

APPENDIX E

QUESTIONNAIRES



INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994

HOUSEHOLD SCHEDULE

Confidential

IDENTIFICATION	CODE
1. PROVINCE
2. REGENCY/MUNICIPALITY *)
3. SUB-DISTRICT
4. VILLAGE
5. AREA.....URBAN - 1.....RURAL - 2 **)
6. LARGE CITY -1/SMALL CITY -2/TOWN -3/COUNTRYSIDE -4*)
7. ENUMERATION AREA NUMBER
8. SUSENAS 1994 SAMPLE CODE.....
9. IDHS 1994 SAMPLE CODE.....
10. HOUSEHOLD NUMBER.....
11. NAME OF HOUSEHOLD HEAD

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
INTERVIEW DATE.....				MONTH
INTERVIEWER'S NAME....				YEAR
RESULT ***)				INTERVIEWER
NEXT VISIT: DATE				FINAL RESULT
TIME				TOTAL NUMBER OF VISITS
***) RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				NUMBER OF HOUSEHOLD MEMBERS TOTAL EVER-MARRIED WOMEN 15-49

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	CODE	KEYED BY	CODE
NAME						
DATE						

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

HOUSEHOLD

Now I would like some information about

NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	EDUCATION					
					FOR ALL PERSONS AGED 5 OR OLDER					
	Please give me the names of the persons who usually live in your household, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? *	Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	What is the highest level of school (NAME) attended?	What is the highest grade (NAME) completed at that level? **	IF AGE LESS THAN 25 YEARS	Is (NAME) still in school?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7)	(8)	(8)	
			M F	YEARS	YES NO	LEVEL GRADE	YES NO	YES NO	YES NO	
01			1 2		1 2			1 2	1 2	
02			1 2		1 2			1 2	1 2	
03			1 2		1 2			1 2	1 2	
04			1 2		1 2			1 2	1 2	
05			1 2		1 2			1 2	1 2	
06			1 2		1 2			1 2	1 2	
07			1 2		1 2			1 2	1 2	
08			1 2		1 2			1 2	1 2	
09			1 2		1 2			1 2	1 2	
10			1 2		1 2			1 2	1 2	
11			1 2		1 2			1 2	1 2	
12			1 2		1 2			1 2	1 2	
13			1 2		1 2			1 2	1 2	
14			1 2		1 2			1 2	1 2	
15			1 2		1 2			1 2	1 2	

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed?
- 2) Are there any other people who may not be members of your family, like servants, friends, lodgers, but who usually live here?
- 3) Are there any other guests or visitors who have been temporarily staying with you for the past 6 months or more?
- 4) Are there any persons who usually live here who have been away for less than 6 months?
- 5) Are there any persons we have listed who have been away for the past six months?

*) CODES FOR COLUMN (3)

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD

02= WIFE OR HUSBAND

03= SON OR DAUGHTER

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= STEPCHILD

12= NOT RELATED

98= DON'T KNOW

SCHEDULE

the people who usually live in your household.

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				MARITAL STATUS		ELIGIBILITY	
Is (NAME)'s natural mother alive?	IF ALIVE		Is (NAME)'s natural father alive?	IF ALIVE		FOR WOMEN AGE 10 YEARS AND ABOVE	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 FOR INDIVIDUAL INTERVIEW
	Does (NAME)'s natural mother live in this household?	IF YES: What is her name?		Does (NAME)'s natural father live in this household?	IF YES: What is his name?		
(9)	RECORD MOTHER'S LINE NUMBER (10)		(11)	RECORD FATHER'S LINE NUMBER (12)		(13)	(14)
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

TOTAL NUMBER OF ELIGIBLE WOMEN

YES ☐ → ENTER EACH IN TABLE

YES ☐ → ENTER EACH IN TABLE

YES ☐ → ENTER EACH IN TABLE

YES ☐ → ENTER EACH IN TABLE

YES ☐ → DELETE NAMES FROM TABLE

NO ☐

NO ☐

NO ☐

NO ☐

NO ☐

** CODES FOR COLUMN (7)
LEVEL OF EDUCATION:
1= PRIMARY SCHOOL
2= JUNIOR HIGH SCHOOL
3= SENIOR HIGH SCHOOL
4= ACADEMY

5= UNIVERSITY
8= DON'T KNOW

GRADE:
7=COMPLETED
8=DON'T KNOW

NO.	PERTANYAAN DAN SARINGAN	KODE	TERUS KE																								
15	What is the main source of drinking water for members of your household?	PIPED INTO RESIDENCE.....11 PIPED INTO YARD OR PLOT.....12 PUBLIC TAP.....13 PUMP.....21 PROTECTED WELL.....22 UNPROTECTED WELL.....23 PROTECTED SPRING.....31 UNPROTECTED SPRING.....32 RIVER.....33 RAINWATER.....41 OTHER.....96 (SPECIFY)	17																								
16	How long does it take to go there, get water and come back?	MINUTES..... ON PREMISES.....996																									
17	What kind of toilet facility does your household have?	PRIVATE WITH SEPTIC TANK.....11 PRIVATE WITH NO SEPTIC TANK.....12 SHARED/PUBLIC.....21 RIVER.....31 OTHER.....96 (SPECIFY)																									
18	CHECK 15 WELL (CODES 21,22,23)	OTHER CODES	20																								
19	How far is the distance between the well and the nearest cesspool? (IN METER)	DISTANCE..... METERS DON'T KNOW.....98																									
20	Does your household have:	<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>A radio or tape recorder?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A gas stove?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A kerosene stove?</td> <td>1</td> <td>2</td> </tr> <tr> <td>An electric stove?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Electricity?	1	2	A radio or tape recorder?	1	2	A television?	1	2	A gas stove?	1	2	A kerosene stove?	1	2	An electric stove?	1	2	A refrigerator?	1	2	
	YES	NO																									
Electricity?	1	2																									
A radio or tape recorder?	1	2																									
A television?	1	2																									
A gas stove?	1	2																									
A kerosene stove?	1	2																									
An electric stove?	1	2																									
A refrigerator?	1	2																									
21	Does any member of your household own:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A bicycle/rowboat?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A motorcycle/motorboat?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A car?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A bicycle/rowboat?	1	2	A motorcycle/motorboat?	1	2	A car?	1	2													
	YES	NO																									
A bicycle/rowboat?	1	2																									
A motorcycle/motorboat?	1	2																									
A car?	1	2																									
22	MAIN MATERIAL OF THE FLOOR (RECORD OBSERVATION)	DIRT/EARTH.....11 BAMBOO.....21 WOOD.....22 CONCRETE/BRICK.....31 TILE.....32 CERAMIC/MARBLE/GRANITE.....33 OTHER.....96 (SPECIFY)																									
23	What is the floor area of your building? (IN SQUARE METERS)	AREA..... M2 DON'T KNOW.....998																									
24	What is the primary construction material of the outer wall?	BRICK.....1 WOOD.....2 BAMBOO.....3 OTHER.....6 (SPECIFY)																									
25	What is the primary construction material of the roof?	CONCRETE.....01 WOOD.....02 TILE.....03 ASBESTOS/ZINC.....04 LEAVES.....05 OTHER.....96 (SPECIFY)																									
26	What is the ownership status of your building?	OWN.....01 MORTGAGE.....02 CONTRACT.....03 RENT.....04 OFFICIAL.....05 OTHER.....96 (SPECIFY)																									



INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994 INDIVIDUAL QUESTIONNAIRE

Confidential

IDENTIFICATION		CODE	
1. PROVINCE	<input type="text"/>
2. REGENCY/MUNICIPALITY *)	<input type="text"/>
3. SUB-DISTRICT			<input type="text"/>
4. VILLAGE			<input type="text"/>
5. AREA.....URBAN - 1.....RURAL - 2 **)			<input type="text"/>
6. LARGE CITY -1/SMALL CITY -2/TOWN -3/COUNTRYSIDE -4*)			<input type="text"/>
7. ENUMERATION AREA NUMBER			<input type="text"/>
8. SUSENAS 1994 SAMPLE CODE.....		<input type="text"/>
9. IDHS 1994 SAMPLE CODE.....		<input type="text"/>
10. HOUSEHOLD NUMBER.....		<input type="text"/>
11. NAME OF HOUSEHOLD HEAD			<input type="text"/>
12. LINE NUMBER OF WOMAN FROM HOUSEHOLD SCHEDULE.....			<input type="text"/>
13. NAME OF WOMAN			<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
INTERVIEW DATE.....				MONTH <input type="text"/>
INTERVIEWER'S NAME....				YEAR <input type="text"/>
RESULT ***)				INTERVIEWER <input type="text"/>
NEXT VISIT: DATE				FINAL RESULT <input type="text"/>
TIME				TOTAL NUMBER OF VISITS <input type="text"/>

***) RESULT CODES:

1 COMPLETED	4 REFUSED	7 OTHER _____
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)
3 POSTPONED	6 INCAPACITATED	

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	CODE	KEYED BY	CODE
NAME	<input type="text"/>	<input type="text"/>	<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"/>	<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 city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
105	In what month and year were you born? WRITE MONTH IF NOT IN WESTERN CALENDAR MONTH: _____	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
106A	Are you now married, divorced or widowed?	MARRIED.....1 DIVORCED.....2 WIDOWED.....3	
107	Have you ever attended school?	YES.....1 NO.....2	→114
108	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.....4 UNIVERSITY.....5	
109	What is the highest (GRADE, YEAR) you completed at that level? COMPLETED = 7	GRADE/YEAR.....	
110	CHECK 106: AGE LESS THAN 25 <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→113
111	Are you currently attending school?	YES.....1 NO.....2	→113
112	What was the main reason you stopped attending school? RECORD ALL MENTIONED	GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR CHILDREN.....03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.....07 DID NOT PASS EXAMS.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR.....10 OTHER.....96 (SPECIFY) DK.....98	
113	CHECK 108: PRIMARY <input type="checkbox"/> JUNIOR HIGH OR HIGHER <input type="checkbox"/>		→115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What religion are you?	MUSLIM.....1 PROTESTANT/CHRISTIAN.....2 CATHOLIC.....3 HINDU.....4 BUDDHIST.....5 OTHER.....6 (SPECIFY)	
119	What is the language used at home?	INDONESIAN.....01 JAVANESE.....02 SUNDANESE.....03 BATAK.....04 MINANG.....05 BUGINESE.....06 OTHER.....96 (SPECIFY)	→201
120	Can you speak Bahasa Indonesia? IF INTERVIEW IS IN BAHASA INDONESIA, DON'T ASK THIS QUESTION. CIRCLE CODE 1.	YES.....1 NO.....2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but survived only 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.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, ENTER '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE LIVE BIRTH <input type="checkbox"/> NO LIVE BIRTHS <input type="checkbox"/>		→223

