 2￢<br>DON'T KNOW ............ 8￪<br>(SKIP TO 631) ◄──────┘ | YES ............ 1<br>NO ............ 2￢<br>DON'T KNOW ............ 8￪<br>(SKIP TO 631) ◄──────┘ | YES ............ 1<br>NO ............ 2￢<br>DON'T KNOW ............ 8￪<br>(SKIP TO 631) ◄──────┘ |
| 630 | What was given to treat the diarrhea?<br><br>Anything else?<br><br>RECORD ALL MENTIONED. | HOMEMADE SUGAR, SALT<br>  AND WATER SOLUTION .... A<br>ANTIBIOTIC<br>  (PILL OR SYRUP) ............ B<br>OTHER PILL OR SYRUP ...... C<br>INJECTION<br>  (I.V.) INTRAVENOUS ......... D<br>HOME REMEDIES/<br>  HERBAL MEDICINES ......... E<br>OTHER_____ X<br>     (SPECIFY) | HOMEMADE SUGAR, SALT<br>  AND WATER SOLUTION .... A<br>ANTIBIOTIC<br>  (PILL OR SYRUP) ............ B<br>OTHER PILL OR SYRUP ...... C<br>INJECTION<br>  (I.V.) INTRAVENOUS ......... D<br>HOME REMEDIES/<br>  HERBAL MEDICINES ......... E<br>OTHER_____ X<br>     (SPECIFY) | HOMEMADE SUGAR, SALT<br>  AND WATER SOLUTION .... A<br>ANTIBIOTIC<br>  (PILL OR SYRUP) ............ B<br>OTHER PILL OR SYRUP ...... C<br>INJECTION<br>  (I.V.) INTRAVENOUS ......... D<br>HOME REMEDIES/<br>  HERBAL MEDICINES ......... E<br>OTHER_____ X<br>     (SPECIFY) |
| 631 | Did you seek advice or treatment for the diarrhea? | YES ............ 1<br>NO ............ 2￢<br>(SKIP TO 633) ◄─────┘ | YES ............ 1<br>NO ............ 2￢<br>(SKIP TO 633) ◄─────┘ | YES ............ 1<br>NO ............ 2￢<br>(SKIP TO 633) ◄─────┘ |

6-5

| | | LAST BIRTH<br><br>NAME _____ | NEXT-TO-LAST BIRTH<br><br>NAME _____ | SECOND-FROM-LAST BIRTH<br><br>NAME _____ |
|---|---|---|---|---|
| 632 | Where did you seek advice or treatment?<br><br>Anywhere else?<br><br><br>RECORD ALL MENTIONED. | PUBLIC SECTOR<br>  GVT. HOSPITAL ............... A<br>  GVT. HEALTH UNIT ......... B<br>  MCH CENTER .................. C<br><br>MEDICAL PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.... D<br>  PVT. DOCTOR ............... E<br>  PHARMACY .................. F<br><br>OTHER PRIVATE SECTOR<br>  TRADITIONAL<br>  PRACTITIONER .............. G<br><br>RELATIVES/ FRIENDS ......... H<br><br>OTHER _____ X<br>    (SPECIFY) | PUBLIC SECTOR<br>  GVT. HOSPITAL ............... A<br>  GVT. HEALTH UNIT ......... B<br>  MCH CENTER .................. C<br><br>MEDICAL PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.... D<br>  PVT. DOCTOR .................. E<br>  PHARMACY .................. F<br><br>OTHER PRIVATE SECTOR<br>  TRADITIONAL<br>  PRACTITIONER .............. G<br><br>RELATIVES/ FRIENDS ......... H<br><br>OTHER _____ X<br>    (SPECIFY) | PUBLIC SECTOR<br>  GVT. HOSPITAL ............... A<br>  GVT. HEALTH UNIT ......... B<br>  MCH CENTER .................. C<br><br>MEDICAL PRIVATE SECTOR<br>  PVT. HOSPITAL/CLINIC.... D<br>  PVT. DOCTOR ............... E<br>  PHARMACY .................. F<br><br>OTHER PRIVATE SECTOR<br>  TRADITIONAL<br>  PRACTITIONER .............. G<br><br>RELATIVES/ FRIENDS ......... H<br><br>OTHER _____ X<br>    (SPECIFY) |
| 633 | GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 634. | | | |
| 634 | CHECK 627, ALL COLUMNS:<br><br>    NO CHILD ☐                ANY CHILD ☐ ———————→ 701<br>    RECEIVED ORS                RECEIVED ORS | | | |
| 635 | Have you ever heard of a special product called mahloul moalget el-gaffaf you can get for the treatment of diarrhea? | YES ......................................................... 1<br>NO ......................................................... 2 | | |

# SECTION 7: CHILDREN'S EDUCATION AND LABOR

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 701 | CHECK 216 AND 217:<br><br>ONE OR MORE LIVING CHILDREN BETWEEN 6 - 15 YEARS ☐ | NO LIVING CHILDREN BETWEEN 6 - 15 YEARS ☐ ⟶ | 729 |
| 702 | ENTER THE LINE NUMBER OF EACH LIVING CHILD BETWEEN THE AGES 6 - 15 YEARS OLD. BEGIN WITH THE YOUNGEST CHILD. ASK THE QUESTIONS FOR EVERY CHILD. IF THERE ARE MORE THAN 3 CHILDREN BETWEEN THESE AGES, USE AN ADDITIONAL QUESTIONNAIRE.<br><br>Now I would like to ask you some questions about the education of your children who are between the ages 6 and 15 years of age. we will talk about one child at a time. | | |

