

**APPENDIX E**

**SURVEY QUESTIONNAIRES**

1991 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD SCHEDULE

Confidential

IDENTIFICATION	CODE
1. PROVINCE .....	..... <input type="text"/>
2. REGENCY/MUNICIPALITY *).....	..... <input type="text"/>
3. SUB-DISTRICT _____	
4. VILLAGE _____	
5. AREA .....URBAN - 1.....RURAL - 2 **)	<input type="checkbox"/>
6. LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (Large city=1, Small City=2, Town=3, Countryside=4)	<input type="checkbox"/>
7. ENUMERATION AREA NUMBER _____	
8. SP90 SAMPLE CODE.....	..... <input type="text"/>
9. IDHS91 SAMPLE CODE .....	..... <input type="text"/>
10. HOUSEHOLD NUMBER.....	..... <input type="text"/>
11. NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	MONTH <input type="text"/>
INTERVIEWER'S NAME....	<input type="text"/>	<input type="text"/>	<input type="text"/>	YEAR <input type="text"/>
RESULT ***).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	INTERV. <input type="text"/>
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	FINAL RESULT <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
<b>***) RESULT CODES:</b> 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____				TOTAL IN HOUSEHOLD <input type="text"/>  TOTAL ELIGIBLE WOMEN <input type="text"/>

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- \*) Cross out category not used
- \*\*) Circle selected category
- \*\*\*) Choose suitable result

Now we would like some information about the people who usually live in your household.

NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		AGE	EDUCATION FOR ALL PERSONS AGED 5 AND ABOVE					
			Is (NAME) male or female?			Has (NAME) ever been to school?	What is the highest level of school (NAME) attended? **		FOR ALL PERSONS AGED LESS THAN 25 YEARS		
(1)	(2)	(3)	M	F	How old is (NAME)?		YES	NO	LEVEL	GRADE	YES
					YEARS						
01		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
02		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
03		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
04		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
05		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
06		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
07		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
08		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
09		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
10		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
11		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
12		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
13		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
14		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2
15		<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1	2

\*) CODES FOR COLUMN (3):  
 RELATIONSHIP TO HEAD OF HOUSEHOLD:  
 01= HEAD OF HOUSEHOLD  
 02= WIFE OR HUSBAND  
 03= CHILD  
 04= SON OR DAUGHTER-IN-LAW  
 05= GRANDCHILD  
 06= PARENT  
 07= PARENT-IN-LAW  
 08= BROTHER OR SISTER  
 09= OTHER RELATIVE  
 10= ADOPTED/FOSTER CHILD  
 11= NOT RELATED  
 98= DK

\*\*) CODES FOR COLUMN (7):  
 LEVEL OF EDUCATION:  
 1= PRIMARY  
 2= JUNIOR HIGH  
 3= SENIOR HIGH  
 4= ACADEMY/UNIVERSITY  
 8= DK  
 GRADE:  
 0= LESS THAN 1 YEAR COMPLETED  
 8= DK

SCHEDULE

FOSTERING***				MARITAL STATUS	ELIGIBILITY
IF AGED LESS THAN 15 YEARS					
Is (NAME)'s natural mother alive?  (9)	IF ALIVE	Is (NAME)'s natural father alive?  (11)	IF ALIVE	FOR WOMEN AGED 10 AND ABOVE	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGED 15-49  (14)
	Does (NAME)'s natural mother live in this household?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER	Has (NAME) ever been married?	
YES NO DK		YES NO DK		YES NO	
1 2 8		1 2 8		1 2	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	11
1 2 8		1 2 8		1 2	12
1 2 8		1 2 8		1 2	13
1 2 8		1 2 8		1 2	14
1 2 8		1 2 8		1 2	15

\*\*\*) This question refers to the biological parents of the child.  
Record '00' if parent not member of the household.

TICK HERE IF CONTINUATION SHEET USED	<input type="checkbox"/>	TOTAL NUMBER OF ELIBIBLE WOMEN	<input type="text"/>
Just to make sure I have a complete listing:			
1) Are there any persons such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→ENTER EACH IN TABLE	NO <input type="checkbox"/>
2) Are there any other people who may not be members of your family, like servants, friends, lodgers, but who usually live here?	YES <input type="checkbox"/>	→ENTER EACH IN TABLE	NO <input type="checkbox"/>
3) Are there any other guests or visitors who have been temporarily staying with you for the past 6 months or more?	YES <input type="checkbox"/>	→ENTER EACH IN TABLE	NO <input type="checkbox"/>
4) Are there any persons who usually live here who have been away for less than 6 months?	YES <input type="checkbox"/>	→ENTER EACH IN TABLE	NO <input type="checkbox"/>
5) Are there any persons we have listed who have been away for the past 6 months?	YES <input type="checkbox"/>	→DELETE NAMES FROM TABLE	NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO															
15	What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 PUMP.....04 WELL.....05 SPRING.....06 RIVER.....07 RAINWATER.....08 OTHER.....09 (SPECIFY)	17 17															
16	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
17	Does your household get drinking water from this same source?	YES.....1 NO.....2	17															
18	What is the source of drinking water for members of your household?	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 PUMP.....04 WELL.....05 SPRING.....06 RIVER.....07 RAINWATER.....08 OTHER.....09 (SPECIFY)																
19	What kind of toilet facility does your household have?	PRIVATE, W. SEPTIC TANK.....1 PRIVATE, NO SEPTIC TANK.....2 SHARED/PUBLIC.....3 OTHER.....4 (SPECIFY)																
20	Does your house have: Electricity? A radio or cassette? A television? A gas, kerosene or electric stove?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO OR CASSETTE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOVE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO OR CASSETTE.....	1	2	TELEVISION.....	1	2	STOVE.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO OR CASSETTE.....	1	2																
TELEVISION.....	1	2																
STOVE.....	1	2																
21	Does any member of your household have or have access to: A bicycle/boat? A motor vehicle?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE/BOAT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOR VEHICLE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE/BOAT.....	1	2	MOTOR VEHICLE.....	1	2							
	YES	NO																
BICYCLE/BOAT.....	1	2																
MOTOR VEHICLE.....	1	2																
22	MAIN MATERIAL OF THE FLOOR.  (RECORD OBSERVATION.)	TILE.....1 CONCRETE/BRICK.....2 WOOD.....3 BAMBOO.....4 DIRT/EARTH.....5 OTHER.....6 (SPECIFY)																