211 How 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

212	213	214	215	216	217	218	219	220
What name was given to your (first, next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	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 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS, OR YEARS IF TWO YEARS OR ABOVE. IF LESS THAN ONE DAY, WRITE '00' IN DAYS BOX.	INTERVAL CHECK: CALCULATE THE DIFFERENCE BETWEEN THE YEAR OF BIRTH OF (NAME) AND THE YEAR OF THE PRECEDING BIRTH: IF 4 YEARS OR MORE, ASK: Were there any other live births between the birth of (NAME) and (NAME OF PRECEDING BIRTH)?
01 (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR...	YES....1 NO.....2 ↓ 219	AGE IN YEARS [][]	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3	[][][][] [][][][] [][][][]
02 (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR...	YES....1 NO.....2 ↓ 219	AGE IN YEARS [][]	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
03 (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR...	YES....1 NO.....2 ↓ 219	AGE IN YEARS [][]	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
04 (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR...	YES....1 NO.....2 ↓ 219	AGE IN YEARS [][]	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
05 (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR...	YES....1 NO.....2 ↓ 219	AGE IN YEARS [][]	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
06 (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR...	YES....1 NO.....2 ↓ 219	AGE IN YEARS [][]	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
07 (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR...	YES....1 NO.....2 ↓ 219	AGE IN YEARS [][]	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF DEAD:	220 INTERVAL CHECK:
What name was given to your (first, next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	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 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS, OR YEARS IF TWO YEARS OR ABOVE. IF LESS THAN ONE DAY, WRITE '00' IN DAYS BOX.	CALCULATE THE DIFFERENCE BETWEEN THE YEAR OF BIRTH OF (NAME) AND THE YEAR OF THE PRECEDING BIRTH: IF 4 YEARS OR MORE, ASK: Were there any other live births between the birth of (NAME) AND (NAME OF PRECEDING BIRTH)?
08 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 v 219	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS....3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO NEXT BIRTH) <
09 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 v 219	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS....3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO NEXT BIRTH) <
10 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 v 219	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS....3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO NEXT BIRTH) <
11 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 v 219	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS....3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO NEXT BIRTH) <
12 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES....1 NO.....2 v 219	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS....3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES.....1 NO.....2 (GO TO NEXT BIRTH) <
221	CALCULATE THE DIFFERENCE BETWEEN THE YEAR OF INTERVIEW AND THE YEAR OF THE LAST BIRTH. IF 4 YEARS OR MORE, ASK: Were there any other live births after (NAME OF LAST CHILD)?							YES.....1 NO.....2
222	COMPARE 208 WITH NUMBER OF BIRTHS ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) v CHECK: FOR EACH LIVE BIRTH (Q.215): YEAR OF BIRTH IS RECORDED FOR EACH LIVING BIRTH (Q.217): CURRENT AGE IS RECORDED FOR EACH DEAD BIRTH (Q.219): AGE AT DEATH IS RECORDED FOR AGE AT DEATH 12 MONTH OR ONE YEAR (Q.219): PROBE TO DETERMINE EXACT NUMBER OF MONTHS							
223	CHECK 215: RECORD NUMBER OF BIRTHS SINCE JANUARY 1989. IF NONE, RECORD "0".							
224	FOR EACH BIRTH SINCE JANUARY 1989, ENTER "L" IN MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR, AND "H" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME IN FRONT OF THE "L" CODE.							
225	AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1989, IF APPLICABLE.							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
226	Are you pregnant now? TAKE CARE WHEN ASKING THIS QUESTION TO DIVORCED OR WIDOWED WOMEN.	YES.....1 NO.....2 UNSURE.....8	→229
227	How many months pregnant are you?	MONTH.....	
227A	ENTER "H" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT		
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	→235
230	When did the last such pregnancy end?	MONTH..... YEAR.....	
231	CHECK 230: LAST PREGNANCY ENDED SINCE JANUARY 1989	LAST PREGNANCY ENDED BEFORE JANUARY 1989	→235
232	How many months pregnant were you when that pregnancy ended?	MONTHS.....	
232A	ENTER "K" IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND "H" FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
233	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	→235
234	ASK FOR DATE AND DURATION OF ALL PREGNANCIES THAT RESULTED IN MISCARRIAGE, WERE ABORTED OR ENDED IN A STILLBIRTH SINCE JANUARY 1989. ENTER "K" IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND "H" IN EACH PRECEDING MONTH PREGNANT.		
235	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	

SECTION 3: KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay, avoid or end a pregnancy or a birth. 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 you go if you 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 1, 2 or 3 months".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
04 INTRAVAG/DIAPHRAGM/JELLY/FOAM "Women can place a tissue or a diaphragm or cream in the vagina 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 get 6 rods under the skin in the upper 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/TUBECTOMY "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/VASECTOMY "Men can have an operation to avoid having any more children".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your husband had an operation to avoid having children? YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
09 PERIODIC ABSTINENCE/CALENDAR SYSTEM "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 or have someone 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?".	YES/SPONT.....1 NO.....3	YES.....1 NO.....2	* CODES FOR 304 GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 FP FIELDWORKER.....13 FP MOBILE UNIT.....14 OTHER.....15 (SPECIFY) PRIVATE HOSPITAL.....21 FP CLINIC.....22 DOCTOR.....23 MIDWIFE.....24 PHARMACY/DRUGSTORE.....25 OTHER.....26 (SPECIFY) OTHER DELIVERY POST.....31 HEALTH POST.....32 FP POST.....33 TRADITIONAL HEALER.....34 FRIENDS/RELATIVES.....35 OTHER.....96 (SPECIFY) DON'T KNOW.....98
1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>CHECK 302:</p> <p>IS THERE CODE 1 OR 2</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO TO 303</p> </div>		

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐ → SKIP TO 308

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.....1 NO.....2	>307
306A	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.....330B		
307	What have you used or done? (SPECIFY) CORRECT 303-305 (AND ASK 302 IF NECESSARY)	(SPECIFY)	
308	Now I would like to ask you about the first time that you did something or used a method to delay a pregnancy or avoid getting pregnant? 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 IMPLANTS/NORPLANT.....04 INTRAVAG/DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	>308B
308A	Where did you go to get this method the first time?	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 FP FIELDWORKER.....13 FP MOBILE UNIT.....14 OTHER.....15 (SPECIFY) PRIVATE HOSPITAL.....21 FP CLINIC.....22 DOCTOR.....23 MIDWIFE.....24 PHARMACY/DRUGSTORE.....25 OTHER.....26 (SPECIFY) OTHER VILLAGE DELIVERY POST.....31 INTEGRATED HEALTH POST.....32 FP POST.....33 TRADITIONAL HEALER.....34 FRIENDS/RELATIVES.....35 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
308B	How many living children did you have at that time, if any? IF NONE, ENTER '00'.	NUMBER OF CHILDREN.....	
309	CHECK 303 ITEM 07 WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		>312A
310	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		>328
310A	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		>330B
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	>330B
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANT/NORPLANT.....04 INTRAVAG/DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	>317 >316H >317 >316K >317 >328
312A	CIRCLE '07' FOR FEMALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315A	At the time you first started using the pill, did you consult a doctor or a midwife?	YES.....1 NO.....2 DK.....8	
315B	Do you have a package of pills in the house?	YES.....1 NO.....2	→316
315C	Please show me the package of pills you are now using. (RECORD NAME OF BRAND)	PACKAGE SEEN.....1 BRAND NAME: <input type="text"/> <input type="text"/> PACKAGE NOT SEEN.....2	→316A
316	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.....6 (SPECIFY)	→316D
316A	CHECK PACKET FOR PILL USE AND MARK A CORRECT CODE.	PILLS MISSING IN ORDER.....1 PILLS MISSING OUT OF ORDER.....2 NO PILLS MISSING.....3	→316E
316B	Why is it that you have not taken the pills (in order)?	DOESN'T KNOW WHAT TO DO.....1 HEALTH REASONS.....2 FOLLOWING FP FIELDWORKER'S INSTRUCTION.....3 NEW PACKET.....4 MENSTRUATING.....5 OTHER.....6 (SPECIFY)	→316E
316D	SHOW BRAND CHART FOR PILLS: Please tell me which of these is the brand of pills that you are using. (RECORD NAME OF BRAND)	BRAND NAME: <input type="text"/> <input type="text"/> DOESN'T KNOW.....98	
316E	When was the last time you took a pill?	DAYS AGO: <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO.....97	
316F	CHECK 316E: MORE THAN TWO DAYS AGO <input type="checkbox"/> V	TWO DAYS AGO OR LESS <input type="checkbox"/>	→317
316G	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.....96 (SPECIFY)	→317
316H	When did you last have an injection?	MONTHS AGO..... <input type="text"/> <input type="text"/>	
316I	CHECK 316H: MORE THAN THREE MONTHS AGO <input type="checkbox"/> V	THREE MONTHS AGO OR LESS <input type="checkbox"/>	→317
316J	Why haven't you had an injection recently?	HUSBAND AWAY.....1 FORGOT.....2 HEALTH REASONS.....3 COST TOO MUCH.....4 OTHER.....6 (SPECIFY)	→317