| 703 | RECORD LINE NUMBER AND NAME FROM Q 212 | YOUNGEST CHILD AGE 6 - 15 NAME _____ LINE NO. ☐☐ | SECOND YOUNGEST CHILD AGE 6 - 15 NAME _____ LINE NO. ☐☐ | THIRD YOUNGEST CHILD AGE 6 - 15 NAME _____ LINE NO. ☐☐ |
|---|---|---|---|---|
| 704 | Has (NAME) ever attended school? | YES ................. 1 (SKIP TO 706) NO ................. 2 DON'T KNOW ....... 8 (SKIP TO 720) | YES ................. 1 (SKIP TO 706) NO ................. 2 DON'T KNOW ....... 8 (SKIP TO 720) | YES ................. 1 (SKIP TO 706) NO ................. 2 DON'T KNOW ....... 8 (SKIP TO 720) |
| 705 | What are the most important reasons (NAME) has never attended school?<br><br>RECORD UP TO 3 REASONS MENTIONED | CHILD SICK / WEAK / HANDICAPPED ........ A<br>CHILD TOO YOUNG ........ B<br>NEAREST SCHOOL TOO FAR ........ C<br>SCHOOL OF POOR QUALITY ........ D<br>CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN ..... E<br>TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS ...... F<br>TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER ........ G<br>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY COSTS OF SCHOOLING ..... H<br>SCHOOL NOT IMPORTANT ........ I<br>CHILD IS NOT INTERESTED. J<br>CHILD GOT MARRIED ....... K<br>TRADITION/ CUSTOM ........ L<br>OTHER _____ X (SPECIFY)<br>(SKIP TO 720) | CHILD SICK / WEAK / HANDICAPPED ........ A<br>CHILD TOO YOUNG ........ B<br>NEAREST SCHOOL TOO FAR ........ C<br>SCHOOL OF POOR QUALITY ........ D<br>CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN ..... E<br>TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS ...... F<br>TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER ........ G<br>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY COSTS OF SCHOOLING ..... H<br>SCHOOL NOT IMPORTANT ........ I<br>CHILD IS NOT INTERESTED K<br>CHILD GOT MARRIED ....... <br>TRADITION/ CUSTOM ........ L<br>OTHER _____ X (SPECIFY)<br>(SKIP TO 720) | CHILD SICK / WEAK / HANDICAPPED ........ A<br>CHILD TOO YOUNG ........ B<br>NEAREST SCHOOL TOO FAR ........ C<br>SCHOOL OF POOR QUALITY ........ D<br>CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN ..... E<br>TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS ...... F<br>TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER ........ G<br>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY COSTS OF SCHOOLING ..... H<br>SCHOOL NOT IMPORTANT ........ I<br>CHILD IS NOT INTERESTED K<br>CHILD GOT MARRIED ....... <br>TRADITION/ CUSTOM ........ L<br>OTHER _____ X (SPECIFY)<br>(SKIP TO 720) |
| 706 | At what age did (NAME) first start going to school? | AGE ........ ☐☐ DON'T KNOW ........ 98 | AGE ........ ☐☐ DON'T KNOW ........ 98 | AGE ........ ☐☐ DON'T KNOW ........ 98 |

| | | YOUNGEST CHILD AGE 6 - 15 NAME _____ | SECOND YOUNGEST CHILD AGE 6 - 15 NAME _____ | THIRD YOUNGEST CHILD AGE 6 - 15 NAME _____ |
|---|---|---|---|---|
| 707 | Has (NAME) ever repeated a grade of school? | YES ......................... 1<br>NO ........................... 2<br>DON'T KNOW ........... 8 | YES ......................... 1<br>NO ........................... 2<br>DON'T KNOW ........... 8 | YES ......................... 1<br>NO ........................... 2<br>DON'T KNOW ........... 8 |
| 708 | Is (NAME) currently attending school? | YES ......................... 1<br>NO ........................... 2⌐<br>(SKIP TO 710) ◄——— | YES ......................... 1<br>NO ........................... 2⌐<br>(SKIP TO 710) ◄——— | YES ......................... 1<br>NO ........................... 2⌐<br>(SKIP TO 710) ◄——— |
| 709 | During the current school year what level and grade is (NAME) attending? | LEVEL ☐ GRADE ☐<br>(SKIP TO 713) | LEVEL ☐ GRADE ☐<br>(SKIP TO 713) | LEVEL ☐ GRADE ☐<br>(SKIP TO 713) |
| 710 | What is the highest level of school (NAME) has attended?<br>What is the highest grade that (NAME) has completed at that level? | LEVEL ☐ GRADE ☐ | LEVEL ☐ GRADE ☐ | LEVEL ☐ GRADE ☐ |
| 711 | At what age did (NAME) stop going to school? | AGE ............ ☐☐<br>DON'T KNOW ......... 98 | AGE ............ ☐☐<br>DON'T KNOW ......... 98 | AGE ............ ☐☐<br>DON'T KNOW ......... 98 |
| 712 | What are the most important reasons (NAME) stopped attending school?<br><br>RECORD UP TO 3 REASONS MENTIONED | CHILD SICK / WEAK / HANDICAPPED .............. A<br>CHILD FAILED / REPEAT A YEAR ......................... B<br>NEAREST SCHOOL TOO FAR ................................ C<br>SCHOOL OF POOR QUALITY ......................... D<br>CHILD NEEDED AT HOME:<br>  TO CARE FOR YOUNGER CHILDREN..... E<br>  TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS ...... F<br>  TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER ..................... G<br>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY SCHOOL COSTS .............. H<br>SCHOOL NOT IMPORTANT ...................... I<br>CHILD IS NOT INTERESTED J<br>CHILD GOT MARRIED........ K<br>CHILD HAD ENOUGH EDUCATION .................... L<br>TRADITION/ CUSTOM....... M<br>OTHER _____ X<br>(SPECIFY)<br>(SKIP TO 720) | CHILD SICK / WEAK / HANDICAPPED .............. A<br>CHILD FAILED / REPEAT A YEAR ......................... B<br>NEAREST SCHOOL TOO FAR ................................ C<br>SCHOOL OF POOR QUALITY ......................... D<br>CHILD NEEDED AT HOME:<br>  TO CARE FOR YOUNGER CHILDREN..... E<br>  TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS ...... F<br>  TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER ..................... G<br>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY SCHOOL COSTS .............. H<br>SCHOOL NOT IMPORTANT ...................... I<br>CHILD IS NOT INTERESTED J<br>CHILD GOT MARRIED........ K<br>CHILD HAD ENOUGH EDUCATION .................... L<br>TRADITION/ CUSTOM....... M<br>OTHER _____ X<br>(SPECIFY)<br>(SKIP TO 720) | CHILD SICK / WEAK / HANDICAPPED .............. A<br>CHILD FAILED / REPEAT A YEAR ......................... B<br>NEAREST SCHOOL TOO FAR ................................ C<br>SCHOOL OF POOR QUALITY ......................... D<br>CHILD NEEDED AT HOME:<br>  TO CARE FOR YOUNGER CHILDREN..... E<br>  TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS ...... F<br>  TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER ..................... G<br>SCHOOL COSTS TOO HIGH/ NO MONEY TO PAY SCHOOL COSTS .............. H<br>SCHOOL NOT IMPORTANT ...................... I<br>CHILD IS NOT INTERESTED J<br>CHILD GOT MARRIED........ K<br>CHILD HAD ENOUGH EDUCATION .................... L<br>TRADITION/ CUSTOM....... M<br>OTHER _____ X<br>(SPECIFY)<br>(SKIP TO 720) |