1991 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY  
INDIVIDUAL WOMAN'S QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE
1. PROVINCE .....	<input type="text"/>
2. REGENCY/MUNICIPALITY *).....	<input type="text"/>
3. SUB-DISTRICT _____	
4. VILLAGE _____	
5. AREA .....URBAN - 1.....RURAL - 2 **)	<input type="checkbox"/>
6. LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (Large city=1, Small City=2, Town=3, Countryside=4)	<input type="checkbox"/>
7. ENUMERATION AREA NUMBER _____	
8. SP90 SAMPLE CODE.....	<input type="text"/>
9. IDHS91 SAMPLE CODE .....	<input type="text"/>
10. HOUSEHOLD NUMBER.....	<input type="text"/>
11. NAME OF HOUSEHOLD HEAD _____	
12. LINE NUMBER OF WOMAN FROM HOUSEHOLD SCHEDULE.....	<input type="text"/>
13. NAME OF WOMAN _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	MONTH <input type="text"/>
INTERVIEWER'S NAME....	<input type="text"/>	<input type="text"/>	<input type="text"/>	YEAR <input type="text"/>
RESULT ***).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	INTERV. <input type="text"/>
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	FINAL RESULT <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
***) RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED 3 POSTPONED                         6 OTHER _____				

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*) Cross out category not used  
 \*\*) Circle selected category  
 \*\*\*) Choose suitable result



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you. For most of the time until you were 12 years old, did you live in a village, in a town, or in a city?	CITY.....1 TOWN.....2 VILLAGE.....3	
103	In what month and year were you born? IF MONTH NOT IN WESTERN CALENDAR, WRITE NAME: _____	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT. IF AGE LESS THAN 15 OR 50+, END INTERVIEW.	AGE IN COMPLETED YEARS.....	
104A	Are you now married, widowed, or divorced?	MARRIED.....1 DIVORCED.....2 WIDOWED.....3	
105	Have you ever attended school?	YES.....1 NO.....2	→109
106	What is the highest level of school you attended: primary, junior high, senior high, academy, or university?	PRIMARY.....1 JUNIOR HIGH SCHOOL.....2 SENIOR HIGH SCHOOL.....3 ACADEMY/UNIVERSITY.....4	
107	What is the highest (GRADE, FORM, YEAR) you completed at that level?	GRADE.....	
108	CHECK 106: PRIMARY <input type="checkbox"/> JUNIOR HIGH OR HIGHER <input type="checkbox"/>		→110
109	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→111
110	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
111	Do you usually listen to the radio every day?	YES.....1 NO.....2	
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	What religion are you?	MUSLIM.....1 PROTESTANT/CHRISTIAN.....2 CATHOLIC.....3 HINDU.....4 BUDDHIST.....5 OTHER.....6 (SPECIFY)	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	How I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ live births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-209 AS NECESSARY						
210	CHECK 208: ONE OR MORE <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→225				

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

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

212	213	214	215	216	217	218	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH 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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	How old was he/she 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. IF LESS THAN ONE DAY, WRITE '00'
01   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)<	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)<	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)<	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)<	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)<	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)<	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
07   _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)<	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	220 IF DEAD:
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH 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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	How old was he/she 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. IF LESS THAN ONE DAY, WRITE '00'
08  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)←	DAYS...1 MONTHS..2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)←	DAYS...1 MONTHS..2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)←	DAYS...1 MONTHS..2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)←	DAYS...1 MONTHS..2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)←	DAYS...1 MONTHS..2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH)←	DAYS...1 MONTHS..2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>221 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> ↓</p> <p>NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED <input type="checkbox"/></p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED <input type="checkbox"/></p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED <input type="checkbox"/></p> <p>FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS <input type="checkbox"/></p>							
<p>222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1986 IF NONE, ENTER 0 AND GO TO 224. <input type="checkbox"/></p>							
<p>223 FOR EACH BIRTH SINCE JANUARY 1986, ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME IN FRONT OF THE "B" CODE.</p>							
<p>224 AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1986, IF APPLICABLE.</p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
225	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	}228
226	How many months pregnant are you?	MONTHS.....	<input type="text"/>
	ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT		
227	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
228	Have you ever had a pregnancy that ended in a stillbirth, miscarriage, or abortion?	YES.....1 NO.....2	}234
229	When did the last such pregnancy end?	MONTH..... YEAR.....	<input type="text"/>
230	CHECK 229: DATE LAST PREGNANCY ENDED	BEFORE JANUARY 1986	}234
	SINCE JANUARY 1986	<input type="text"/>	v
231	How many months pregnant were you when the pregnancy ended?	MONTHS.....	<input type="text"/>
	ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
232	Did you ever have any other such pregnancies?	YES.....1 NO.....2	}234
233	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO JANUARY 1986. ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
234	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST PREGNANCY.....995 NEVER MENSTRUATED.....996	<input type="text"/>
235	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	}301
236	During which times of the month does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 OTHER.....5 (SPECIFY) DK.....8	

**SECTION 3: FAMILY PLANNING**

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 of these ways or methods have you heard about?

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

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Where would someone go if he/she wanted to use (METHOD)? (USE CODES BELOW)**
01] PILL "Women can take a pill every day".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
02] IUD "Women can have a loop or coil placed inside them by a doctor or a nurse".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
03] INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
04] INTRAVAG "Women can place a tissue inside them before intercourse".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
05] CONDOM "Men can use a rubber sheath during sexual intercourse".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
06] NORPLANT/IMPLANT "Women can have small rods put in the arm to prevent pregnancy".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
07] FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
08] MALE STERILIZATION "Men can have an operation to avoid having any more children".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
09] PERIODIC ABSTINENCE/CALENDAR "Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER _____
10] WITHDRAWAL "Men can be careful and pull out before climax".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
11] ABORTION/MENSTRUAL REGULATION "Women can do something to end a pregnancy".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
12] ANY OTHER METHODS? "Have you heard of any other ways or methods that women or men can use to avoid pregnancy?"  1 _____ (SPECIFY)  2 _____ (SPECIFY)  3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2	** CODES FOR 304 GOVERNMENT HOSPITAL.....01 PRIVATE HOSPITAL.....02 HEALTH CENTER (PUSKESMAS)..03 PRIVATE CLINIC.....04 HEALTH POST (POSTYANDU)....05 FP POST/VCDC/PAGUYUBAN....06 FIELDWORKER (PLKB).....07 FP MOBILE UNIT.(TKBK/TMK)..08 PHARMACY/DRUGSTORE.....09 PRIVATE DOCTOR.....10 PRIVATE MIDWIFE.....11 TRADITIONAL HEALER (DUKUN)..12 FRIENDS/RELATIVES.....13 FP SAFARI.....14 NOWHERE.....15 OTHER.....16 DON'T KNOW.....98 (SPECIFY)