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316K	Please show me the package of condoms that your husband is using. (RECORD NAME OF BRAND)	BRAND NAME: <input type="text"/> NOT ABLE TO SHOW.....98	→317
316L	Why can't you show me the package of condoms that your husband is using?	HUSBAND KEEPS.....1 RAN OUT.....2 OTHER.....6 (SPECIFY)	
316M	SHOW BRAND CHART FOR CONDOMS: Please tell me which of these is the brand of condoms that your husband is using.	BRAND NAME: <input type="text"/> DOESN'T KNOW.....98	
317	How much does (did) it cost you for: <input type="checkbox"/> 1 cycle (packet) of pills <input type="checkbox"/> the IUD <input type="checkbox"/> an injection <input type="checkbox"/> the implant/Norplant <input type="checkbox"/> intravag/diaphragm/foam/jelly <input type="checkbox"/> a package of condoms (contains 3 pieces) <input type="checkbox"/> the sterilization operation How much was the service and registration fee, if any?	METHOD COST (Rp): <input type="text"/> FREE METHOD.....9999995 PACKAGE.....9999994 SERVICE COST (Rp): <input type="text"/> FREE SERVICE.....9999996 FREE METHOD AND SERVICE..9999997 DON'T KNOW.....9999998	→317B
317A1	In obtaining (METHOD) did you pay all, part, or nothing?	YES, ALL.....1 YES, PART.....2 NOTHING.....3 DON'T KNOW.....8	→317B →317B
317A2	Who paid for the family planning method you are using?	COMPANY/INSURANCE.....1 OFFICE.....2 FAMILY.....3 OTHER.....6 (SPECIFY) DON'T KNOW.....8	
317B	CHECK 312: CIRCLE FOR METHOD:	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANT/NORPLANT.....04 INTRAVAG/DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08	→317E
317C	In what month and year did you obtain (METHOD) the last time?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
317C1	CHECK 312: IMPLANT/NORPLANT ↓ <input type="checkbox"/>	OTHER METHODS <input type="checkbox"/>	→317D
317C2	CHECK 317C: BEFORE JANUARY 1989 ↓ <input type="checkbox"/>	SINCE JANUARY 1989 <input type="checkbox"/>	→317D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
317C3	Why did you not obtain another implant/Norplant?	MENOPAUSE.....01 HUSBAND AWAY.....02 AFRAID.....03 FORGOT.....04 NOT FOUND.....05 COST TOO MUCH.....06 AVAILABILITY.....07 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
317D	Where did you obtain (METHOD) the last time? RECORD NAME OF METHOD SOURCE. PROBE TYPE OF METHOD SOURCE AND CIRCLE CORRECT CODE. _____ (NAME OF PLACE)	<u>GOVERNMENT</u> HOSPITAL.....11 HEALTH CENTER.....12 FP FIELDWORKER.....13 FP MOBILE UNIT.....14 OTHER.....15 (SPECIFY) <u>PRIVATE</u> HOSPITAL.....21 FP CLINIC.....22 DOCTOR.....23 MIDWIFE.....24 PHARMACY/DRUGSTORE.....25 OTHER.....26 (SPECIFY) <u>OTHER</u> VILLAGE DELIVERY POST.....31 INTEGRATED HEALTH POST.....32 FP POST.....33 TRADITIONAL HEALER.....34 FRIENDS/RELATIVES.....35 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
317E	What is the main reason you decided to use (CURRENT METHOD IN 312) rather than some other methods of family planning?	RECOMMENDATION OF FAMILY PLANNING WORKER.....01 RECOMMENDATION OF FRIENDS/RELATIVES.....02 SIDE EFFECTS OF OTHER METHODS.....03 CONVENIENCE.....04 ACCESS/AVAILABILITY.....05 LOWER COST.....06 WANTED PERMANENT METHOD.....07 HUSBAND PREFERRED.....08 WANTED MORE EFFECTIVE METHOD.....09 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
317F	Are you having any health problems in using (CURRENT METHOD IN 312)?	YES.....1 NO.....2	→317H
317G	What is the main health problem (CURRENT METHOD IN 312)?	WEIGHT GAIN.....01 WEIGHT LOSS.....02 BLEEDING.....03 HYPERTENSION.....04 HEADACHE.....05 QUEASY.....06 AMENORRHEA.....07 WEAK/TIRED.....08 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
317H	Are you having any other problems in using (CURRENT METHOD IN 312)?	YES.....1 NO.....2	→317J
317I	What is the main problem?	HUSBAND DISAPPROVES.....01 ACCESSIBILITY/AVAILABILITY.....02 COST TOO MUCH.....03 INCONVENIENT TO USE.....04 STERILIZED, BUT WANTS CHILDREN.....05 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
317J	CHECK 312 AND 312A:	RESPONDENT/HUSBAND STERILIZED <input type="checkbox"/> V NEITHER STERILIZED <input type="checkbox"/>	→323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																												
318	Where did the sterilization take place? WRITE THE NAME OF PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 OTHER.....96 (SPECIFY) DON'T KNOW.....98																																																													
319	Do you regret that (YOU/YOUR HUSBAND) had the operation not to have any (more) children?	YES.....1 NO.....2→321																																																													
320	Why do (YOU/YOUR HUSBAND) regret the operation?	RESPONDENT WANTS ANOTHER CHILD....1 HUSBAND WANTS ANOTHER CHILD.....2 SIDE EFFECTS.....3 CHILD DIED.....4 OTHER.....6 (SPECIFY)																																																													
321	In what month and year was the sterilization performed?	MONTH..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																																													
322	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK: 321</p> <p>STERILIZED BEFORE JANUARY 1989 <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION (CODE 7 OR 8) IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1989</p> </div> <div style="width: 45%;"> <p>STERILIZED SINCE JANUARY 1989 <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION (CODE 7 OR 8) IN MONTH OF INTERVIEW OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. GO TO 330B.</p> </div> </div>																																																														
323	<p>People select the place where they get family planning services for various reasons. The place is selected may be more convenient or give better services or is cheaper.</p> <p>In your case, what was the main reason you went to the place you did rather than to some other places?</p> <p>RECORD RESPONSE AND CIRCLE CODE.</p> <p>_____ Any other reasons?</p> <p>RECORD RESPONSE AND CIRCLE CODE.</p> <p>_____ Any other reasons?</p>	<table border="0"> <thead> <tr> <th></th> <th>MAIN REASON</th> <th>OTHER REASON</th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>ACCESS-RELATED REASONS</u></td> </tr> <tr> <td>CLOSER TO HOME.....01</td> <td></td> <td>01</td> </tr> <tr> <td>CLOSER TO WORK.....02</td> <td></td> <td>02</td> </tr> <tr> <td>AVAILABILITY OF TRANSPORT.....03</td> <td></td> <td>03</td> </tr> <tr> <td>LONGER HOURS OF OPERATION.....04</td> <td></td> <td>04</td> </tr> <tr> <td>USE OTHER SERVICES AT THE FACILITY.....05</td> <td></td> <td>05</td> </tr> <tr> <td colspan="3"><u>SERVICE-RELATED REASONS</u></td> </tr> <tr> <td>STAFF MORE COMPETENT/FRIENDLY.....06</td> <td></td> <td>06</td> </tr> <tr> <td>CLEANER.....07</td> <td></td> <td>07</td> </tr> <tr> <td>OFFERS MORE PRIVACY.....08</td> <td></td> <td>08</td> </tr> <tr> <td>SHORTER WAITING TIME.....09</td> <td></td> <td>09</td> </tr> <tr> <td>LOWER COST.....10</td> <td></td> <td>10</td> </tr> <tr> <td>WANTED ANONYMITY.....11</td> <td></td> <td>11</td> </tr> <tr> <td>OTHER.....96</td> <td></td> <td></td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> <tr> <td>NO OTHER REASON.....12</td> <td></td> <td></td> </tr> <tr> <td>OTHER.....96</td> <td></td> <td></td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> <tr> <td>DON'T KNOW.....98</td> <td></td> <td></td> </tr> </tbody> </table>		MAIN REASON	OTHER REASON	<u>ACCESS-RELATED REASONS</u>			CLOSER TO HOME.....01		01	CLOSER TO WORK.....02		02	AVAILABILITY OF TRANSPORT.....03		03	LONGER HOURS OF OPERATION.....04		04	USE OTHER SERVICES AT THE FACILITY.....05		05	<u>SERVICE-RELATED REASONS</u>			STAFF MORE COMPETENT/FRIENDLY.....06		06	CLEANER.....07		07	OFFERS MORE PRIVACY.....08		08	SHORTER WAITING TIME.....09		09	LOWER COST.....10		10	WANTED ANONYMITY.....11		11	OTHER.....96			(SPECIFY)			NO OTHER REASON.....12			OTHER.....96			(SPECIFY)			DON'T KNOW.....98			
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328	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 DON'T KNOW.....3→330A																																																													
328A	During which times of the monthly cycle 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.....6 (SPECIFY) DON'T KNOW.....8																																																													
328A1	<p>CHECK 312:</p> <p>PERIODIC ABSTINENCE OR WITHDRAWAL <input type="checkbox"/></p> <p>↓</p> <p>OTHER METHODS <input type="checkbox"/>→330A</p>																																																														
328B	Do you abstain from sex on days when you are certain that you have a greater chance of becoming pregnant?	YES.....1 NO.....2→330A																																																													
328C	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 OTHER.....96 (SPECIFY) NO SPECIFIC SYSTEM.....05																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
330A	<p>ENTER METHOD CODE FROM 312 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> - When did you start using this method continuously? - How long have you been using this method continuously? 		
330B	<p>I would like to ask some questions about all of the methods you used to avoid getting pregnant in the last five years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1989.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>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.</p> <p>NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1.</p> <p>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.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1:</p> <ul style="list-style-type: none"> -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? <p>COLUMN 2:</p> <ul style="list-style-type: none"> -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? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>"How many months did it take you to get pregnant after you stopped using (METHOD)?</p> <p>ENTER "0" IN EACH SUCH MONTH IN COLUMN 1.</p>		
330C	Did you belong to a group which is related to family planning?	YES.....1 NO.....2	330D
330C1	What is the name of group which you attend the last time?	NAME _____ (SPECIFY)	
330C2	When did the last time you attend that group's meeting?	MONTH..... YEAR.....	
330C3	Does the group collect money for use in the family planning activities?	YES.....1 NO.....2	
330D	Have you ever seen a sign or heard about Blue Circle?	YES.....1 NO.....2 DON'T KNOW.....8	330E
330D1	Can you tell me what it is?	PRIVATE FAMILY PLANNING SERVICE...1 OTHER.....2 (SPECIFY) DON'T KNOW.....8	
330E	Have you ever seen a sign or heard about Golden Circle?	YES.....1 NO.....2 DON'T KNOW.....8	331
330E1	Can you tell me what it is?	PRIVATE FAMILY PLANNING SERVICE...1 OTHER.....2 (SPECIFY) DON'T KNOW.....8	
331	<p>CHECK 226: <input type="checkbox"/> PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE</p> <p><input checked="" type="checkbox"/> Have you contacted/ever been contacted by a family planning worker during the six months before you became pregnant?</p> <p><input checked="" type="checkbox"/> Have you contacted/ever been contacted by a family planning worker during the past six months?</p>	YES.....1 NO.....2	
331A	<p>CHECK 226: <input type="checkbox"/> PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE</p> <p><input checked="" type="checkbox"/> Have you ever visited a health facility during the six months before you became pregnant?</p> <p><input checked="" type="checkbox"/> Have you ever visited a health facility during the past six months?</p>	YES.....1 NO.....2	332
331B	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
332	Some women think that breastfeeding can affect their chance of becoming pregnant. Do you think a woman's chance of becoming pregnant is <u>increased</u> , <u>decreased</u> , or <u>not affected</u> ?	INCREASED.....1 DECREASED.....2 NOT AFFECTED.....3 DEPENDS.....4 DON'T KNOW.....8	335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																																																							
333	CHECK 20B: ONE OR MORE BIRTHS <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/>	→335																																																																																							
334	Do you know that breastfeeding can be used as a method for delaying or avoiding pregnancy?	YES.....1 NO.....2	→335																																																																																							
334A	Do you believe that breastfeeding can be used to delay or avoid pregnancy?	YES.....1 NO.....2																																																																																								
335	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/>	DIVORCED/ WIDOWED <input type="checkbox"/>	→337																																																																																							
335A	CHECK 312: NOT ASKED/NOT USING A MODERN METHOD <input type="checkbox"/>	CURRENTLY USING A METHOD <input type="checkbox"/>	→337																																																																																							
335B	What is the main reason you are not using a contraceptive method to avoid pregnancy? Any other reasons? RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.	<table border="1"> <thead> <tr> <th></th> <th>MAIN REASON</th> <th>OTHER REASON</th> </tr> </thead> <tbody> <tr> <td colspan="3">LACK OF KNOWLEDGE</td> </tr> <tr> <td>DON'T KNOW METHOD.....</td> <td>01</td> <td>01</td> </tr> <tr> <td>DON'T KNOW SOURCE.....</td> <td>02</td> <td>02</td> </tr> <tr> <td colspan="3">OPPOSITION TO USE</td> </tr> <tr> <td>RESPONDENT OPPOSED.....</td> <td>03</td> <td>03</td> </tr> <tr> <td>HUSBAND OPPOSED.....</td> <td>04</td> <td>04</td> </tr> <tr> <td>OTHERS OPPOSED.....</td> <td>05</td> <td>05</td> </tr> <tr> <td>RELIGIOUS PROHIBITION.....</td> <td>06</td> <td>06</td> </tr> <tr> <td colspan="3">FERTILITY-RELATED REASONS</td> </tr> <tr> <td>MENOPAUSAL/HYSTERECTOMY.....</td> <td>07</td> <td>07</td> </tr> <tr> <td>SUBFECUND/INFECUND.....</td> <td>08</td> <td>08</td> </tr> <tr> <td>POSTPARTUM/BREASTFEEDING.....</td> <td>09</td> <td>09</td> </tr> <tr> <td>INFREQUENT SEX.....</td> <td>10</td> <td>10</td> </tr> <tr> <td>WANT CHILDREN.....</td> <td>11</td> <td>11</td> </tr> <tr> <td colspan="3">METHOD-RELATED REASONS</td> </tr> <tr> <td>HEALTH CONCERNS.....</td> <td>12</td> <td>12</td> </tr> <tr> <td>FEAR OF SIDE EFFECTS.....</td> <td>13</td> <td>13</td> </tr> <tr> <td>LACK OF ACCESS/TOO FAR.....</td> <td>14</td> <td>14</td> </tr> <tr> <td>COST TOO MUCH.....</td> <td>15</td> <td>15</td> </tr> <tr> <td>INCONVENIENT TO USE.....</td> <td>16</td> <td>16</td> </tr> <tr> <td>GAIN/LOSE WEIGHT.....</td> <td>17</td> <td>17</td> </tr> <tr> <td>PREGNANT.....</td> <td>18</td> <td>18</td> </tr> <tr> <td>NO OTHER REASON.....</td> <td>19</td> <td>19</td> </tr> <tr> <td>OTHER.....</td> <td>96</td> <td></td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>OTHER.....</td> <td>96</td> <td></td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW.....</td> <td>98</td> <td></td> </tr> </tbody> </table>		MAIN REASON	OTHER REASON	LACK OF KNOWLEDGE			DON'T KNOW METHOD.....	01	01	DON'T KNOW SOURCE.....	02	02	OPPOSITION TO USE			RESPONDENT OPPOSED.....	03	03	HUSBAND OPPOSED.....	04	04	OTHERS OPPOSED.....	05	05	RELIGIOUS PROHIBITION.....	06	06	FERTILITY-RELATED REASONS			MENOPAUSAL/HYSTERECTOMY.....	07	07	SUBFECUND/INFECUND.....	08	08	POSTPARTUM/BREASTFEEDING.....	09	09	INFREQUENT SEX.....	10	10	WANT CHILDREN.....	11	11	METHOD-RELATED REASONS			HEALTH CONCERNS.....	12	12	FEAR OF SIDE EFFECTS.....	13	13	LACK OF ACCESS/TOO FAR.....	14	14	COST TOO MUCH.....	15	15	INCONVENIENT TO USE.....	16	16	GAIN/LOSE WEIGHT.....	17	17	PREGNANT.....	18	18	NO OTHER REASON.....	19	19	OTHER.....	96			(SPECIFY)		OTHER.....	96			(SPECIFY)		DON'T KNOW.....	98		→337
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336A	Do you intend to use a family planning method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	→336C																																																																																							
336B	Do you intend to use a family planning method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DON'T KNOW.....8	→336D →337																																																																																							
336C	When you use a method, which method would you prefer to use?	<table border="1"> <tbody> <tr><td>PILL.....</td><td>01</td></tr> <tr><td>IUD.....</td><td>02</td></tr> <tr><td>INJECTIONS.....</td><td>03</td></tr> <tr><td>IMPLANT/NORPLANT.....</td><td>04</td></tr> <tr><td>INTRAVAG/DIAPHRAGM/FOAM/JELLY.....</td><td>05</td></tr> <tr><td>CONDOM.....</td><td>06</td></tr> <tr><td>FEMALE STERILIZATION.....</td><td>07</td></tr> <tr><td>MALE STERILIZATION.....</td><td>08</td></tr> <tr><td>PERIODIC ABSTINENCE.....</td><td>09</td></tr> <tr><td>WITHDRAWAL.....</td><td>10</td></tr> <tr><td>OTHER.....</td><td>96</td></tr> <tr><td></td><td>(SPECIFY)</td></tr> <tr><td>UNSURE.....</td><td>98</td></tr> </tbody> </table>	PILL.....	01	IUD.....	02	INJECTIONS.....	03	IMPLANT/NORPLANT.....	04	INTRAVAG/DIAPHRAGM/FOAM/JELLY.....	05	CONDOM.....	06	FEMALE STERILIZATION.....	07	MALE STERILIZATION.....	08	PERIODIC ABSTINENCE.....	09	WITHDRAWAL.....	10	OTHER.....	96		(SPECIFY)	UNSURE.....	98	→337																																																													
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
3360	<p>What is the main reason you are not using a family planning method?</p> <p>Any other reasons?</p> <p>RECORD MAIN AND OTHER REASONS IN SEPARATE COLUMNS.</p>	<p>MAIN REASON OTHER REASON</p> <p><u>LACK OF KNOWLEDGE</u></p> <p>DON'T KNOW METHOD.....01 01</p> <p>DON'T KNOW SOURCE.....02 02</p> <p><u>OPPOSITION TO USE</u></p> <p>RESPONDENT OPPOSED.....03 03</p> <p>HUSBAND OPPOSED.....04 04</p> <p>OTHERS OPPOSED.....05 05</p> <p>RELIGIOUS PROHIBITION....06 06</p> <p><u>FERTILITY-RELATED REASONS</u></p> <p>SUBFECUND/INFECUND.....07 07</p> <p>POSTPARTUM/BREASTFEEDING.08 08</p> <p>INFREQUENT SEX.....09 09</p> <p>WANT CHILDREN.....10 10</p> <p><u>METHOD-RELATED REASONS</u></p> <p>HEALTH CONCERNS.....11 11</p> <p>FEAR OF SIDE EFFECTS.....12 12</p> <p>LACK OF ACCESS/TOO FAR...13 13</p> <p>COST TOO MUCH.....14 14</p> <p>INCONVENIENT TO USE.....15 15</p> <p>GAIN/LOSE WEIGHT.....16 16</p> <p>NO OTHER REASON.....17 17</p> <p>OTHER.....96</p> <p>(SPECIFY).....96</p> <p>OTHER.....96</p> <p>(SPECIFY).....96</p> <p>DON'T KNOW.....98</p>	
337	<p>In the last six months, have you ever heard about family planning information from:</p> <p>Radio?</p> <p>Television?</p> <p>Newspaper/magazine?</p> <p>Poster?</p> <p>Pamphlet/brochures?</p> <p>Family planning field worker?</p> <p>Teacher?</p> <p>Community leader?</p> <p>Religious leader?</p> <p>Doctor?</p> <p>Midwife?</p> <p>Village leader?</p> <p>Women group (PKK)?</p> <p>Pharmacy?</p>	<p>YES NO</p> <p>RADIO.....1 2</p> <p>TELEVISION.....1 2</p> <p>NEWSPAPER/MAGAZINE.....1 2</p> <p>POSTER.....1 2</p> <p>PAMPHLET/BROCHURE.....1 2</p> <p>FP OFFICER.....1 2</p> <p>TEACHER.....1 2</p> <p>COMMUNITY LEADER.....1 2</p> <p>RELIGIOUS LEADER.....1 2</p> <p>DOCTOR.....1 2</p> <p>MIDWIFE.....1 2</p> <p>VILLAGE LEADER.....1 2</p> <p>WOMEN GROUP.....1 2</p> <p>PHARMACY.....1 2</p>	
337A	<p>Of the sources I am going to mention, which do you think are an appropriate source for family planning information?</p> <p>READ RESPONSES.</p>	<p>YES NO</p> <p>RADIO.....1 2</p> <p>TELEVISION.....1 2</p> <p>NEWSPAPER/MAGAZINE.....1 2</p> <p>POSTER.....1 2</p> <p>PAMPHLET.....1 2</p> <p>FP OFFICER.....1 2</p> <p>TEACHER.....1 2</p> <p>COMMUNITY LEADER.....1 2</p> <p>RELIGIOUS LEADER.....1 2</p> <p>DOCTOR.....1 2</p> <p>MIDWIFE.....1 2</p> <p>VILLAGE LEADER.....1 2</p> <p>WOMEN GROUP.....1 2</p> <p>PHARMACY.....1 2</p>	
337B	<p>During the last six months, have you ever talked about family planing practice with your friends or family?</p>	<p>YES.....1</p> <p>NO.....2 → 337D</p>	
337C	<p>With whom?</p> <p>Anyone else?</p> <p>CIRCLE EACH MENTIONED.</p>	<p>HUSBAND.....A</p> <p>MOTHER.....B</p> <p>FATHER.....C</p> <p>SISTER.....D</p> <p>BROTHER.....E</p> <p>DAUGHTER.....F</p> <p>PARENT-IN-LAW.....G</p> <p>FRIEND/NEIGHBOR.....H</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>	
337D	<p>In your opinion, among the ever-married women you know, are most of them, some of them, or none of them using a family planning method?</p>	<p>MOST.....1</p> <p>SOME.....2</p> <p>NONE.....3</p> <p>DON'T KNOW.....8</p>	
337E	<p>Have you ever recommended family planning to your friends, family, or anyone?</p>	<p>YES.....1</p> <p>NO.....2</p>	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 215: ONE OR MORE LIVE BIRTHS SINCE JANUARY 1989 <input type="checkbox"/>	NO LIVE BIRTHS SINCE JANUARY 1989 <input type="checkbox"/> → (SKIP TO 481)		
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1989 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 questions about the health of all your children born in the past five years. We will talk about one child at a time.			
402A	LINE NUMBER FROM Q. 212	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>	LINE NUMBER..... <input type="text"/> <input type="text"/>
402B	FROM Q. 212	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST-BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST-BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
402C	FROM Q. 216	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did you want no more children at all?	THEN.....1 (SKIP TO 405) <----- LATER.....2 NO MORE.....3 (SKIP TO 405) <-----	THEN.....1 (SKIP TO 405) <----- LATER.....2 NO MORE.....3 (SKIP TO 405) <-----	THEN.....1 (SKIP TO 405) <----- LATER.....2 NO MORE.....3 (SKIP TO 405) <-----
404	How much longer would you like to have waited?	MONTH.....1 <input type="text"/> <input type="text"/> YEAR.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	MONTH.....1 <input type="text"/> <input type="text"/> YEAR.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	MONTH.....1 <input type="text"/> <input type="text"/> YEAR.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else?	<u>HEALTH PROFESSIONAL</u> DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE/MIDWIFE.....C <u>OTHER PERSON</u> TRADITIONAL HEALER.....D OTHER.....X (SPECIFY) _____ NEVER.....Y (SKIP TO 409) <-----	<u>HEALTH PROFESSIONAL</u> DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE/MIDWIFE.....C <u>OTHER PERSON</u> TRADITIONAL HEALER.....D OTHER.....X (SPECIFY) _____ NEVER.....Y (SKIP TO 409) <-----	<u>HEALTH PROFESSIONAL</u> DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE/MIDWIFE.....C <u>OTHER PERSON</u> TRADITIONAL HEALER.....D OTHER.....X (SPECIFY) _____ NEVER.....Y (SKIP TO 409) <-----
405A	Where did you go for antenatal care for this pregnancy?	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST.....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 MIDWIFE/AUXILIARY MIDWIFE.....24 OTHER.....96 (SPECIFY) _____	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST.....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 MIDWIFE/AUXILIARY MIDWIFE.....24 OTHER.....96 (SPECIFY) _____	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST.....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 MIDWIFE/AUXILIARY MIDWIFE.....24 OTHER.....96 (SPECIFY) _____
406	Were you given an antenatal card (KMS) for pregnant mothers for this pregnancy?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
407	How many months pregnant were you when you first received antenatal care?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
408	How many times did you receive antenatal care during this pregnancy?	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....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? (CHECK HEALTH CARD)	YES.....1 NO.....2 (SKIP TO 410A) <----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 410A) <----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 410A) <----- DON'T KNOW.....8