7-2

| | | YOUNGEST CHILD AGE 6 - 15 NAME _____ | SECOND YOUNGEST CHILD AGE 6 - 15 NAME _____ | THIRD YOUNGEST CHILD AGE 6 - 15 NAME _____ |
|---|---|---|---|---|
| 713 | CHECK 212 AND 216: | LIVING WITH MOTHER ☐ ↓    NOT LIVING WITH MOTHER ☐ ↓ (SKIP TO 720) | LIVING WITH MOTHER ☐ ↓    NOT LIVING WITH MOTHER ☐ ↓ (SKIP TO 720) | LIVING WITH MOTHER ☐ ↓    NOT LIVING WITH MOTHER ☐ ↓ (SKIP TO 720) |
| 714 | How many days in the past 2 weeks has (NAME)'s school been open? | NO. OF DAYS....... ☐☐ | NO. OF DAYS....... ☐☐ | NO. OF DAYS.... ☐☐ |
| 715 | How many days in the past 2 weeks has (NAME) attended school? | NO. OF DAYS....... ☐☐ | NO. OF DAYS....... ☐☐ | NO. OF DAYS.... ☐☐ |
| 716 | CHECK 714 AND 715: | 714 AND 715 ARE THE SAME ........................... 1 ( SKIP TO 718 ) ← ANSWER 714 > 715 ........ 2 | 714 AND 715 ARE THE SAME ........................... 1 ( SKIP TO 718 ) ← ANSWER 714 > 715 ........ 2 | 714 AND 715 ARE THE SAME ........................ 1 ( SKIP TO 718 ) ← ANSWER 714 > 715 ....... 2 |
| 717 | What is the main reason (NAME) was absent from school in the last 2 weeks? | ILLNESS ...................... 01 BAD WEATHER .............. 02 ABUSE BY TEACHERS....... 03 CHILD DIDN'T WANT TO GO ............................. 04 CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN..... 05 TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS .................... 06 TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER .............. 07 OTHER _____ 96 (SPECIFY) DON'T KNOW ................. 98 | ILLNESS ...................... 01 BAD WEATHER .............. 02 ABUSE BY TEACHERS....... 03 CHILD DIDN'T WANT TO GO ......................... 04 CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN..... 05 TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS .................... 06 TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER .............. 07 OTHER _____ 96 (SPECIFY) DON'T KNOW ................. 98 | ILLNESS .................. 01 BAD WEATHER ......... 02 ABUSE BY TEACHERS.. 03 CHILD DIDN'T WANT TO GO ......................... 04 CHILD NEEDED AT HOME: TO CARE FOR YOUNGER CHILDREN 05 TO HELP WITH DOMESTIC WORK OTHER THAN CHILD CARE, WORK IN FIELDS OR TENDS ANIMALS ............... 06 TO WORK IN FAMILY BUSINESS OR EARN MONEY FROM EMPLOYER .......... 07 OTHER _____ 96 (SPECIFY) DON'T KNOW ........... 98 |
| 718 | Does (NAME) attend a public, private secular or religious school? | PUBLIC ...................... 1 PRIVATE SECULAR ...... 2 RELIGIOUS ................ 3 | PUBLIC ...................... 1 PRIVATE SECULAR ...... 2 RELIGIOUS ................ 3 | PUBLIC 1 .................... 2 PRIVATE SECULAR ...... 3 RELIGIOUS ................ |