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED)  AT LEAST ONE "YES" (EVER USED)  → SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	→308
307	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH		→339
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
309	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTIONS.....03 INTRAVAG.....04 CONDOM.....05 NORPLANT.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY)	→311
310	Where did you go to get this method the first time?	GOVERNMENT HOSPITAL.....01 PRIVATE HOSPITAL.....02 HEALTH CENTER (PUSKESMAS).....03 PRIVATE CLINIC.....04 HEALTH POST (POSYANDU).....05 FP POST/VCDC/PAGUYUBAN.....06 FIELDWORKER (PLKB).....07 FP MOBILE UNIT.(TKBK/TMK).....08 PHARMACY/DRUGSTORE.....09 PRIVATE DOCTOR.....10 PRIVATE MIDWIFE.....11 TRADITIONAL HEALER (DUKUN).....12 FRIENDS/RELATIVES.....13 FP SAFARI.....14 NOWHERE.....15 OTHER.....16 (SPECIFY) DON'T KNOW.....98	
311	How many living children did you have at that time, if any? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
312	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→331
313	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→315A
313A	CHECK 104A: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		→331
314	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→331
315	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 INTRAVAG.....04 CONDOM.....05 NORPLANT.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY)	→323 →316J →323 →316M →323 →321 →326
315A	CIRCLE '07' FOR FEMALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316	At the time you first started using the pill, did you consult a doctor or a midwife?	YES.....1 NO.....2 DK.....8	
316A	Do you have a package of pills in the house?	YES.....1 NO.....2	→316E
316B	Please show me the package of pills you are now using. (RECORD NAME OF BRAND)	BRAND: <input type="checkbox"/> <input type="checkbox"/>	
316C	CHECK PACKET FOR PILL USE AND MARK CORRECT CODE.	PILLS MISSING IN ORDER.....1 PILLS MISSING OUT OF ORDER.....2 NO PILLS MISSING.....3	→316G
316D	Why is it that you have not taken the pills (in order)?	DOESN'T KNOW WHAT TO DO.....1 HEALTH REASONS.....2 FOLLOWING PLKB'S INSTRUCTIONS.....3 NEW PACKET.....4 MENSTRUATING.....5 OTHER.....6 (SPECIFY)	→316G
316E	Why don't you have a package of pills in the house?	RAN OUT.....1 COST TOO MUCH.....2 HUSBAND AWAY.....3 HAS PERIOD.....4 OTHER.....5 (SPECIFY)	
316F	SHOW BRAND CHART FOR PILLS: Please tell me which of these is the brand of pills that you are using.	BRAND: <input type="checkbox"/> <input type="checkbox"/> DOESN'T KNOW.....98	
316G	When was the last time you took a pill?	DAYS AGO..... <input type="checkbox"/> <input type="checkbox"/> MORE THAN ONE MONTH AGO.....97	
316H	CHECK 316G: MORE THAN TWO DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		→323
316I	Why aren't you taking the pill these days?	HUSBAND AWAY.....01 FORGOT.....02 HEALTH REASONS.....03 COST TOO MUCH.....04 NO NEED TO TAKE DAILY.....05 RAN OUT.....06 HAS PERIOD.....07 OTHER.....08 (SPECIFY)	→323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316J	When did you last have an injection?	MONTHS AGO.....	<input type="text"/>
316K	CHECK 316J: MORE THAN THREE MONTHS AGO <input type="checkbox"/> ↓ THREE MONTHS AGO OR LESS <input type="checkbox"/>		→323
316L	Why haven't you had an injection recently?	HUSBAND AWAY.....1 FORGOT.....2 HEALTH REASONS.....3 COST TOO MUCH.....4 OTHER.....8 (SPECIFY)	→323
316M	Please show me the package of condoms that your husband is using.  RECORD NAME OF BRAND	BRAND: <input type="text"/>  NOT ABLE TO SHOW.....98	→323
316N	Why can't you show me the package of condoms that your husband is using?	HUSBAND KEEPS.....1 RAN OUT.....2 OTHER.....3 (SPECIFY)	
316O	SHOW BRAND CHART FOR CONDOMS: Please tell me which of these is the brand of condoms that your husband is using.	BRAND: <input type="text"/>  DOESN'T KNOW.....98	→323
321	In what month and year was the sterilization operation performed?	MONTH..... YEAR.....	<input type="text"/>
322	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO DATE OF OPERATION OR TO JANUARY 1986 IF OPERATION OCCURRED BEFORE 1985		→323A
323	Where did you obtain (CURRENT METHOD FROM 315) the last time?  _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....01 PRIVATE HOSPITAL.....02 HEALTH CENTER (PUSKESMAS).....03 PRIVATE CLINIC.....04 HEALTH POST (POSYANDU).....05 FP POST/VCDC/PAGUYUBAN.....06 FIELDWORKER (PLKB).....07 FP MOBILE UNIT. (TKBK/TMK).....08 PHARMACY/DRUGSTORE.....09 PRIVATE DOCTOR.....10 PRIVATE MIDWIFE.....11 TRADITIONAL HEALER (DUKUN).....12 FRIENDS/RELATIVES.....13 FP SAFARI.....14 NOWHERE.....15 OTHER.....16 (SPECIFY)	→325A
323A	Where did the sterilization take place?  _____ (NAME OF PLACE)	DON'T KNOW.....98	→325A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
324	How long does it take to travel from your home to this place?	MINUTES.....1 HOURS.....2 DON'T KNOW.....998	<input type="checkbox"/> <input type="checkbox"/>
324A	How much does the travel cost?	COST (Rp): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....999996 DON'T KNOW.....999998	
325	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
325A	CHECK 315 AND 315A:  CURRENT METHOD IS PILL, IUD, NORPLANT, STERILIZATION, INJECTION, CONDOM, INTRAVAG  <input type="checkbox"/> V	ANY OTHER METHOD  <input type="checkbox"/>	<input type="checkbox"/> → 326
325B	How much does (did) it cost you for:  1 cycle (packet) of pills... the IUD insertion... the norplant/implant... the sterilization operation... an injection... a package of condoms... intravag...  including service and registration fee, if any?	COST (Rp): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....999996 DON'T KNOW.....999998	
326	What is the main reason you decided to use (CURRENT METHOD FROM 315) rather than some other method of family planning?	RECOMMENDATION OF FAMILY PLANNING WORKER.....01 RECOMMENDATION OF FRIEND/RELATIVE.....02 SIDE EFFECTS OF OTHER METHODS..03 CONVENIENCE.....04 ACCESS/AVAILABILITY.....05 COST.....06 WANTED PERMANENT METHOD.....07 HUSBAND PREFERRED.....08 WANTED MORE EFFECTIVE METHOD...09 OTHER.....10 (SPECIFY) DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
327	Are you having any health problems in using (CURRENT METHOD)?	YES.....1 NO.....2	→328A
328	What is the main health problem?	WEIGHT GAIN.....01 WEIGHT LOSS.....02 BLEEDING.....03 HYPERTENSION.....04 HEADACHE.....05 NAUSEA.....06 AMENORRHEA.....07 WEAK/TIRED.....08 OTHER.....09 (SPECIFY) DK.....98	
328A	Are you having any other problems in using (CURRENT METHOD)?	YES.....1 NO.....2	→329
328B	What is the main problem?	HUSBAND DISAPPROVES.....01 ACCESS/AVAILABILITY.....02 COSTS TOO MUCH.....03 INCONVENIENT TO USE.....04 STERILIZED, WANTS CHILDREN.....05 OTHER.....06 (SPECIFY) DK.....98	
329	CHECK 315 AND 321:	NEITHER STERILIZED <input type="checkbox"/> STERILIZED BEFORE JANUARY 1986 <input type="checkbox"/> STERILIZED SINCE JANUARY 1986 <input type="checkbox"/>	→348 →331
330	ENTER METHOD CODE FROM 315 IN CURRENT MONTH IN COL.1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.  ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?		
331	I would like to ask some questions about all of the (other) periods in the last few years during which you used a method to avoid getting pregnant.  USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1986.  USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.  IN EACH MONTH, ENTER CODE FOR METHOD OR "0" FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.  NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1  ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.  ILLUSTRATIVE QUESTIONS: COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then?  COLUMN 2: -Why did you stop using the (METHOD)? -Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason?  IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: "How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER "0" IN EACH SUCH MONTH IN COLUMN 1.		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
338	CHECK 315: NOT CURRENTLY USING A METHOD <input type="checkbox"/> CURRENTLY USING PERIODIC ABSTINENCE WITHDRAWAL, OTHER TRADITIONAL METHOD <input type="checkbox"/> (SKIP TO 344)	CURRENTLY USING A MODERN METHOD <input type="checkbox"/>	348
339	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	341 344
340	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 RELATIVES OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER.....17 (SPECIFY) DK.....98	344
341	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	341
342	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 INTRAVAG.....04 CONDOM.....05 NORPLANT.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY) UNSURE.....98	344
343	Where can you get (METHOD MENTIONED IN 342)?  _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....01 PRIVATE HOSPITAL.....02 HEALTH CENTER (PUSKESMAS).....03 PRIVATE CLINIC.....04 HEALTH POST (POSYANDU).....05 FP POST/VCDC/PAGUYUBAN.....06 FIELDWORKER (PLKB).....07 FP MOBILE UNIT.(TKBK/TMK).....08 PHARMACY/DRUGSTORE.....09 PRIVATE DOCTOR.....10 PRIVATE MIDWIFE.....11 TRADITIONAL HEALER (DUKUN).....12 FRIENDS/RELATIVES.....13 FP SAFARI.....14 NOWHERE.....15 OTHER.....16 (SPECIFY) DON'T KNOW.....98	346 348 346 348
344	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	348
345	Where is that?  _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....01 PRIVATE HOSPITAL.....02 HEALTH CENTER (PUSKESMAS).....03 PRIVATE CLINIC.....04 HEALTH POST (POSYANDU).....05 FP POST/VCDC/PAGUYUBAN.....06 FIELDWORKER (PLKB).....07 FP MOBILE UNIT.(TKBK/TMK).....08 PHARMACY/DRUGSTORE.....09 PRIVATE DOCTOR.....10 PRIVATE MIDWIFE.....11 TRADITIONAL HEALER (DUKUN).....12 FRIENDS/RELATIVES.....13 FP SAFARI.....14 NOWHERE.....15 OTHER.....16 (SPECIFY)	348 348