		LAST BIRTH			SECOND-FROM-LAST-BIRTH			NEXT-TO-LAST-BIRTH		
		NAME _____			NAME _____			NAME _____		
410	How many times did you get this injection? RECORD NUMBER OF INJECTION FROM HEALTH CARD, IF AVAILABLE	TIMES..... <input type="checkbox"/> DON'T KNOW.....8			TIMES..... <input type="checkbox"/> DON'T KNOW.....8			TIMES..... <input type="checkbox"/> DON'T KNOW.....8		
410A	Have you ever received iron pills (increasing blood) when you were pregnant with (NAME)?	YES.....1 NO.....2 (SKIP TO 411)←								
410B	How many iron pills did you take during your pregnancy with (NAME)?	TOTAL..... <input type="text"/> DON'T KNOW.....998								
410C	How many days during the last month did you take the iron pills?	DAYS..... <input type="text"/> TIDAK TAHU.....98								
411	Where did you give birth to (NAME)?	NONE YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT HOSPITAL.....21 HEALTH CENTER.....22 VILLAGE DELIVERY POST..23 OTHER.....24 (SPECIFY) PRIVATE HOSPITAL.....31 CLINIC.....32 OTHER.....33 (SPECIFY)			NONE YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT HOSPITAL.....21 HEALTH CENTER.....22 VILLAGE DELIVERY POST..23 OTHER.....24 (SPECIFY) PRIVATE HOSPITAL.....31 CLINIC.....32 OTHER.....33 (SPECIFY)			NONE YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT HOSPITAL.....21 HEALTH CENTER.....22 VILLAGE DELIVERY POST..23 OTHER.....24 (SPECIFY) PRIVATE HOSPITAL.....31 CLINIC.....32 OTHER.....33 (SPECIFY)		
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y			DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y			DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y		
412A	At the time of the birth of (NAME), did you have:	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW
	Labor, that is the strong and regular contractions lasting more than one day & one night?	1	2	8	1	2	8	1	2	8
	A lot more vaginal bleeding than normal following child-birth (more than 3 cloths)?	1	2	8	1	2	8	1	2	8
	A high fever and foul smelling vaginal discharge?	1	2	8	1	2	8	1	2	8
	Convulsions with loss of consciousness?	1	2	8	1	2	8	1	2	8
	Any other complications? IF YES, SPECIFY	1	2	8	1	2	8	1	2	8
		(SPECIFY)			(SPECIFY)			(SPECIFY)		
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8			ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8			ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8		
414	Was (NAME) delivered by caesarean section?	YES.....1 NO.....2			YES.....1 NO.....2			YES.....1 NO.....2		
415	When (NAME) was born, was he/she:	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8			VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8			VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8		
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418)←			YES.....1 NO.....2 (SKIP TO 419)←			YES.....1 NO.....2 (SKIP TO 419)←		