| | | YOUNGEST CHILD AGE 6 - 15 NAME _____ | SECOND YOUNGEST CHILD AGE 6 - 15 NAME _____ | THIRD YOUNGEST CHILD AGE 6 - 15 NAME _____ |
|---|---|---|---|---|
| 719 | How much did your household spend on each of these school expenditure for (NAME) during this school year:<br><br>Registration and tuition fees per year, for (NAME)?<br><br>Uniform, Clothing, Shoes, Bags bought for child to wear at school per year, for (NAME)?<br><br>Textbooks, Exercise books, Note books, Pens per year for (NAME)?<br><br>Tutoring and other money paid to teachers for special classes for (NAME)?<br><br>Any other expenses per year (transportation, incidentals and entertainment) for (NAME)?<br><br>IF NOTHING IS SPENT ENTER "0000" | REG. ☐☐☐☐<br>DON'T KNOW............ 9998<br>UNIF. ☐☐☐☐<br>DON'T KNOW............ 9998<br>BOOKS ☐☐☐☐<br>DON'T KNOW............ 9998<br>TEACH. ☐☐☐☐<br>DON'T KNOW............ 9998<br>OTHER ☐☐☐☐<br>DON'T KNOW............ 9998<br>_____<br>(SPECIFY) | REG. ☐☐☐☐<br>DON'T KNOW......... 9998<br>UNIF. ☐☐☐☐<br>DON'T KNOW......... 9998<br>BOOKS ☐☐☐☐<br>DON'T KNOW........... 9998<br>TEACH. ☐☐☐☐<br>DON'T KNOW......... 9998<br>OTHER ☐☐☐☐<br>DON'T KNOW........ 9998<br>_____<br>(SPECIFY) | REG. ☐☐☐☐<br>DON'T KNOW............ 9998<br>UNIF. ☐☐☐☐<br>DON'T KNOW............ 9998<br>BOOKS ☐☐☐☐<br>DON'T KNOW............ 9998<br>TEACH. ☐☐☐☐<br>DON'T KNOW............ 9998<br>OTHER ☐☐☐☐<br>DON'T KNOW............ 9998<br>_____<br>(SPECIFY) |
| 720 | Has (NAME) ever done any kind of work for pay (cash or kind)? | YES ...................... 1<br>NO ...................... 2 | YES ...................... 1<br>NO ...................... 2 | YES ...................... 1<br>NO ...................... 2 |
| 721 | Is (NAME) currently doing any kind of work for pay ( cash or kind)? | YES ...................... 1<br>NO ...................... 2⌐<br>(SKIP TO 724) ◄ | YES ...................... 1<br>NO ...................... 2⌐<br>(SKIP TO 724) ◄ | YES ...................... 1<br>NO ...................... 2⌐<br>(SKIP TO 724) ◄ |
| 722 | What is the kind of this work which (NAME) (EVER) do it?<br><br>RECORD ANSWER IN DETAIL | _____ ☐☐ | _____ ☐☐ | _____ ☐☐ |
| 723 | On average for how many hours a week does he/ she do this work?<br><br>IF LESS THAN ONE HOUR RECORD "00" | NO. OF HOURS.. ☐☐<br>DON'T KNOW .............. 98 | NO. OF HOURS.. ☐☐<br>DON'T KNOW ........... 98 | NO. OF HOURS.. ☐☐<br>DON'T KNOW ........... 98 |
| 724 | Is (NAME) regularly engaged in unpaid family work ( on the farm,etc ......)? | YES ...................... 1<br>NO ...................... 2⌐<br>DON'T KNOW ......... 8⌐<br>(SKIP TO 726) ◄ | YES ...................... 1<br>NO ...................... 2⌐<br>DON'T KNOW ......... 8⌐<br>(SKIP TO 726) ◄ | YES ...................... 1<br>NO ...................... 2⌐<br>DON'T KNOW ......... 8⌐<br>(SKIP TO 726) ◄ |
| 725 | On average for how many hours a week does he/ she do this works?<br><br>IF LESS THAN ONE HOUR RECORD "00" | NO. OF HOURS.. ☐☐<br>DON'T KNOW .............. 98 | NO. OF HOURS.. ☐☐<br>DON'T KNOW ........... 98 | NO. OF HOURS.. ☐☐<br>DON'T KNOW ........... 98 |
| 726 | Does (NAME) regularly help in household chores at home (e.g cooking, cleaning, caring for children, for animals, etc)? | YES ...................... 1<br>NO ...................... 2⌐<br>(SKIP TO 728) ◄ | YES ...................... 1<br>NO ...................... 2⌐<br>(SKIP TO 728) ◄ | YES ...................... 1<br>NO ...................... 2⌐<br>(SKIP TO 728) ◄ |

7-4

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP TO |
|---|---|---|---|---|---|
| | | **YOUNGEST CHILD**<br>**AGE 6 - 15**<br>NAME _____ | **SECOND YOUNGEST CHILD**<br>**AGE 6 - 15**<br>NAME _____ | **THIRD YOUNGEST**<br>**CHILD AGE 6 - 15**<br>NAME _____ | |
| 727 | On average for how many hours a week does he/ she do this works?<br>**IF LESS THAN ONE HOUR RECORD "00"** | NO. OF HOURS.. ☐☐<br>DON'T KNOW .............. 98 | NO. OF HOURS.. ☐☐<br>DON'T KNOW ........... 98 | NO. OF HOURS.. ☐☐<br>DON'T KNOW ........... 98 | |
| 728 | **GO BACK TO 704 FOR THE NEXT CHILD IF THERE ARE NO MORE CHILDREN BETWEEN THE AGES 6 AND 15 SKIP TO 729 .** | | | | |
| 729 | If parents have one son and one daughter and can send only one child to the university, which child should they send? | SON ........................................................ 1<br>DAUGHTER ............................................. 2<br>DEPEND ON THE CHILDREN'S CAPABILITIES... 3<br>NOT SURE ................................................ 8 | | | |

7-5

# SECTION 8: FEMALE CIRCUMCISION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 801 | Now I would like to talk to you about a different topic which is female circumcision.<br>CHECK 214 AND 216:<br><br>HAS AT LEAST ONE ☐ LIVING DAUGHTER          HAS NO LIVING ☐ DAUGHTER | | → 809 |
| 802 | Have any of your daughters been circumcised?<br>IF YES: How many? | NUMBER CIRCUMISED ........ ☐☐<br><br>NO DAUGHTERS CIRCUMISED ......... 95 | → 807 |
| 803 | Which of your daughters was circumcised the latest?<br><br>_____<br>(DAUGHTER'S NAME)<br><br>CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER. | DAUGHTER'S LINE NUMBER<br><br>FROM Q212 ....................... ☐☐ | |
| 804 | How old was she when she was circumcised? | AGE IN COMPLETED YEARS.. ☐☐<br><br>DON'T KNOW ................................. 98 | |
| 805 | Who performed the circumcision?<br><br>IF DOCTOR, PROBE: Was the doctor male or female? | MALE DOCTOR ............................. 01<br>FEMALE DOCTOR ........................... 02<br>TRAIND NURSE / MIDWIFE .............. 03<br>DAYA ............................................. 04<br>BARBER ........................................ 05<br>GHAGARIA .................................... 06<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ................................. 98 | |
| 806 | Where was the circumcision performed? | AT HOME ...................................... 1<br>PRIVATE HOSPITAL / CLINIC ......... 2<br>GOVERNMENT HOSPITAL / CLINIC ... 3<br>RELATIVE / NEIGHBOR'S HOUSE .... 4<br>BARBER'S KIOSK .......................... 5<br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ................................. 8 | |
| 807 | Do you intend to have any (other) of your daughters circumcised? | YES .............................................. 1 → 809<br>NO ................................................ 2<br>ALL HER DAUGHTERS CIRCUMCISED.. 3 → 809<br>DON'T KNOW ................................. 8 | |
| 808 | Why don't you intend to have your daughter (s) circumcised?<br><br>Any other reasons?<br><br>RECORD ALL REASONS MENTIONED | DON'T BELIEVE IN / ACCEPT IT ......... A<br>AFRAID OF COMPLICATIONS ......... B<br>AGAINST RELIGION ........................ C<br>BETTER MARRIAGE PROSPECTS ... D<br>GREATER PLEASURE FOR HUSBAND.. E<br>OTHER _____ X<br>(SPECIFY) | |