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
346	How long does it take to travel from your home to this place?	MINUTES.....1 HOURS.....2 DK.....998	
346A	How much does the travel cost?	COST (Rp): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....999996 DON'T KNOW.....999998	
347	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
348	Has any family planning worker given you an explanation about family planning in the last six months?  IF YES: Who visited you?  Anyone else?  CIRCLE ALL PERSONS WHO VISITED	FIELDWORKER(SUB-DISTRICT LEVEL).A PKK (WOMEN'S ORG.).....B VCDC/PPKBD (VILLAGE LEVEL).....C CADRE.....D NURSE.....E MIDWIFE.....F OTHER.....G (SPECIFY)	
348A	Have you ever heard of Blue Circle?	YES.....1 NO.....2 DK.....8	348C
348B	Can you tell me what it is?	PRIVATE FAMILY PLANNING SERVICE.1 OTHER.....2 (SPECIFY) DK.....8	
348C	Are you a member of any acceptor or family planning group?	YES, VILLAGE LEVEL.....1 YES, SUB-VILLAGE LEVEL.....2 YES, DASA WISMA LEVEL.....3 YES, OTHER LEVEL.....4 NO.....5 DON'T KNOW.....8	
348D	If a woman wants to delay the next birth, which method do you think would be best for her to use?	PILL.....01 IUD.....02 INJECTIONS.....03 INTRAVAG.....04 CONDOM.....05 NORPLANT.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY) DK.....98	
348E	If a woman has all the children she wants, which method do you think would be best for her to use?	PILL.....01 IUD.....02 INJECTIONS.....03 INTRAVAG.....04 CONDOM.....05 NORPLANT.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY) DK.....98	
348F	Of the sources I am going to mention, which do you think are an appropriate source for family planning information?  READ RESPONSES.	YES NO PRIVATE DOCTOR.....1 2 PRIVATE MIDWIFE.....1 2 FP FIELDWORKER.....1 2 VILLAGE OFFICIAL.....1 2 RELIGIOUS LEADER.....1 2 WOMEN'S ORG. (PKK).....1 2 PHARMACIST.....1 2 TEACHER.....1 2 TELEVISION.....1 2 RADIO.....1 2	