		LAST BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
417	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE	GRAMS FROM CARD.....1 <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> DON'T KNOW.....9998	GRAMS FROM CARD.....1 <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> DON'T KNOW.....9998	GRAMS FROM CARD.....1 <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> DON'T KNOW.....9998
418	Did your period return since the birth of (NAME)?	YES1 (SKIP TO 420) <..... NO.....2 (SKIP TO 421) <.....		
419	Did your period return between the birth of (NAME) and the next pregnancy?		YES1 NO.....2 (SKIP TO 423) <.....	YES1 NO.....2 (SKIP TO 423) <.....
420	For how many months after the birth of (NAME) did you not have a period?	MONTH..... DON'T KNOW.....98	MONTH..... DON'T KNOW.....98	MONTH..... DON'T KNOW.....98
421	CHECK 226: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 423)		
422	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 424) <.....		
423	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98
424	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 426) <..... NO.....2	YES.....1 (SKIP TO 426) <..... NO.....2	YES.....1 (SKIP TO 426) <..... NO.....2
424A RECORD 'N' IN COLUMN 4 OF CALENDER IN MONTH AFTER (NAME) BIRTH				
425	Why did you not breastfeed (NAME)?	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM.....04 NO MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 KEEPING BREAST BEAUTIFUL.....08 OTHER.....96 (SPECIFY) (SKIP TO 428D) <.....	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM.....04 NO MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 KEEPING BREAST BEAUTIFUL.....08 OTHER.....96 (SPECIFY) (SKIP TO 428D) <.....	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM.....04 NO MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 KEEPING BREAST BEAUTIFUL.....08 OTHER.....96 (SPECIFY) (SKIP TO 428D) <.....
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE RECORD DAYS.	HOURS.....1 DAYS.....2	HOURS.....1 DAYS.....2	HOURS.....1 DAYS.....2
427	CHECK 402C: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428B)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428B)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428B)
428	Are you still breast- feeding (NAME)?	YES.....1 (SKIP TO 428B) <..... NO.....2	YES.....1 (SKIP TO 428B) <..... NO.....2	YES.....1 (SKIP TO 428B) <..... NO.....2
428A RECORD 'X' IN COLUMN 4 OF CALENDER IN MONTH AFTER (NAME) BIRTH AND EVERY MONTH UNTIL MONTH OF INTERVIEW-->(SKIP TO 429)				
428B	How many months did you breast- feed (NAME)?	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98