8-1

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 809 | During the past year, have you heard or seen anything about female circumcision:<br><br>On television?<br>On radio?<br>In newspaper or magazine?<br>At community meeting?<br>At the mosque or church? |                          YES  NO<br>TELEVISION ........................... 1   2<br>RADIO .................................... 1   2<br>NEWSPAPER / MAGAZINE ....... 1   2<br>COMMUNITY MEETING .......... 1   2<br>MOSQUE / CHURCH ................ 1   2 | |
| 810 | During the past year have you discussed female circumcision with your relatives, friends or neighbours? | YES ............................................. 1<br><br>NO ............................................... 2 | |
| 811 | Has your opinion about female circumcision changed during the past year?<br><br>IF YES:<br>Are you more likely or less likely to approve of circumcision now? | YES, MORE LIKELY TO APPROVE .... 1<br>YES, LESS LIKELY TO APPROVE ..... 2<br>NO, OPINION SAME ........................ 3 | |
| 812 | What benefits do girls themselves get if they undergo this genital cutting?<br><br>PROBE: Anything else?<br><br>RECORD ALL MENTIONED | CLEANLINESS / HYGIENE .............. A<br>SOCIAL ACCEPTANCE ................... B<br>BETTER MARRIAGE PROSPECTS .... C<br>PRESERVE VIRGINITY / PREVENT PREMARITAL SEX ........................ D<br>MORE SEXUAL PLEASURE FOR THE MAN ......................................... E<br>RELIGIOUS APPROVAL ................... F<br>TRADITIONS ................................ G<br>OTHER _____ X<br>          (SPECIFY)<br>NO BENEFITS ............................. Y | |
| 813 | What benefits do girls themselves get if they do not undergo this genital cutting?<br><br>PROBE: Anything else?<br><br>RECORD ALL MENTIONED | FEWER MEDICAL PROBLEMS ............ A<br>AVOIDING PAIN ............................. B<br>MORE SEXUAL PLEASURE FOR HER.. C<br>MORE SEXUAL PLEASURE FOR THE MAN ......................................... D<br>FOLLOWS RELIGION ...................... E<br>OTHER _____ X<br>          (SPECIFY)<br>NO BENEFITS ............................. Y | |
| 814 | Do you think that this practice should be continued, or should it be discontinued? | CONTINUED ................................. 1<br>DISCONTINUED ............................ 2<br>OTHER _____ 6<br>          (SPECIFY)<br>DON'T KNOW ............................... 8 | |
| 815 | Do you think that men want this practice to be continued, or discontinued? | CONTINUED ................................. 1<br>DISCONTINUED ............................ 2<br>OTHER _____ 6<br>          (SPECIFY)<br>DON'T KNOW ............................... 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | SKIP TO |
|---|---|---|---|---|---|---|
| 816 | I will read you some statements. Please tell me if you agree or disagree? | | AGREE | DIS-AGREE | DK | |
| | Circumcision is an important part of religious tradition. | IMPORTANT PART OF RELIGIOUS TRADITION ..... | 1 | 2 | 8 | |
| | A husband will prefer his wife to be circumcised. | HUSBAND PREFER .......... | 1 | 2 | 8 | |
| | Circumcision can cause severe complications, which may lead to the girl's death. | CAN LEAD TO GIRL'S DEATH ........................... | 1 | 2 | 8 | |
| | Circumcision prevents adultery. | PREVENTS ADULTERY ... | 1 | 2 | 8 | |
| | Circumcision may cause a woman to have problems in becoming pregnant. | CAUSE PROBLEMS IN GETTING PREGNANT ...... | 1 | 2 | 8 | |
| | Circumcision lessens sexual satisfaction for a couple. | LESSENS SEXUAL SATISFACTION ................ | 1 | 2 | 8 | |
| | Childbirth is more difficult for a woman who has been Circumcised? | CHILDBIRTH MORE DIFFICULT ........................ | 1 | 2 | 8 | |