**SECTION 4A. PREGNANCY AND BREASTFEEDING**

401	CHECK 222 : ONE OR MORE LIVE BIRTHS SINCE JAN. 1986 <input type="checkbox"/>	NO LIVE BIRTHS SINCE JAN. 1986 <input type="checkbox"/> → (SKIP TO 441)	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1986 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).  Now I would like to ask you some more questions about the health of children you had in the past five years. (We will talk about one child at a time.)		
	LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>
	FROM Q. 212 AND Q. 216	LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST-BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
		SECOND-FROM-LAST-BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
403	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no more</u> children at all?	THEN.....1 LATER.....2 NO MORE.....3	THEN.....1 LATER.....2 NO MORE.....3
405	When you were pregnant with (NAME), did you go anywhere for antenatal care for this pregnancy?  IF YES, where did you go?	GOVERNMENT HOSPITAL.....01 PRIVATE HOSPITAL.....02 HEALTH CENTER (PUSKESMAS)03 HEALTH POST (POSYANDU)...04 PRIVATE CLINIC.....05 PRIVATE DOCTOR.....06 MIDWIFE.....07 OTHER.....08 (SPECIFY) (SKIP TO 407)← NOWHERE.....09 (SKIP TO 409)←	GOVERNMENT HOSPITAL.....01 PRIVATE HOSPITAL.....02 HEALTH CENTER (PUSKESMAS)03 HEALTH POST (POSYANDU)...04 PRIVATE CLINIC.....05 PRIVATE DOCTOR.....06 MIDWIFE.....07 OTHER.....08 (SPECIFY) (SKIP TO 407)← NOWHERE.....09 (SKIP TO 409)←
406	Were you given an antenatal card (KMS for pregnant mother) for this pregnancy?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
407	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
408	How many antenatal visits did you have during that pregnancy?	NO. OF VISITS..... <input type="text"/> DK.....98	NO. OF VISITS..... <input type="text"/> DK.....98
409	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411)← DK.....8	YES.....1 NO.....2 (SKIP TO 411)← DK.....8
410	How many times did you get this injection?	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____
411	Where did you give birth to (NAME)?	PRIVATE HOME.....01 GOV. HOSPITAL.....02 PRIVATE HOSPITAL.....03 MATERNITY HOSPITAL.....04 HEALTH CENTER.....05 MIDWIFE'S PRIVT CLINIC..06 DOCTOR'S PRIVATE CLINIC.07 OTHER.....08 (SPECIFY)	PRIVATE HOME.....01 GOV. HOSPITAL.....02 PRIVATE HOSPITAL.....03 MATERNITY HOSPITAL.....04 HEALTH CENTER.....05 MIDWIFE'S PRIVT CLINIC..06 DOCTOR'S PRIVATE CLINIC.07 OTHER.....08 (SPECIFY)	PRIVATE HOME.....01 GOV. HOSPITAL.....02 PRIVATE HOSPITAL.....03 MATERNITY HOSPITAL.....04 HEALTH CENTER.....05 MIDWIFE'S PRIVT CLINIC..06 DOCTOR'S PRIVATE CLINIC.07 OTHER.....08 (SPECIFY)
412	Who assisted with the delivery of (NAME)?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....E (SPECIFY) NO ONE.....F	DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....E (SPECIFY) NO ONE.....F	DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....E (SPECIFY) NO ONE.....F
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 417)←	YES.....1 NO.....2 (SKIP TO 417)←	YES.....1 NO.....2 (SKIP TO 417)←
416	How much did (NAME) weigh?	KILOGRAMS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998	KILOGRAMS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998	KILOGRAMS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998
417	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8  (SKIP TO 420)	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8  (SKIP TO 420)
418	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 420)← NO.....2		
419	ENTER "X" IN COL.3 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY)	(SKIP TO 420A)		
420	For how many months after the birth of (NAME) did you not have a period?	ENTER "X" IN COL.3 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.3 IN MONTH AFTER BIRTH.		
420A	CHECK 225: WOMAN PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> v (SKIP TO 423)		
421	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 (SKIP TO 423)← NO.....2		
422	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.	(SKIP TO 424)		
423	For how many months after the birth of (NAME) did you not have sexual relations?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH.  IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "0" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH.		

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST-BIRTH	NAME	SECOND-FROM-LAST-BIRTH																																					
424	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 426)←	NO.....2	YES.....1 (SKIP TO 433)←	NO.....2	YES.....1 (SKIP TO 433)←	NO.....2																																				
424A ENTER "M" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH																																											
425	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM.04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435) ←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM.04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435) ←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM.04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435) ←																																							
426	Was the first breastmilk given to (NAME) or thrown away?	GIVEN TO CHILD.....1 THROWN AWAY.....2																																									
426A	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 433)																																									
427	Are you still breast-feeding (NAME)?	YES.....1 NO.....2 (SKIP TO 433)←																																									
428 ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH																																											
429	How many times did you breastfeed last night between sundown and sunup? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.)	NUMBER OF NIGHTTIME FEEDINGS	<input type="text"/>	<input type="text"/>																																							
430	How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.)	NUMBER OF DAYLIGHT FEEDINGS	<input type="text"/>	<input type="text"/>																																							
431	At any time yesterday or last night was (NAME) given any of the following?:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Plain water?</td><td>PLAIN WATER.....1</td><td>2</td></tr> <tr><td>Sugar water?</td><td>SUGAR WATER.....1</td><td>2</td></tr> <tr><td>Juice?</td><td>JUICE.....1</td><td>2</td></tr> <tr><td>Honey?</td><td>HONEY.....1</td><td>2</td></tr> <tr><td>Tea or herbs?</td><td>TEA/HERBS.....1</td><td>2</td></tr> <tr><td>Mashed food?</td><td>MASHED FOOD.....1</td><td>2</td></tr> <tr><td>Fresh milk?</td><td>FRESH MILK.....1</td><td>2</td></tr> <tr><td>Sweetened condensed milk?</td><td>SWEETENED MILK.....1</td><td>2</td></tr> <tr><td>Powdered milk?</td><td>POWDERED MILK.....1</td><td>2</td></tr> <tr><td>Rice water or other liquids?</td><td>RICE WATER/ OTHER LIQUIDS.....1</td><td>2</td></tr> <tr><td>Any solid food or porridge?</td><td>SOLID FOOD/PORRIDGE..1</td><td>2</td></tr> </tbody> </table>		YES	NO	Plain water?	PLAIN WATER.....1	2	Sugar water?	SUGAR WATER.....1	2	Juice?	JUICE.....1	2	Honey?	HONEY.....1	2	Tea or herbs?	TEA/HERBS.....1	2	Mashed food?	MASHED FOOD.....1	2	Fresh milk?	FRESH MILK.....1	2	Sweetened condensed milk?	SWEETENED MILK.....1	2	Powdered milk?	POWDERED MILK.....1	2	Rice water or other liquids?	RICE WATER/ OTHER LIQUIDS.....1	2	Any solid food or porridge?	SOLID FOOD/PORRIDGE..1	2					
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432	CHECK 431 : FOOD OR LIQUID GIVEN YESTERDAY?	YES TO ONE OR MORE <input type="checkbox"/> NO TO ALL <input type="checkbox"/> ↓ (SKIP TO 437)	(SKIP TO 437)	(SKIP TO 436)																																							

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____
433	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. IF BREASTFED LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.		
434	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)
435	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 437)
436	Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←
437	How many months old was (NAME) when you started giving the following on a regular basis:  Formula or milk other than breastmilk?  Fruit?  Any mushy or solid food?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 (IF LESS THAN ONE MONTH, RECORD '00')	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 (IF LESS THAN ONE MONTH, RECORD '00') (SKIP TO 440)	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96  AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 (IF LESS THAN ONE MONTH, RECORD '00') (SKIP TO 440)
438	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 440)		
439	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		
440	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 441			