		LAST BIRTH	SECOND-FROM-LAST-BIRTH	NEXT-TO-LAST-BIRTH																																																																																																																														
		NAME _____	NAME _____	NAME _____																																																																																																																														
428B1	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH OF BREASTFEEDING																																																																																																																																	
428C	Why did you stop breastfeeding (NAME)?	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 CHILD REFUSED.....06 BECAME PREGNANT.....07 MOTHER WORKING.....08 WEANING AGE.....09 START USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 CHILD REFUSED.....06 BECAME PREGNANT.....07 MOTHER WORKING.....08 WEANING AGE.....09 START USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 CHILD REFUSED.....06 BECAME PREGNANT.....07 MOTHER WORKING.....08 WEANING AGE.....09 START USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)																																																																																																																														
428D	CHECK 402C: CHILD ALIVE?	ALIVE <input type="checkbox"/> MENINGGAL <input type="checkbox"/> (SKIP TO 430A) (GO TO 403 FOR NEXT BIRTH, IF NO MORE BIRTHS GO TO FIRST COLUMN OF 441)	ALIVE <input type="checkbox"/> MENINGGAL <input type="checkbox"/> (SKIP TO 430A) (GO TO 403 FOR NEXT BIRTH, IF NO MORE BIRTHS GO TO FIRST COLUMN OF 441)	ALIVE <input type="checkbox"/> MENINGGAL <input type="checkbox"/> (SKIP TO 430A) (GO TO 403 FOR NEXT BIRTH, IF NO MORE BIRTHS GO TO FIRST COLUMN OF 441)																																																																																																																														
429	How many times did you breastfeed last night between sundown and sunup? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.)	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>																																																																																																																														
430	How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.)	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>																																																																																																																														
430A	Was (NAME) given a pacifier yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8																																																																																																																														
430B	Did (NAME) drink anything from a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8																																																																																																																														
431	At any time yesterday or last night was (NAME) given any of the following:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Plain water?</td><td>1</td><td>2</td></tr> <tr><td>Sugar water?</td><td>1</td><td>2</td></tr> <tr><td>Fruit juice (papaya/banana/orange/tomato)?</td><td>1</td><td>2</td></tr> <tr><td>Honey/diluted honey?</td><td>1</td><td>2</td></tr> <tr><td>Tea?</td><td>1</td><td>2</td></tr> <tr><td>Fresh milk?</td><td>1</td><td>2</td></tr> <tr><td>Sweetened condensed milk?</td><td>1</td><td>2</td></tr> <tr><td>Powdered milk?</td><td>1</td><td>2</td></tr> <tr><td>Rice water/other liquid?</td><td>1</td><td>2</td></tr> <tr><td>Mushy/solid food/porridge?</td><td>1</td><td>2</td></tr> <tr><td>Fish/egg/liver?</td><td>1</td><td>2</td></tr> <tr><td>Meat?</td><td>1</td><td>2</td></tr> <tr><td>Any other foods?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	Plain water?	1	2	Sugar water?	1	2	Fruit juice (papaya/banana/orange/tomato)?	1	2	Honey/diluted honey?	1	2	Tea?	1	2	Fresh milk?	1	2	Sweetened condensed milk?	1	2	Powdered milk?	1	2	Rice water/other liquid?	1	2	Mushy/solid food/porridge?	1	2	Fish/egg/liver?	1	2	Meat?	1	2	Any other foods?	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Plain water?</td><td>1</td><td>2</td></tr> <tr><td>Sugar water?</td><td>1</td><td>2</td></tr> <tr><td>Fruit juice (papaya/banana/orange/tomato)?</td><td>1</td><td>2</td></tr> <tr><td>Honey/diluted honey?</td><td>1</td><td>2</td></tr> <tr><td>Tea?</td><td>1</td><td>2</td></tr> <tr><td>Fresh milk?</td><td>1</td><td>2</td></tr> <tr><td>Sweetened condensed milk?</td><td>1</td><td>2</td></tr> <tr><td>Powdered milk?</td><td>1</td><td>2</td></tr> <tr><td>Rice water/other liquid?</td><td>1</td><td>2</td></tr> <tr><td>Mushy/solid food/porridge?</td><td>1</td><td>2</td></tr> <tr><td>Fish/egg/liver?</td><td>1</td><td>2</td></tr> <tr><td>Meat?</td><td>1</td><td>2</td></tr> <tr><td>Any other foods?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	Plain water?	1	2	Sugar water?	1	2	Fruit juice (papaya/banana/orange/tomato)?	1	2	Honey/diluted honey?	1	2	Tea?	1	2	Fresh milk?	1	2	Sweetened condensed milk?	1	2	Powdered milk?	1	2	Rice water/other liquid?	1	2	Mushy/solid food/porridge?	1	2	Fish/egg/liver?	1	2	Meat?	1	2	Any other foods?	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Plain water?</td><td>1</td><td>2</td></tr> <tr><td>Sugar water?</td><td>1</td><td>2</td></tr> <tr><td>Fruit juice (papaya/banana/orange/tomato)?</td><td>1</td><td>2</td></tr> <tr><td>Honey/diluted honey?</td><td>1</td><td>2</td></tr> <tr><td>Tea?</td><td>1</td><td>2</td></tr> <tr><td>Fresh milk?</td><td>1</td><td>2</td></tr> <tr><td>Sweetened condensed milk?</td><td>1</td><td>2</td></tr> <tr><td>Powdered milk?</td><td>1</td><td>2</td></tr> <tr><td>Rice water/other liquid?</td><td>1</td><td>2</td></tr> <tr><td>Mushy/solid food/porridge?</td><td>1</td><td>2</td></tr> <tr><td>Fish/egg/liver?</td><td>1</td><td>2</td></tr> <tr><td>Meat?</td><td>1</td><td>2</td></tr> <tr><td>Any other foods?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	Plain water?	1	2	Sugar water?	1	2	Fruit juice (papaya/banana/orange/tomato)?	1	2	Honey/diluted honey?	1	2	Tea?	1	2	Fresh milk?	1	2	Sweetened condensed milk?	1	2	Powdered milk?	1	2	Rice water/other liquid?	1	2	Mushy/solid food/porridge?	1	2	Fish/egg/liver?	1	2	Meat?	1	2	Any other foods?	1	2
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	LAST BIRTH	SECOND-FROM-LAST-BIRTH	NEXT-TO-LAST-BIRTH
	NAME _____	NAME _____	NAME _____
432	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY? AT LEAST ONE "YES" <input type="checkbox"/> NONE <input type="checkbox"/> (SKIP TO 435)	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY? AT LEAST ONE "YES" <input type="checkbox"/> NONE <input type="checkbox"/> (SKIP TO 435)	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY? AT LEAST ONE "YES" <input type="checkbox"/> NONE <input type="checkbox"/> (SKIP TO 435)
433	CHECK 428: STILL BREASTFEEDING? YES <input type="checkbox"/> NO OR NO PROBE <input type="checkbox"/> (SKIP TO 436)	CHECK 428: STILL BREASTFEEDING? YES <input type="checkbox"/> NO OR NO PROBE <input type="checkbox"/> (SKIP TO 436)	CHECK 428: STILL BREASTFEEDING? YES <input type="checkbox"/> NO OR NO PROBE <input type="checkbox"/> (SKIP TO 436)
434	Was (NAME) ever given any water, or something else to drink or eat (other than breast milk) yesterday or last night? YES.....1 NO.....2 (SKIP TO 436)	Was (NAME) ever given any water, or something else to drink or eat (other than breast milk) yesterday or last night? YES.....1 NO.....2 (SKIP TO 436)	Was (NAME) ever given any water, or something else to drink or eat (other than breast milk) yesterday or last night? YES.....1 NO.....2 (SKIP TO 436)
435	(Beside given breast milk), How many times was (NAME) given any food including any mushy/solid food yesterday? TIMES..... DON'T KNOW.....8	(Beside given breast milk), How many times was (NAME) given any food including any mushy/solid food yesterday? TIMES..... DON'T KNOW.....8	(Beside given breast milk), How many times was (NAME) given any food including any mushy/solid food yesterday? TIMES..... DON'T KNOW.....8
436	On how many days during the last week was (NAME) given any of the following: Plain water? Sugar water? Fruit juice? Honey? Tea? Fresh milk? Sweetened condensed milk? Powdered milk? Rice water or other liquid? Mashed/solid food/porridge? Fish/egg/liver? Meat? Any other foods? IF DON'T KNOW, RECORD '8'	RECORD THE NUMBER OF DAYS PLAIN WATER SUGAR WATER FRUIT JUICE HONEY TEA FRESH MILK SWEETENED CONDENSED MILK POWDERED MILK RICE WATER/OTHER LIQ. MASHED/SOLID FOOD/PORRIDGE FISH/EGG/LIVER MEAT ANY OTHER FOODS	RECORD THE NUMBER OF DAYS PLAIN WATER SUGAR WATER FRUIT JUICE HONEY TEA FRESH MILK SWEETENED CONDENSED MILK POWDERED MILK RICE WATER/OTHER LIQ. MASHED/SOLID FOOD/PORRIDGE FISH/EGG/LIVER MEAT ANY OTHER FOODS
440	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS GO TO COLUMN (1) OF 441		

SECTION 48. IMMUNIZATION AND HEALTH

441 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1989 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	LINE NUMBER..... <input type="text"/>	LINE NUMBER..... <input type="text"/>	LINE NUMBER..... <input type="text"/>
	FROM P.212 AND P.216	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 481)	SECOND-FROM-LAST-BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 481)	NEXT-TO-LAST-BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 481)
442	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 443B) YES, NOT SEEN.....2 (SKIP TO 447) NO CARD.....3	YES, SEEN.....1 (SKIP TO 443B) YES, NOT SEEN.....2 (SKIP TO 447) NO CARD.....3	YES, SEEN.....1 (SKIP TO 443B) YES, NOT SEEN.....2 (SKIP TO 447) NO CARD.....3
443	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 447) NO.....2	YES.....1 (SKIP TO 447) NO.....2	YES.....1 (SKIP TO 447) NO.....2
443B	FROM THE CARD, RECORD THE NUMBER OF TIMES VITAMIN-A WAS GIVEN	NUMBER OF TIMES VITAMIN-A RECORDED IN THE CARD <input type="text"/>	NUMBER OF TIMES VITAMIN-A RECORDED IN THE CARD <input type="text"/>	NUMBER OF TIMES VITAMIN-A RECORDED IN THE CARD <input type="text"/>

	IMMUNIZATION PLACE	IMMUNIZATION PLACE	IMMUNIZATION PLACE																																																																																																																																				
444 (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.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 PRIVATE MIDWIFE/NURSE...24 OTHER.....96	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 PRIVATE MIDWIFE/NURSE...24 OTHER.....96	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 PRIVATE MIDWIFE/NURSE...24 OTHER.....96																																																																																																																																				
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MEASLES																																																																																																																																							
445 Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3, AND/OR MEALES	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING 'DAY' COLUMN IN 444) <-	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING 'DAY' COLUMN IN 444) <-	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING 'DAY' COLUMN IN 444) <-																																																																																																																																				
	NO.....2	NO.....2	NO.....2																																																																																																																																				
	DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW.....8																																																																																																																																				
	(SKIP TO 451)<-	(SKIP TO 451)<-	(SKIP TO 451)<-																																																																																																																																				

		LAST BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
447	Please tell me if (NAME) (has) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the upper arm that left a scar? Polio vaccine, that is, pink or white drops in the mouth? IF YES: How many times? DPT vaccination, that is, an injection, usually given at the same time as polio drops? IF YES: How many times? An injection against measles?	YES.....1 NO.....2 DON'T KNOW.....8 YES.....1 NO.....2 DON'T KNOW.....8 TIMES..... <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8 TIMES..... <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8 YES.....1 NO.....2 DON'T KNOW.....8 TIMES..... <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8 TIMES..... <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8 YES.....1 NO.....2 DON'T KNOW.....8 TIMES..... <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8 TIMES..... <input type="checkbox"/> YES.....1 NO.....2 DON'T KNOW.....8
451	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
451A	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 454A) <----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 454A) <----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 454A) <----- DON'T KNOW.....8
451B	Did the cough begin within the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
454	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
454A	CHECK 451 AND 451A: FEVER OR COUGH?	"YES" IN EITHER IN 451 OR 451A <input type="checkbox"/> OTHER > (SKIP TO 460) V	"YES" IN EITHER IN 451 OR 451A <input type="checkbox"/> OTHER > (SKIP TO 460) V	"YES" IN EITHER IN 451 OR 451A <input type="checkbox"/> OTHER > (SKIP TO 460) V
458	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 459A) <-----	YES.....1 NO.....2 (SKIP TO 459A) <-----	YES.....1 NO.....2 (SKIP TO 459A) <-----
459	Where did you seek advice or medical treatment for (NAME)? Anyone else? (CIRCLE EACH MENTIONED)	<u>GOVERNMENT</u> HOSPITAL.....A HEALTH CENTER.....B <u>PRIVATE</u> HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F <u>OTHER PRIVATE SECTOR</u> VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)	<u>GOVERNMENT</u> HOSPITAL.....A HEALTH CENTER.....B <u>PRIVATE</u> HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F <u>OTHER PRIVATE SECTOR</u> VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)	<u>GOVERNMENT</u> HOSPITAL.....A HEALTH CENTER.....B <u>PRIVATE</u> HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F <u>OTHER PRIVATE SECTOR</u> VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)
459A	How long has (NAME) been ill with a fever/cough?	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 (IF LESS THAN ONE DAY WRITE "00")	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 (IF LESS THAN ONE DAY WRITE "00")	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 (IF LESS THAN ONE DAY WRITE "00")