## SECTION 9: HUSBAND'S BACKGROUND

| NO: | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 901 | CHECK 107<br><br>CURRENTLY ☐     DIVORCED / ☐     WIDOWED ☐ ⟶<br>MARRIED       SEPARATED<br><br>              ↓              ↓<br>                        (SKIP TO 903) | | → 904 |
| 902 | RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD " 00 ". | HUSBAND'S LINE NUMBER .. ☐☐ | |
| 903 | Now I would like to ask some questions about your (last) husband.<br>How old was your (last) husband on his most recent birthday? | AGE IN COMPLETED YEARS.. ☐☐ | |
| 904 | In what month and year was your (last) husband born?<br><br>COMPARE AND CORRECT 903 AND / OR 904 IF INCONSISTENT. | MONTH .............................. ☐☐<br><br>DON'T KNOW MONTH .................. 98<br><br>YEAR ................ ☐☐☐☐<br><br>DON'T KNOW YEAR .................... 9998 | |
| 905 | Before you got married was your (last) husband related to you in anyway through blood or marriage? | YES ............................................... 1<br>NO ............................................... 2 | → 907 |
| 906 | What type of relationship was it? | FIRST COUSIN ON FATHER'SSIDE ...... 1<br>FIRST COUSIN ON MOTHER'SSIDE ..... 2<br>SECOND COUSIN ON FATHER'SSIDE 3<br>SECOND COUSIN ON MOTHER'SSIDE 4<br>OTHER BLOOD RELATIVE ................. 5<br>OTHER RELATIVE BY MARRIAGE ...... 6 | |
| 907 | Did your (last) husband ever attend school? | YES ............................................... 1<br>NO ............................................... 2 | → 910 |
| 908 | What was the highest level of school he attended? | PRIMARY ...................................... 1<br>PREPARATORY .............................. 2<br>SECONDARY ................................. 3<br>UPPER INTERMIDIATE .................. 4<br>UNIVERSITY ................................. 5<br>MORE THAN UNIVERSITY .............. 6<br>DON'T KNOW ................................. 8 | → 910 |
| 909 | What was the highest grade which he completed at that level? | GRADE ...................................... ☐<br>DON'T KNOW ............................... 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TC |
|---|---|---|---|
| 910 | CHECK 107<br><br>CURRENTLY ☐<br>MARRIED ↓ | WIDOWED /<br>DIVORCED / ☐<br>SEPARATED | → 919 |
| 911 | Is your husband currently employed?<br><br>IF NO:<br>Is he retired or unemployed? | YES .............................................. 1<br>NO, RETIRED ................................. 2<br>NO, UNEMPLOYED ......................... 3 | |
| 912 | CHECK 107<br><br>HUSBAND ☐     HUSBAND ☐<br>CURRENTLY     RETIRED OR<br>EMPLOYED ↓     UNEMPLOYED ↓<br><br>What kind of work does   In the last job he had, what<br>your husband mainly do?   kind of work did your<br>                   husband mainly do? | _____ ☐☐<br>_____<br><br>RECORD ANWSER IN DETAIL | |
| 913 | Does (did) your (last) husband work for a member of his family, for someone else, or is he self – employed? | FOR FAMILY MEMBER .................... 1<br>FOR SOMEONE ELSE ................... 2<br>FOR HIMSELF ............................... 3 | → 915 |
| 914 | Does (did) he earn a regular wage or salary? | YES .............................................. 1<br>NO ............................................... 2 | |
| 915 | CHECK 910<br><br>WORKS (WORKED) ☐     DOES (DID) NOT WORK ☐<br>IN AGRICULTURE ↓     IN AGRICULTURE | | → 917 |
| 916 | (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<br>RENTED LAND .............................. 2<br>SOMEONE ELSE'S LAND ................. 3 | |
| 917 | Does your husband currently smoke cigarettes or tobacco? | YES .............................................. 1<br>NO ............................................... 2 | → 919 |
| 918 | On average during a day, how many times does your husband smoke? | TIMES ................................. ☐☐<br>NOT SURE ..................................... 98 | |
| 919 | Do you yourself currently smoke cigarettes or tobacco? | YES .............................................. 1<br>NO ............................................... 2 | → 1001 |
| 920 | On average during a day, how many times do you smoke? | TIMES ................................. ☐☐<br>NOT SURE ..................................... 98 | |

9-2

## SECTION 10: WOMAN'S WORK AND DECISION MAKING

| 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.<br><br>Before you married (for the first time) did you ever do any of these things or any other work? | YES .............................................. 1<br><br>NO ................................................ 2 | |
| 1002 | Are you currently doing any of these things or any other work? | YES .............................................. 1 ──→ 1004<br><br>NO ................................................ 2 | 1004 |
| 1003 | Have you done any work in the last 12 months? | YES .............................................. 1<br><br>NO ................................................ 2 ──→ 1013 | 1013 |
| 1004 | What is your occupation, that is, what kind of work do you mainly do?<br><br>**RECORD ANSWER IN DETAIL.** | _____ [ | ] | |
| 1005 | Do you do this work for a member of your family, for someone else, or are you self-employed? | FOR FAMILY MEMBER ...................... 1<br>FOR SOMEONE ELSE ....................... 2<br>SELF-EMPLOYED............................. 3 | |
| 1006 | CHECK 1004:<br><br>WORKS IN [ ]     DOES NOT WORK [ ]<br>AGRICULTURE ↓     IN AGRICULTURE ─────── | | ──→ 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<br>FAMILY LAND .................................. 2<br>RENTED LAND ................................. 3<br>SOMEONE ELSE'S LAND .................. 4 | |
| 1008 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR ................. 1<br>SEASONALLY / PART OF THE YEAR ... 2<br>ONCE IN A WHILE ............................ 3 | |
| 1009 | Are you paid in cash or do you earn both cash kind or are you not paid at all? | CASH ............................................ 1<br>CASH AND KIND .............................. 2<br>IN KIND NLY ................................... 3 ⎤<br>NOTPAID AT ALL ............................. 4 ⎦ ──→ 1012 | 1012 |
| 1010 | CHECK 107:<br><br>CURRENTLY [ ]   WIDOWED / [ ]<br>MARRIED      DIVORCED /<br>               SEPARATED<br>   ↓         ↓<br><br>Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else?   Who mainly decides how the money you earn will be used: you, someone else or you and someone else jointly? | RESPONDENT DECIDES .................... 1<br>HUSBAND DECIDES .......................... 2<br>JOINTLY WITH HUSBAND .................. 3<br>SOMEONE ELSE DECIDES ............... 4<br>JOINTLY WITH SOMEONE ELSE ........ 5 | |