**SECTION 4B. IMMUNIZATION AND HEALTH**

446A ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1966 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).																																																																																																																																							
LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																																																				
	LAST BIRTH NAME <input style="width: 80%;" type="text"/>	NEXT-TO-LAST-BIRTH NAME <input style="width: 80%;" type="text"/>	SECOND-FROM-LAST-BIRTH NAME <input style="width: 80%;" type="text"/>																																																																																																																																				
447 Do you have a card where (NAME'S) vaccinations are written down?  IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 449) < <input style="width: 20px;" type="text"/> YES, NOT SEEN.....2 (SKIP TO 451) < <input style="width: 20px;" type="text"/> NO CARD.....3	YES, SEEN.....1 (SKIP TO 449) < <input style="width: 20px;" type="text"/> YES, NOT SEEN.....2 (SKIP TO 451) < <input style="width: 20px;" type="text"/> NO CARD.....3	YES, SEEN.....1 (SKIP TO 449) < <input style="width: 20px;" type="text"/> YES, NOT SEEN.....2 (SKIP TO 451) < <input style="width: 20px;" type="text"/> NO CARD.....3																																																																																																																																				
448 Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 451) < <input style="width: 20px;" type="text"/> NO.....2	YES.....1 (SKIP TO 451) < <input style="width: 20px;" type="text"/> NO.....2	YES.....1 (SKIP TO 451) < <input style="width: 20px;" type="text"/> NO.....2																																																																																																																																				
449 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN, IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	GOVERNMENT HOSPITAL.....1 PRIVATE HOSPITAL.....2 HEALTH CENTER (PUSKESMAS).3 PRIVATE CLINIC.....4 HEALTH POST (POSYANDU).....5 PRIVATE DOCTOR.....6 NURSE/MIDWIFE.....7 OTHER.....8	GOVERNMENT HOSPITAL.....1 PRIVATE HOSPITAL.....2 HEALTH CENTER (PUSKESMAS).3 PRIVATE CLINIC.....4 HEALTH POST (POSYANDU).....5 PRIVATE DOCTOR.....6 NURSE/MIDWIFE.....7 OTHER.....8	GOVERNMENT HOSPITAL.....1 PRIVATE HOSPITAL.....2 HEALTH CENTER (PUSKESMAS).3 PRIVATE CLINIC.....4 HEALTH POST (POSYANDU).....5 PRIVATE DOCTOR.....6 NURSE/MIDWIFE.....7 OTHER.....8																																																																																																																																				
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450 Has (NAME) received any vaccinations that are not recorded on this card?	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 449) < <input style="width: 20px;" type="text"/> NO.....2 DK.....8 (SKIP TO 453)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 449) < <input style="width: 20px;" type="text"/> NO.....2 DK.....8 (SKIP TO 453)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 449) < <input style="width: 20px;" type="text"/> NO.....2 DK.....8 (SKIP TO 453)																																																																																																																																				
451 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 453) < <input style="width: 20px;" type="text"/> DK.....8	YES.....1 NO.....2 (SKIP TO 453) < <input style="width: 20px;" type="text"/> DK.....8	YES.....1 NO.....2 (SKIP TO 453) < <input style="width: 20px;" type="text"/> DK.....8																																																																																																																																				
452 Please tell me if (NAME) (has) received any of the following vaccinations:	YES.....1 NO.....2 DK.....8  YES.....1 NO.....2 DK.....8  IF YES: How many times? <input style="width: 40px;" type="text"/>  YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8  YES.....1 NO.....2 DK.....8  IF YES: How many times? <input style="width: 40px;" type="text"/>  YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8  YES.....1 NO.....2 DK.....8  IF YES: How many times? <input style="width: 40px;" type="text"/>  YES.....1 NO.....2 DK.....8																																																																																																																																				
453 CHECK 216:  CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 455)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 455)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 455)																																																																																																																																				
454 GO BACK TO 447 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 481																																																																																																																																							

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____
455	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
456	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 459)← DK.....8	YES.....1 NO.....2 (SKIP TO 459)← DK.....8	YES.....1 NO.....2 (SKIP TO 459)← DK.....8
456A	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
459	CHECK 455 AND 456: FEVER OR COUGH?	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> V <input type="checkbox"/> OTHER →(SKIP TO 463)	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> V <input type="checkbox"/> OTHER →(SKIP TO 463)	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> V <input type="checkbox"/> OTHER →(SKIP TO 463)
460	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 462)←	YES.....1 NO.....2 (SKIP TO 462)←	YES.....1 NO.....2 (SKIP TO 462)←
461	Where did you seek advice or treatment? Anyone else? (CIRCLE EACH MENTIONED)	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).C PRIVATE CLINIC.....D HEALTH POST (POSYANDU)....E PRIVATE DOCTOR.....F PRIVATE MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER (DUKUN).I PHARMACY/DRUGSTORE.....J SHOP.....K OTHER.....L (SPECIFY)	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).C PRIVATE CLINIC.....D HEALTH POST (POSYANDU)....E PRIVATE DOCTOR.....F PRIVATE MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER (DUKUN).I PHARMACY/DRUGSTORE.....J SHOP.....K OTHER.....L (SPECIFY)	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).C PRIVATE CLINIC.....D HEALTH POST (POSYANDU)....E PRIVATE DOCTOR.....F PRIVATE MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER (DUKUN).I PHARMACY/DRUGSTORE.....J SHOP.....K OTHER.....L (SPECIFY)
462	What was given to treat the fever/cough, if anything? Anything else? (CIRCLE EACH MENTIONED)	NO TREATMENT.....A ANTIPYRETIC (PILL OR SYRUP).....B COUGH PILL/SYRUP.....C OTHER PILL OR SYRUP.....D HERBAL MEDICINE (JAMU)...E EXTERNAL MEDICINE.....F OTHER.....G (SPECIFY)	NO TREATMENT.....A ANTIPYRETIC (PILL OR SYRUP).....B COUGH PILL/SYRUP.....C OTHER PILL OR SYRUP.....D HERBAL MEDICINE (JAMU)...E EXTERNAL MEDICINE.....F OTHER.....G (SPECIFY)	NO TREATMENT.....A ANTIPYRETIC (PILL OR SYRUP).....B COUGH PILL/SYRUP.....C OTHER PILL OR SYRUP.....D HERBAL MEDICINE (JAMU)...E EXTERNAL MEDICINE.....F OTHER.....G (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____
463	Has (NAME) had diarrhea in the last two weeks?*	YES.....1 (SKIP TO 465)←.....1 NO.....2 DK.....8	YES.....1 (SKIP TO 465)←.....1 NO.....2 DK.....8	YES.....1 (SKIP TO 465)←.....1 NO.....2 DK.....8
464	GO BACK TO 447 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, SKIP TO 481			
465	Has (NAME) had diarrhea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
466	How long has the diarrhea lasted/did the diarrhea last?	DAYS..... <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, ENTER '00')	DAYS..... <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, ENTER '00')	DAYS..... <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, ENTER '00')
466A	Was there any mucus in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
467	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 471)	YES.....1 NO.....2 DK.....8 (SKIP TO 471)
468	CHECK 427: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> V (SKIP TO 471)		
469	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 471)←.....2		
470	Did you <u>increase</u> the number of feeds or <u>reduce</u> them, or did you <u>stop</u> completely?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
471	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
472	Was (NAME) given a fluid made from a special packet called ORALIT?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
473	Was (NAME) given a recommended home-made fluid such as a solution made of sugar, salt, and water, or soup, rice water, coconut water, broth or tea?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

	LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____	
474	CHECK 472 AND 473: CHILD GIVEN FLUID FROM PACKET (ORALIT, CHECK 472) AND/OR RECOMMENDED HOME-MADE FLUID (473)?	YES GIVEN FLUID (ORALIT) (PKT./HOME) <input type="checkbox"/> ↓ NO FLUID <input type="checkbox"/> ↓ (SKIP TO 476)	YES GIVEN FLUID (ORALIT) (PKT./HOME) <input type="checkbox"/> ↓ NO FLUID <input type="checkbox"/> ↓ (SKIP TO 476)	YES GIVEN FLUID (ORALIT) (PKT./HOME) <input type="checkbox"/> ↓ NO FLUID <input type="checkbox"/> ↓ (SKIP TO 476)
475	For how many days was (NAME) given this fluid?	DAYS..... <input type="text"/> OK.....98 (IF LESS THAN ONE DAY, RECORD '00')	DAYS..... <input type="text"/> OK.....98 (IF LESS THAN ONE DAY, RECORD '00')	DAYS..... <input type="text"/> OK.....98 (IF LESS THAN ONE DAY, RECORD '00')
476	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 478)←	YES.....1 NO.....2 (SKIP TO 478)←	YES.....1 NO.....2 (SKIP TO 478)←
477	Where did you seek advice or treatment from?  Any other place?  (CIRCLE EACH MENTIONED)	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).C PRIVATE CLINIC.....D HEALTH POST (POSYANDU).....E PRIVATE DOCTOR.....F NURSE/MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER.....I PHARMACY/DRUGSTORE.....J SHOP.....K OTHER.....L	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).C PRIVATE CLINIC.....D HEALTH POST (POSYANDU).....E PRIVATE DOCTOR.....F NURSE/MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER.....I PHARMACY/DRUGSTORE.....J SHOP.....K OTHER.....L	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).C PRIVATE CLINIC.....D HEALTH POST (POSYANDU).....E PRIVATE DOCTOR.....F NURSE/MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER.....I PHARMACY/DRUGSTORE.....J SHOP.....K OTHER.....L
478	Was anything given for the diarrhea (other than ORALIT or a home fluid)?	YES.....1 NO.....2 (SKIP TO 480)← DK.....B	YES.....1 NO.....2 (SKIP TO 480)← DK.....B	YES.....1 NO.....2 (SKIP TO 480)← DK.....B
479	What was given to treat the diarrhea?  Anything else?  (CIRCLE EACH MENTIONED)	CAPSULE.....A PILL.....B SYRUP.....C HERBAL MEDICINES.....D EXTERNAL MEDICINE.....E OTHER.....F (SPECIFY)	CAPSULE.....A PILL.....B SYRUP.....C HERBAL MEDICINES.....D EXTERNAL MEDICINE.....E OTHER.....F (SPECIFY)	CAPSULE.....A PILL.....B SYRUP.....C HERBAL MEDICINES.....D EXTERNAL MEDICINE.....E OTHER.....F (SPECIFY)
480	GO BACK TO 447 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 481			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
481	CHECK 472:  ORALIT SOLUTION MENTIONED FOR ANY CHILD IN 472 <input type="checkbox"/>	ORALIT SOLUTION NOT MENTIONED OR 472 NOT ASKED <input type="checkbox"/>	→484
482	Before this interview, had you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES.....1 NO.....2	→484
483	Have you ever seen a packet like this before? (SHOW PACKET)	YES.....1 NO.....2	→487
484	Have you ever prepared a solution with one of these packets to treat diarrhea in your household or in someone else? (SHOW PACKET)	YES.....1 NO.....2	→486
485	Where did you get the water you used to prepare ORALIT?	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 PUMP.....04 WELL.....05 SPRING.....06 RIVER.....07 RAINWATER.....08 OTHER.....09 (SPECIFY)	
485A	Did you boil the water?	YES.....1 NO.....2 DON'T KNOW.....B	
486	Where can you get the ORALIT packet?  PROBE: Anywhere else? (CIRCLE ALL PLACES MENTIONED)	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).....C PRIVATE CLINIC.....D HEALTH POST (POSYANDU).....E PRIVATE DOCTOR.....F NURSE/MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER (DUKUN).....I PHARMACY/DRUGSTORE.....J SHOP.....K OTHER.....L (SPECIFY)	
487	CHECK 473:  RECOMMENDED HOME-MADE FLUID MENTIONED (ANY YES IN 473) <input type="checkbox"/>	RECOMMENDED HOME-MADE FLUID NOT MENTIONED OR 473 NOT ASKED <input type="checkbox"/>	→501
488	Who taught you about the home fluid given to (NAME)?	GOVERNMENT HOSPITAL.....A PRIVATE HOSPITAL.....B HEALTH CENTER (PUSKESMAS).....C PRIVATE CLINIC.....D HEALTH POST (POSYANDU).....E PRIVATE DOCTOR.....F NURSE/MIDWIFE.....G HEALTH CADRE.....H TRADITIONAL HEALER (DUKUN).....I PHARMACY/DRUGSTORE.....J SHOP.....K TELEVISION/RADIO/NEWSPAPER.....L OTHER.....M (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
501	Have you been married only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2																
502	How old were you when you started living with your (first) husband?	AGE..... <input style="width: 20px;" type="text"/>																
503	In what month and year did you start living with him? COMPARE AND CORRECT 502 AND/OR 503 IF INCONSISTENT.	MONTH..... <input style="width: 20px;" type="text"/> DK MONTH.....98 YEAR..... <input style="width: 20px;" type="text"/> DK YEAR.....98																
504	DETERMINE MONTHS MARRIED SINCE JANUARY 1986. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1986.  FOR WOMEN NOT CURRENTLY MARRIED OR WITH MORE THAN ONE MARRIAGE: PROBE FOR DATE COUPLE TERMINATED THEIR MARRIAGE OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE.																	
505	CHECK 104A: CURRENTLY MARRIED <input style="width: 20px;" type="checkbox"/> WIDOWED, DIVORCED <input style="width: 20px;" type="checkbox"/>		→510															
506	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility.  How many times did you have sexual intercourse in the last four weeks?	TIMES..... <input style="width: 20px;" type="text"/>																
507	How many times in a month do you <u>usually</u> have sexual intercourse?	TIMES..... <input style="width: 20px;" type="text"/>																
508	When was the last time you had sexual intercourse?	DAYS AGO.....1 <input style="width: 20px;" type="text"/> WEEKS AGO.....2 <input style="width: 20px;" type="text"/> MONTHS AGO.....3 <input style="width: 20px;" type="text"/> YEARS AGO.....4 <input style="width: 20px;" type="text"/> BEFORE LAST BIRTH.....996																
509	How old were you when you first had sexual intercourse?	AGE..... <input style="width: 20px;" type="text"/> FIRST TIME WHEN MARRIED.....96																
510	PRESENCE OF OTHERS AT THIS POINT.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HUSBAND.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 315: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		606
602	CHECK 104A: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED <input type="checkbox"/>		611
603	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? How I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	609
603A	How many additional children do you want?	NUMBER OF CHILDREN.....	
604	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER (SPECIFY).....996 DK.....998	609
604A	CHECK 216 AND 225: HAS LIVING CHILDREN OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/>		609
605	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How old would you like your youngest child to be when your next child is born? How old would you like the child you are expecting to be when your next child is born?	AGE OF CHILD YEARS..... DK.....98	609
606	Do you regret that you (your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	611
607	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD...1 HUSBAND WANTS ANOTHER CHILD...2 SIDE EFFECTS.....3 OTHER REASON (SPECIFY).....4	611