		LAST BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
460	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO 479 <	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO 479 <	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO 479 <
460A	How long did (NAME) have the diarrhea?	DAYS..... (IF LESS THAN ONE DAY WRITE "00")	DAYS..... (IF LESS THAN ONE DAY WRITE "00")	DAYS..... (IF LESS THAN ONE DAY WRITE "00")
464	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
464A	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... TOO MANY.....96 DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... TOO MANY.....96 DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... TOO MANY.....96 DON'T KNOW.....98
465	Did (NAME) have diarrhea in the last 24 hours?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
467	CHECK 428: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> V (SKIP TO 468)		
467A	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP KE 468) <		
467B	Did you reduce the number of feeds or increase them, or did you stop completely?	REDUCED.....1 INCREASED.....2 STOPPED COMPLETELY.....3		
468	(Aside from breast milk) Was he/she given less amount to drink than before the diarrhea, or same, or more?	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8
468A	Was he/she given less amount of food to eat than before the diarrhea, or same, or more?	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8
468A1	Was (NAME) given a fluid made from a packet called ORALIT?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 469) <	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 469) <	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 469) <
468B	How many packages of ORALIT was (NAME) given during diarrhea?	PACKAGES..... DON'T KNOW.....98	PACKAGES..... DON'T KNOW.....98	PACKAGES..... DON'T KNOW.....98
469	Was any other fluid given for the diarrhea (other than ORALIT)?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
471	Did you seek advice or treatment for the diarrhea for (NAME)?	YES.....1 NO.....2 (SKIP TO 479) <	YES.....1 NO.....2 (SKIP TO 479) <	YES.....1 NO.....2 (SKIP TO 479) <
472	Where did you seek advice or treatment for (NAME)? Any other place? (CIRCLE EACH MENTIONED)	GOVERNMENT HOSPITAL.....A HEALTH CENTER.....B PRIVATE HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F OTHER PRIVATE SECTOR VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)	GOVERNMENT HOSPITAL.....A HEALTH CENTER.....B PRIVATE HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F OTHER PRIVATE SECTOR VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)	GOVERNMENT HOSPITAL.....A HEALTH CENTER.....B PRIVATE HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F OTHER PRIVATE SECTOR VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)
479	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 481			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
481	When a child has diarrhea, should he/she be given <u>less</u> to drink than usual, about the <u>same</u> amount, or <u>more</u> than usual?	LESS FLUIDS.....1 ABOUT THE SAME AMOUNT OF FLUIDS.....2 MORE FLUIDS.....3 DON'T KNOW.....8	
482	When a child has diarrhea, should he/she be given <u>less</u> to eat than usual, about the <u>same</u> amount, or <u>more</u> than usual?	LESS FLUIDS.....1 ABOUT THE SAME AMOUNT OF FLUIDS.....2 MORE FLUIDS.....3 DON'T KNOW.....8	
483	When a child is sick with <u>diarrhea</u> , what signs of illness would tell you that he/she should be taken to a health facility? RECORD ALL MENTIONED.	MANY WATERY STOOLS.....A REPEATED VOMITING.....B BLOOD IN STOOLS.....C FEVER.....D MARKED THIRST.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER.....X (SPECIFY) DON'T KNOW.....Z	
484	When a child is sick with <u>cough</u> , what signs of illness would tell you that he/she should be taken to a health facility? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER.....X (SPECIFY) DON'T KNOW.....Z	
485	CHECK 468A1: NO CHILD RECIEVED ORALIT OR 468A1 <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	ANY CHILD RECIEVED ORALIT IN 468A1 <input type="checkbox"/>	→485C
485A	Before this interview, have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES.....1 NO.....2	→485C
485B	Have you ever seen a packet like this before? (SHOW PACKAGE)	YES.....1 NO.....2	→501
485C	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else? (SHOW PACKAGE)	YES.....1 NO.....2	→501
485D	Where did you get the water you used to prepare ORALIT?	PIPED INTO RESIDENCE.....11 PIPED INTO YARD OT PLOT.....12 PUBLIC TAP.....13 PUMP.....21 PROTECTED WELL.....22 UNPROTECTED WELL.....23 PROTECTED SPRING.....31 UNPROTECTED SPRING.....32 RIVER.....33 RAINWATER.....41 OTHER.....96 (SPECIFY)	
485E	Did you boil the water?	YES.....1 NO.....2 DON'T KNOW.....8	
485F	Where can you usually get the ORALIT packet?	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 PRIVATE HOSPITAL.....21 CLINIC.....22 DOCTOR.....23 NURSE/MIDWIFE.....24 OTHER PRIVATE SECTOR VILLAGE DELIVERY POST.....31 INTEGRATED HEALTH POST.....32 HEALTH CADRE.....33 TRADITIONAL HEALER.....34 PHARMACY/DRUGSTORE.....35 SHOP.....36 OTHER.....96 (SPECIFY)	
485G	Is it easy or difficult to get to (PLACE IN 485F)?	EASY.....1 DIFFICULT.....2 DON'T KNOW.....8	
485H	Is ORALIT <u>always</u> available, <u>sometimes</u> available, or <u>never</u> available in (PLACE IN 485F)?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3 DON'T KNOW.....8	

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
501A	What is the main reason you have been married more than once?	HUSBAND DIED.....1 DIVORCED.....2 LONG SEPARATION.....3 NO CHILDREN.....4 OTHER.....6 (SPECIFY)	
502	In what month and year were you and your (first) husband married?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	
503	How old were you when you (first) married?	AGE (YEAR)..... DON'T KNOW AGE.....98	
503A	How old were you when you first had sexual intercourse?	AGE..... DON'T KNOW AGE.....98	
503B	How old was your husband when he first married?	AGE (YEAR)..... DON'T KNOW AGE.....98	
503C	Did you receive a tetanus toxoid injection (TT) before marriage?	YES.....1 NO.....2	504
503D	If YES, When did you receive the TT injection?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	
504	DETERMINE MONTHS MARRIED SINCE JANUARY 1989. ENTER "X" IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1989. FOR WOMEN NOT CURRENTLY MARRIED OR WITH MORE THAN ONE MARRIAGE: PROBE FOR DATES COUPLE TERMINATED THEIR MARRIAGE OR DATES WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE.		
505	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		511
506	Now I need some details about your sexual activity in order to get a better understanding of family planning and fertility. When was the last time you had sexual intercourse?	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	511
509	How many times did you have sexual intercourse in the last month?	TIMES.....	
510	CHECK 309 AND 310: NOT PREGNANT AND NOT STERILIZED <input type="checkbox"/> PREGNANT OR STERILIZED <input type="checkbox"/>		511
510A	Did you and your husband use a method of contraception the last time you had sexual intercourse?	YES.....1 NO.....2	
510B	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY.....1 UNHAPPY.....2 NOT MATTER.....3	
511	PRESENCE OF OTHERS AT THIS POINT.	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 106A: CURRENTLY MARRIED <input type="checkbox"/> V DIVORCED/WIDOWED <input type="checkbox"/>		>608
602	CHECK 312 AND 312A: HUSBAND OR RESPONDENT NOT STERILIZED <input type="checkbox"/> V HUSBAND OR RESPONDENT STERILIZED <input type="checkbox"/>		>608
603	CHECK 226: NOT PREGNANT/UNSURE <input type="checkbox"/> V Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/> V Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DON'T KNOW.....8	>607 >608
604	How many (more) sons and daughters do you want?	BOYS GIRLS TOTAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> UP TO GOD.....999995 OTHER.....999996 (SPECIFY)	
605	What is the main reason you want (more) children?	NOT ENOUGH CHILDREN.....1 HAVE NO SON/DAUGHTER.....2 CUSTOM OR RELIGION.....3 HUSBAND RECOMMENDED.....4 HELP FAMILY ECONOMY.....5 OTHER.....6 (SPECIFY)	
606	CHECK 226: NOT PREGNANT/UNSURE <input type="checkbox"/> V How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> V How long would you like to wait after the birth of the child you are expecting before the birth of another child?	WAITING TIME MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> SOON/NOW.....993 CAN'T GET PREGNANT.....994 OTHER.....996 (SPECIFY) DON'T KNOW.....998	>608
607	What is the main reason you don't want anymore child?	HAVE ENOUGH CHILDREN.....01 TOO OLD.....02 HEALTH.....03 UNABLE TO SUPPORT.....04 GOVERNMENT RECOMMENDED.....05 TOO BUSY.....06 OTHER.....96 (SPECIFY)	
608	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> V If you could go back to the time when you just married and have no children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> V If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE, THEN RECORD NUMERIC RESPONSE OR OTHER ANSWER	TOTAL NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/> UP TO GOD.....95 OTHER.....96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
609	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS TOTAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UP TO GOD.....999995 OTHER.....999996 (SPECIFY)	
611	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		615
612	Husbands do not always agree with their wives on everything. Now I want to ask you about your husband's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8	
613	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	615
614	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	MORE CHILDREN.....1 SAME NUMBER.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	
615	Sometimes a woman becomes pregnant when she does not want to be. In the past, have you ever become pregnant when you did not want to be?	YES.....1 NO.....2	701
616	When was the last time that you became pregnant when you did not want to be?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	
617	On this occasion, what did you do about it?	STOPPED THE PREGNANCY.....1 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED.....2 HAD A MISCARRIAGE.....3 NOTHING/CONTINUED THE PREGNANCY.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8	622
617A	What did you do about it (Q.617)?	STRENUOUS WORK.....01 HERBS.....02 TABLET.....03 MASSAGE/SQUEEZING ABDOMEN.....04 OBJECT IN WOMB.....05 INJECTION.....06 SUCTION.....07 DILATATION AND CURETTAGE.....08 OTHER.....96 (SPECIFY) DON'T KNOW.....98	619
618	Who help you?	DOCTOR.....A NURSE/MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C PHARMACIST.....D FAMILY/FRIEND.....E NO ONE.....F OTHER.....X (SPECIFY) DON'T KNOW.....Y	
619	As a result of (stopping/attempting to stop) the pregnancy, did you have any health problems which required medical attention?	YES.....1 NO.....2	622
620	Was it necessary for you to be hospitalized?	YES.....1 NO.....2	622
621	How many nights did you spend in the hospital? IF NO OVERNIGHT STAY, RECORD '00'	NIGHTS IN HOSPITAL..... <input type="text"/> <input type="text"/>	
622	Did you ever have any other unwanted pregnancy that were intentionally stopped?	YES.....1 NO.....2	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	ASK QUESTIONS ABOUT CURRENT OR 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: elementary, junior, senior high school, academy or university?	ELEMENTARY SCHOOL.....1 JUNIOR HIGH SCHOOL.....2 SENIOR HIGH SCHOOL.....3 ACADEMY.....4 UNIVERSITY.....5 DON'T KNOW.....8	→705
704	What was the highest grade he completed at that level? COMPLETED = 7	GRADE..... <input type="text"/> DON'T KNOW.....8	
705	(Does/did) your husband work?	YES.....1 NO.....2	→709
705A	(Does/did) your husband work in agriculture?	YES.....1 NO.....2	→705C
705B	(Does/did) your husband work mainly on his own land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3 OTHER.....6 (SPECIFY)	
705C	What kind of work does (did) your (last) husband mainly do? (DESCRIBE AS COMPLETE AS POSSIBLE, AND DO NOT CIRCLE)	PROFESSIONAL, TECHNICAL.....01 MANAGERS AND ADMINISTRATORS.....02 CLERICAL.....03 SALES.....04 SERVICE.....05 AGRICULTURAL WORKER.....06 INDUSTRIAL WORKER.....07 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
705D	(Does/did) your (last) husband work as a laborer/staff, officer, or a member of the armed forces?	LABORER/STAFF.....1 OFFICER.....2 MEMBER OF ARMED FORCES.....3 OTHER.....6 (SPECIFY)	
709	As you know, many women work - I mean aside from doing their own housework. Some work in a shop, or in a business, or work for the government. Some women are paid in cash or in kind for their work; others are not paid. In the past 12 months have you done any of these things or any other work?	YES.....1 NO.....2	→717
710	Did/do you work in agriculture or not in agriculture?	AGRICULTURE.....1 NONAGRICULTURE.....2	→710B
710A	Did/do you work mainly on your own land, or on rented land, or on someone else's land?	OWN LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3 OTHER.....6 (SPECIFY)	
710B	What (is/was) your (most recent) occupation? That is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE, AND DO NOT CIRCLE CODE	PROFESSIONAL, TECHNICAL.....01 MANAGERS AND ADMINISTRATORS.....02 CLERICAL.....03 SALES.....04 SERVICE.....05 AGRICULTURAL WORKER.....06 INDUSTRIAL WORKER.....07 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	COOING CATEGORIES	SKIP TO
710C	Did/do you work as a laborer/staff in a private company, as government employee, or a member of the armed forces?	LABORER/STAFF.....1 OFFICER.....2 MEMBER OF THE ARMED FORCES.....3 OTHER.....6 (SPECIFY)	
711	Did/do you work for a family member, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
712A	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	
712B	CHECK 106A: <div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>Who mainly decides for the use of the money: you, your husband, you and your husband jointly, someone else, or you and someone else?</p> </div> <div> <p>DIVORCED/WIDOWED <input type="checkbox"/></p> <p>Who mainly decides for the use of the money you earn: you, someone else, or you and someone else jointly?</p> </div> </div>	RESPONDENT DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
713	Do you usually work at home or away from home?	AT HOME.....1 AWAY FROM HOME.....2	→801
714	How long do you leave home for working? RECORD TIME SINCE SHE LEAVES HOME UNTIL SHE ARRIVES AT HOME	LENGTH OF TIME... <input type="text"/> <input type="text"/> HOURS	
715	CHECK 217 AND 218: CHILD AGE LESS THAN 5 YEARS <input type="checkbox"/> V	NO CHILD <input type="checkbox"/>	→801
716	Who take care of (NAME OF LAST CHILD) when you working?	RESPONDENT.....01 HUSBAND.....02 OLDER SISTER.....03 OLDER BROTHER.....04 FAMILY.....05 NEIGHBOR.....06 FRIEND.....07 SERVANT.....08 AT SCHOOL.....09 PROFESSIONAL CHILD CARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER.....96 (SPECIFY)	→801
717	Do you participate in social activities?	YES.....1 NO.....2	