10-1

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|---|---|---|---|
| 1011 | On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all? | ALMOST NONE ............................... 1<br>LESS THAN HALF ............................ 2<br>ABOUT HALF ................................... 3<br>MORE THAN HALF .......................... 4<br>ALL ................................................. 5<br>NONE / HER INCOME IS SAVED ....... 6 | |
| 1012 | Do you usually work at home or away from home? | HOME ............................................. 1<br>AWAY ............................................. 2 | |

| 1013 | Who in your family usually has the final on the following decisions: | RESPO-<br>NDENT | HUSB-<br>AND | RESP. &<br>HUSB.<br>JOINTLY | SOME-<br>ONE<br>ELSE | RESP. &<br>SOME.<br>JOINTLY |
|---|---|---|---|---|---|---|
| | Your own health care? | 1 | 2 | 3 | 4 | 5 |
| | Making large household purchases? | 1 | 2 | 3 | 4 | 5 |
| | Making household purchases for daily needs? | 1 | 2 | 3 | 4 | 5 |
| | Visits to family, friends, or relatives? | 1 | 2 | 3 | 4 | 5 |
| | What food should be cooked each day? | 1 | 2 | 3 | 4 | 5 |

| 1014 | CHECK 218: |
|---|---|

HAS ONE OR MORE CHILDREN LIVING WITH HER ☐

HAS NO CHILDREN LIVING WITH HER ☐ → 1016

| 1015 | When your child (one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment?<br><br>IF SAYS NO CHILD EVER SERIOUSLY ILL ASK:<br>if (your child/ your children) belame seriously ill, could you belme by yourself whether the child should be taken for medical treatment? | YES ................................................. 1<br>NO ................................................... 2<br>DON'T KNOW ................................... 8 | |
|---|---|---|---|

| 1016 | Many factors can keep a woman from getting medical advice or treatment for themselves,<br>When you are sick and want to get medical advice or treatment, would you consider each of the following to be a big problem, small problem or no problem for you? | BIG<br>PROBLEM | NOT A BIG<br>PROBLEM |
|---|---|---|---|
| | Knowing where to go? | 1 | 2 |
| | Getting permission to go? | 1 | 2 |
| | Getting money for treatment? | 1 | 2 |
| | Not having health facility nearby? | 1 | 2 |
| | Having to find transport? | 1 | 2 |
| | Not wanting to go alone? | 1 | 2 |
| | Concern there may not be a female provider? | 1 | 2 |

10-2

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TC |
|---|---|---|---|
| 1017 | **CHECK 112 AND 113:**<br><br>PRIMARY ☐     PREPARATORY ☐ ──→ | | → 1020 |
| | OR LESS ↓     OR HIGHER | | |
| 1018 | Have you ever participated in a literacy program or any other program that involved learning to read or write (not including primary school)? | YES ............................................... 1<br>NO ............................................... 2 | |
| 1019 | Now I would like you to read out loud as much of this card as you can.<br><br>**SHOW CARD TO RESPONDENT.** | CAN'T READ AT ALL ...................... 1 ──→ 1021<br>ABLE TO READ ONLY PART OF<br>SENTENCES ON CARD ................... 2<br>ABLE TO READ ALL OF CARD .......... 3 | → 1021 |
| 1020 | Do you usually read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY ...................... 1<br>AT LEAST ONCE A WEEK .............. 2<br>LESS THAN ONCE A WEEK ............ 3<br>NOT AT ALL ................................... 4 | |
| 1021 | Do you usually listen to the radio almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY ...................... 1<br>AT LEAST ONCE A WEEK .............. 2<br>LESS THAN ONCE A WEEK ............ 3<br>NOT AT ALL ................................... 4 | |
| 1022 | Do you usually watch television almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY ...................... 1<br>AT LEAST ONCE A WEEK .............. 2<br>LESS THAN ONCE A WEEK ............ 3<br>NOT AT ALL ................................... 4 | |
| 1023 | **RECORD THE TIME.** | HOUR ............................ ☐☐<br>MINUTES ...................... ☐☐ | |

# OBSERVATIONS

| | | |
|---|---|---|
| THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1101 – 1102 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNIARE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD. | | |
| 1101 | DEGREE OF COOPERATION. | POOR ...................................... 1 <br> FAIR ...................................... 2 <br> GOOD ...................................... 3 <br> VERY GOOD ........................... 4 |
| 1102 | INTERVIEWER'S COMMENTS: <br><br> _____ <br><br> _____ <br><br> _____ | |
| 1103 | FIELD EDITOR'S COMMENTS: <br><br> _____ <br><br> _____ <br><br> _____ | |
| 1104 | SUPERVISOR'S COMMENTS: <br><br> _____ <br><br> _____ <br><br> _____ | |
| 1105 | OFFICE EDITOR'S COMMENTS: <br><br> _____ <br><br> _____ <br><br> _____ | |

11-1

**INSTRUCTIONS:**
ONLY ONE CODE SHOULD APPEAR IN ANY BOX
OR COLUMNS 1 AND 2 ALL MONTHS SHOULD BE FILLED IN.

FORMATION TO BE CODED FOR EACH COLUMN

**COLUMN 1: MARRIAGE**
X MARRIED
0 NOT MARRIED

**COLUMN 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**
B BIRTHS
P PREGNANCIES
M MISCARRIAGE
A ABORTION
S STILL BIRTH
0 NO METHOD
1 PILL
2 IUD
3 INJECTIONS
4 NORPLANT
5 DIAPHRAGM / FAOM / JELLY
6 CONDOM
7 FEMALE STERILIZATION
8 MALE STERILIZATION
9 PERIODIC ABSTINENCE
L WITHDRAWAL
G PROLONGED BREASTFEEDING
X OTHER _____
               (SPECIFY)

**COLUMN 3: SOURCE OF METHOD**
1 URBAN HOSPITAL
2 URBAN HEALTH UNIT
3 RURAL HOSPITAL
4 RURAL HEALTH UNIT
5 MCH CENTER
6 MOBILE UNITS
7 OTHER MINISTRY OF HEALTH UNIT
8 TEACHING HOSPITAL
9 HEALTH INSURANCE ORGANIZATION
A CURATIVE CARE ORGANIZATION
B OTHER GOVERNMENTAL
C EGYPT FAMILY PLANNING ASSOCIATION
D CSI PROJECT
E OTHER NON-GOVERNMENTAL ORGANIZATION CLINIC
F PRIVATE HOSPITAL / CLINIC
G PRIVATE DOCTOR
H PHARMACY
I MOSQUE HEALTH UNIT
J CHURCH HEALTH UNIT
K OTHER VENDOR
L FRIENDS OR RELATIVES
X OTHER _____
               (SPECIFY)
Y NO ONE
Z DON'T KNOW