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND.		
	Now I have some questions about your (most recent) husband.		
702	Did your (last) husband ever attend school?	YES.....1 NO.....2	→705
703	What was the highest level of school he attended: primary, junior high, senior high, academy, or university?	PRIMARY .....1 JUNIOR HIGH SCHOOL.....2 SENIOR HIGH SCHOOL.....3 ACADEMY/UNIVERSITY.....4 DK.....8	
704	What was the highest grade or class he completed at that level?	GRADE..... <input type="checkbox"/> DK.....8	
705	What kind of work does (did) your (last) husband mainly do?  DO NOT CIRCLE, EXCEPT CODE "00".  _____  _____  _____	NEVER WORKED.....00 PROFESSIONAL, TECHNICAL.....01 MANAGERS AND ADMINISTRATORS.....02 CLERICAL.....03 SALES.....04 SERVICE.....05 AGRICULTURAL WORKER.....06 INDUSTRIAL WORKER.....07 OTHER.....08 MILITARY MEMBERS.....09 DON'T KNOW.....98	→708
706	CHECK 705:  WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE V  DOES (DID) NOT WORK <input type="checkbox"/> IN AGRICULTURE		→708
707	Does (did) your husband work mainly on his own land or family land, or does he rent land or does he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	→708
707A	Does (did) he work mainly for money or a share of the crops?	MONEY.....1 SHARE OF THE CROPS.....2 DK.....8	→708
707B	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Since you were first married, how many different communities (desas) have you lived in for 6 months or more?	NUMBER OF DESAS.....	<input type="text"/>
713	I would like to ask you some questions about working. As you know, many women work - I mean aside from doing their own housework. Some take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Before you married your (first) husband, did you ever do any of these things or any other work?	YES.....1 NO.....2	
714	Since you were first married, have you ever worked?	YES.....1 NO.....2	
715	CHECK 713 AND 714: EVER WORKED <input type="checkbox"/> NEVER WORKED <input type="checkbox"/>		718
716	Are you currently working?	YES.....1 NO.....2	
717	What is (was) your (most recent) occupation? That is, what kind of work do (did) you mainly do? _____ _____ _____	PROFESSIONAL, TECHNICAL.....01 MANAGERS AND ADMINISTRATORS.....02 CLERICAL.....03 SALES.....04 SERVICE.....05 AGRICULTURAL WORKER.....06 INDUSTRIAL WORKER.....07 OTHER.....08 MILITARY MEMBERS.....09	
718	RECORD THE TIME	HOURS..... MINUTES.....	<input type="text"/> <input type="text"/>



CALENDAR

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 IN COLUMNS 1 AND 6, ALL BOXES SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN.

COL 1: Births, Pregnancies, Contraceptive Use

- L BIRTHS
- H PREGNANCIES
- K STILLBIRTHS/MISCARRIAGES/ABORTIONS

- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTION
- 4 INTRAVAG
- 5 CONDOM
- 6 MORPLANT
- 7 FEMALE STERILIZATION
- 8 MALE STERILIZATION
- 9 PERIODIC ABSTINENCE/CALENDAR
- S WITHDRAWAL

N OTHER \_\_\_\_\_  
 (SPECIFY)

COL. 2: Discontinuation of Contraceptive Use

- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 SIDE EFFECTS
- 5 HEALTH CONCERNS
- 6 ACCESS/AVAILABILITY
- 7 WANTED MORE EFFECTIVE METHOD
- 8 INCONVENIENT TO USE
- 9 INFREQUENT SEX/ HUSBAND AWAY
- B COST
- F FATALISTIC
- M MENOPAUSAL
- C DIVORCED/SEPARATED/WIDOWED
- X IUD EXPELLED
- N OTHER \_\_\_\_\_  
 (SPECIFY)

T DON'T KNOW

COL. 3: Post-partum Amenorrhea

- X PERIOD DID NOT RETURN
- 0 LESS THAN 1 MONTH

COL. 4: Post-partum Abstinence

- X NO SEXUAL RELATIONS
- 0 LESS THAN 1 MONTH

COL. 5: Breastfeeding

- X BREASTFEEDING
- 0 LESS THAN 1 MONTH
- N NEVER BREASTFED

COL. 6: Marriage/Union

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

		1	2	3	4	5	6		
SEP	01							01	SEP
AUG	02							02	AUG
1	JUL	03						03	JUL 1
9	JUN	04						04	JUN 9
9	MAY	05						05	MAY 9
1	APR	06						06	APR 1
	MAR	07						07	MAR
	FEB	08						08	FEB
	JAN	09						09	JAN
DEC	10							10	DEC
NOV	11							11	NOV
OCT	12							12	DCT
SEP	13							13	SEP
1	AUG	14						14	AUG 1
9	JUL	15						15	JUL 9
9	JUN	16						16	JUN 9
0	MAY	17						17	MAY 0
	APR	18						18	APR
	MAR	19						19	MAR
	FEB	20						20	FEB
	JAN	21						21	JAN
DEC	22							22	DEC
NOV	23							23	NOV
OCT	24							24	OCT
SEP	25							25	SEP
1	AUG	26						26	AUG 1
9	JUL	27						27	JUL 9
8	JUN	28						28	JUN 8
9	MAY	29						29	MAY 9
	APR	30						30	APR
	MAR	31						31	MAR
	FEB	32						32	FEB
	JAN	33						33	JAN
DEC	34							34	DEC
NOV	35							35	NOV
OCT	36							36	OCT
SEP	37							37	SEP
1	AUG	38						38	AUG 1
9	JUL	39						39	JUL 9
8	JUN	40						40	JUN 8
8	MAY	41						41	MAY 8
	APR	42						42	APR
	MAR	43						43	MAR
	FEB	44						44	FEB
	JAN	45						45	JAN
DEC	46							46	DEC
NOV	47							47	NOV
OCT	48							48	OCT
SEP	49							49	SEP
1	AUG	50						50	AUG 1
9	JUL	51						51	JUL 9
8	JUN	52						52	JUN 8
7	MAY	53						53	MAY 7
	APR	54						54	APR
	MAR	55						55	MAR
	FEB	56						56	FEB
	JAN	57						57	JAN
DEC	58							58	DEC
NOV	59							59	NOV
OCT	60							60	OCT
SEP	61							61	SEP
1	AUG	62						62	AUG 1
9	JUL	63						63	JUL 9
8	JUN	64						64	JUN 8
6	MAY	65						65	MAY 6
	APR	66						66	APR
	MAR	67						67	MAR
	FEB	68						68	FEB
	JAN	69						69	JAN

LAST CHILD BORN PRIOR TO JANUARY 1986

NAME: \_\_\_\_\_ MONTH... 

--	--

  
 YEAR... 

--	--