**COLUMN 4: 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

**COLUMN 5: POST PARTUM AMENORRHEA**
X PERIOD DID NOT RETURN
0 LESS THAN ONE MONTH

**COLUMN 6: BREAST FEEDING**
X BREAST FEEDING
0 LESS THAN ONE MONTH
N NEVER BREASTFED

CHILD'S NAME/ METHOD     SOURCE ADDRESS

| | 1 | 2 | | 3 | | 4 | 5 | 6 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| JUN | 01 | | | 01 | | | | | 01 | JUN |
| MAY | 02 | | | 02 | | | | | 02 | MAY |
| APR | 03 | | | 03 | | | | | 03 | APR |
| MAR | 04 | | | 04 | | | | | 04 | MAR |
| FEB | 05 | | | 05 | | | | | 05 | FEB |
| JAN | 06 | | | 06 | | | | | 06 | JAN |
| DEC | 07 | | | 07 | | | | | 07 | DEC |
| NOV | 08 | | | 08 | | | | | 08 | NOV |
| OCT | 09 | | | 09 | | | | | 09 | OCT |
| SEP | 10 | | | 10 | | | | | 10 | SEP |
| AUG | 11 | | | 11 | | | | | 11 | AUG |
| JUL | 12 | | | 12 | | | | | 12 | JUL |
| JUN | 13 | | | 13 | | | | | 13 | JUN |
| MAY | 14 | | | 14 | | | | | 14 | MAY |
| APR | 15 | | | 15 | | | | | 15 | APR |
| MAR | 16 | | | 16 | | | | | 16 | MAR |
| FEB | 17 | | | 17 | | | | | 17 | FEB |
| JAN | 18 | | | 18 | | | | | 18 | JAN |
| DEC | 19 | | | 19 | | | | | 19 | DEC |
| NOV | 20 | | | 20 | | | | | 20 | NOV |
| OCT | 21 | | | 21 | | | | | 21 | OCT |
| SEP | 22 | | | 22 | | | | | 22 | SEP |
| AUG | 23 | | | 23 | | | | | 23 | AUG |
| JUL | 24 | | | 24 | | | | | 24 | JUL |
| JUN | 25 | | | 25 | | | | | 25 | JUN |
| MAY | 26 | | | 26 | | | | | 26 | MAY |
| APR | 27 | | | 27 | | | | | 27 | APR |
| MAR | 28 | | | 28 | | | | | 28 | MAR |
| FEB | 29 | | | 29 | | | | | 29 | FEB |
| JAN | 30 | | | 30 | | | | | 30 | JAN |
| DEC | 31 | | | 31 | | | | | 31 | DEC |
| NOV | 32 | | | 32 | | | | | 32 | NOV |
| OCT | 33 | | | 33 | | | | | 33 | OCT |
| SEP | 34 | | | 34 | | | | | 34 | SEP |
| AUG | 35 | | | 35 | | | | | 35 | AUG |
| JUL | 36 | | | 36 | | | | | 36 | JUL |
| JUN | 37 | | | 37 | | | | | 37 | JUN |
| MAY | 38 | | | 38 | | | | | 38 | MAY |
| APR | 39 | | | 39 | | | | | 39 | APR |
| MAR | 40 | | | 40 | | | | | 40 | MAR |
| FEB | 41 | | | 41 | | | | | 41 | FEB |
| JAN | 42 | | | 42 | | | | | 42 | JAN |
| DEC | 43 | | | 43 | | | | | 43 | DEC |
| NOV | 44 | | | 44 | | | | | 44 | NOV |
| OCT | 45 | | | 45 | | | | | 45 | OCT |
| SEP | 46 | | | 46 | | | | | 46 | SEP |
| AUG | 47 | | | 47 | | | | | 47 | AUG |
| JUL | 48 | | | 48 | | | | | 48 | JUL |
| JUN | 49 | | | 49 | | | | | 49 | JUN |
| MAY | 50 | | | 50 | | | | | 50 | MAY |
| APR | 51 | | | 51 | | | | | 51 | APR |
| MAR | 52 | | | 52 | | | | | 52 | MAR |
| FEB | 53 | | | 53 | | | | | 53 | FEB |
| JAN | 54 | | | 54 | | | | | 54 | JAN |
| DEC | 55 | | | 55 | | | | | 55 | DEC |
| NOV | 56 | | | 56 | | | | | 56 | NOV |
| OCT | 57 | | | 57 | | | | | 57 | OCT |
| SEP | 58 | | | 58 | | | | | 58 | SEP |
| AUG | 59 | | | 59 | | | | | 59 | AUG |
| JUL | 60 | | | 60 | | | | | 60 | JUL |
| JUN | 61 | | | 61 | | | | | 61 | JUN |
| MAY | 62 | | | 62 | | | | | 62 | MAY |
| APR | 63 | | | 63 | | | | | 63 | APR |
| MAR | 64 | | | 64 | | | | | 64 | MAR |
| FEB | 65 | | | 65 | | | | | 65 | FEB |
| JAN | 66 | | | 66 | | | | | 66 | JAN |

Year markers (left side): 1999, 1998, 1997, 1996, 1995
Year markers (right side): 1999, 1998, 1997, 1996, 1995

MONTH
YEAR
OUTCOME OF PREGNANCY

DATE AND OUTCOME OF THE LAST PREGNANCY THAT TERMINATED IN A MISCARRIAGE, ABORTION OR STILL BIRTH PRIOR TO JANUARY 1994. IF NO, RECORD "00" IN MONTH AND

BIRTH DATE: LAST CHILD BORN     NAME: ..........................     MONTH
                PRIOR TO JANUARY 1995                                           YEAR