SECTION 8: KNOWLEDGE OF AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→901
802	From which sources of information have you learned about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TELEVISION.....B NEWSPAPER/MAGAZINE.....C PAMPHLET/poster.....D HEALTH WORKERS.....E MOSQUE/CHURCH.....F SCHOOL/TEACHER.....G COMMUNITY MEETING.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY)	
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	→805
804	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....B USE CONDOMS DURING SEX.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K OTHER.....X (SPECIFY) OTHER.....W (SPECIFY) DON'T KNOW.....Y	
805	Can a person who has AIDS be cured?	YES.....1 NO.....2 DON'T KNOW.....8	
806	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 DON'T KNOW.....8	
807	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→901
808	Since you heard of AIDS, have you changed your sexual behavior to prevent getting AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	→901
809	What did you do? Anything else? RECORD ALL MENTIONED.	STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO SPOUSE.....D REDUCE SEX PARTNER.....E NO MORE HOMOSEXUAL CONTACT.....F OTHER.....X (SPECIFY)	

SECTION 9. MATERNAL MORTALITY

901 Now I would like to ask you some questions about your brothers and sisters, that is, all of the children who was born to your natural mother, including those who are living with you, those living elsewhere, and those who have died. Now many children did your mother give birth to, including yourself?
 NUMBER OF BIRTH TO NATURAL MOTHER IF '01' OR ONLY CHILD ☐ → 915

902 How many of these births did your mother have before you were born?
 NUMBER OF PRECEDING BIRTHS.....

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
903 What was the name given to your oldest (next oldest) brother or sister?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
904 Is (NAME) male or female	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2
905 Is (NAME) still alive?	YES.....1 NO.....2 DK.....8 TO (2)<	YES.....1 NO.....2 DK.....8 TO (3)<	YES.....1 NO.....2 DK.....8 TO (4)<	YES.....1 NO.....2 DK.....8 TO (5)<	YES.....1 NO.....2 DK.....8 TO (6)<	YES.....1 NO.....2 DK.....8 TO (7)<	YES.....1 NO.....2 DK.....8 TO (8)<
906 How old is (NAME)?	<input type="text"/> <10 TO (2)	<input type="text"/> <10 TO (3)	<input type="text"/> <10 TO (4)	<input type="text"/> <10 TO (5)	<input type="text"/> <10 TO (6)	<input type="text"/> <10 TO (7)	<input type="text"/> <10 TO (8)
907 Has (NAME) ever been married?	YES.....1 NO.....2 TO (2)<	YES.....1 NO.....2 TO (3)<	YES.....1 NO.....2 TO (4)<	YES.....1 NO.....2 TO (5)<	YES.....1 NO.....2 TO (6)<	YES.....1 NO.....2 TO (7)<	YES.....1 NO.....2 TO (8)<
908 In what year did (NAME) die?	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>
909 How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (2)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (3)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (4)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (5)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (6)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (7)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (8)
910 Has (NAME) ever been married?	YES.....1 NO.....2 TO (2)<	YES.....1 NO.....2 TO (3)<	YES.....1 NO.....2 TO (4)<	YES.....1 NO.....2 TO (5)<	YES.....1 NO.....2 TO (6)<	YES.....1 NO.....2 TO (7)<	YES.....1 NO.....2 TO (8)<
911 Was (NAME) pregnant when she died, or did she die during childbirth?	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2
912 Did (NAME) die within 42 days after the end of a pregnancy?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
913 Did (NAME) die due to complications of pregnancy or delivery?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
914 How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
903 What was the name given to your oldest (next oldest) brother or sister?
904 Is (NAME) male or female	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2
905 Is (NAME) still alive?	YES.....1 NO.....2 TO 908< DK.....8 TO (9)<	YES.....1 NO.....2 TO 908< DK.....8 TO (10)<	YES.....1 NO.....2 TO 908< DK.....8 TO (11)<	YES.....1 NO.....2 TO 908< DK.....8 TO (12)<	YES.....1 NO.....2 TO 908< DK.....8 TO (13)<	YES.....1 NO.....2 TO 908< DK.....8 TO (14)<	YES.....1 NO.....2 TO 908< DK.....8 TO (15)<
906 How old is (NAME)?	<input type="text"/> <10 TO (9)	<input type="text"/> <10 TO (10)	<input type="text"/> <10 TO (11)	<input type="text"/> <10 TO (12)	<input type="text"/> <10 TO (13)	<input type="text"/> <10 TO (14)	<input type="text"/> <10 TO (15)
907 Has (NAME) ever been married?	YES.....1 NO.....2 TO (9)<	YES.....1 NO.....2 TO (10)<	YES.....1 NO.....2 TO (11)<	YES.....1 NO.....2 TO (12)<	YES.....1 NO.....2 TO (13)<	YES.....1 NO.....2 TO (14)<	YES.....1 NO.....2 TO (15)<
908 In what year did (NAME) die?	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>
909 How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (13)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (14)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (15)
910 Has (NAME) ever been married?	YES.....1 NO.....2 TO (9)<	YES.....1 NO.....2 TO (10)<	YES.....1 NO.....2 TO (11)<	YES.....1 NO.....2 TO (12)<	YES.....1 NO.....2 TO (13)<	YES.....1 NO.....2 TO (14)<	YES.....1 NO.....2 TO (15)<
911 Was (NAME) pregnant when she died, or did she die during childbirth?	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2
912 Did (NAME) die within 42 days after the end of a pregnancy?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
913 Did (NAME) die due to complications of pregnancy or delivery?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
914 How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
915 RECORD THE TIME				HOURS..... MINUTES.....		<input type="text"/>	

CALENDAR

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

IN COLUMN 1 AND 3 ALL BOXES SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN.

COLUMN 1: Births, pregnancies, contraceptive use

- L LIVE BIRTH
- H PREGNANCY
- K STILLBIRTH/MISCARRIAGE/ABORTION
- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTION
- 4 IMPLANT/NORPLANT
- 5 INTRAVAG/DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 FEMALE STERILIZATION/TUBECTOMY
- 8 MALE STERILIZATION/VASECTOMY
- 9 PERIODIC ABSTINENCE
- T WITHDRAWAL
- N OTHER _____

(SPECIFY)

COLUMN 2 : Discontinuation of Contraceptive Use

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

(SPECIFY)

T DON'T KNOW

COLUMN 3 : Marriage

- X MARRIED
- 0 UNMARRIED

COLUMN 4 : Breastfeeding

- X BREASTFEEDING
- 0 BREASTFEEDING LESS THAN 1 MONTH
- N NO BREASTFEEDING

		1	2	3	4				
SEP	01					01	SEP		
AGT	02					02	AGT		
1	JUL	03				03	JUL	1	
9	JUN	04				04	JUN	9	
9	MAY	05				05	MAY	9	
4	APR	06				06	APR	4	
	MAR	07				07	MAR		
	FEB	08				08	FEB		
	JAN	09				09	JAN		
DEC	10					10	DEC		
NOV	11					11	NOV		
	OCT	12				12	OCT		
	SEP	13				13	SEP		
1	AGT	14				14	AGT	1	
9	JUL	15				15	JUL	9	
9	JUN	16				16	JUN	9	
3	MAY	17				17	MAY	3	
	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	AGT	26				26	AGT	1	
9	JUL	27				27	JUL	9	
9	JUN	28				28	JUN	9	
2	MAY	29				29	MAY	2	
	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	AGT	38				38	AGT	1	
9	JUL	39				39	JUL	9	
9	JUN	40				40	JUN	9	
1	MAY	41				41	MAY	1	
	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	AGT	50				50	AGT	1	
9	JUL	51				51	JUL	9	
9	JUN	52				52	JUN	9	
0	MAY	53				53	MAY	0	
	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	AGT	62				62	AGT	1	
9	JUL	63				63	JUL	9	
8	JUN	64				64	JUN	8	
9	MAY	65				65	MAY	9	
	APR	66				66	APR		
	MAR	67				67	MAR		
	FEB	68				68	FEB		
	JAN	69				69	JAN		

LAST CHILD BORN PRIOR TO JANUARY 1989

NAME: _____ MONTH...

--	--

 YEAR....

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INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994

HEALTH AND FAMILY PLANNING SERVICE AVAILABILITY QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE
1. PROVINCE	<input type="text"/> <input type="text"/>
2. REGENCY/MUNICIPALITY.....	<input type="text"/> <input type="text"/>
3. SUB DISTRICT	<input type="text"/> <input type="text"/> <input type="text"/>
4. VILLAGE	<input type="text"/> <input type="text"/> <input type="text"/>
5. AREA.....URBAN - 1.....RURAL - 2.....	<input type="text"/>
6. LARGE CITY-1/SMALL CITY-2/TOWN-3/COUNTRYSIDE-4 *)	<input type="text"/>
7. ENUMERATION AREA NUMBER	
8. SUSENAS94 SAMPLE CODE.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. IDHS94 SAMPLE CODE.....	<input type="text"/> <input type="text"/> <input type="text"/>
10. INTERVIEWER'S NAME	<input type="text"/> <input type="text"/> <input type="text"/>
11. DATE OF FINAL VISIT.....	DATE <input type="text"/> <input type="text"/>
	MONTH <input type="text"/> <input type="text"/>
	YEAR 9 <input type="text"/> 4 <input type="text"/>

FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	DATA ENTRY OPERATOR
NAME <input type="text"/> <input type="text"/>	NAME <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DATE <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

NOTES: _____

*) Cross out category not used

**) Circle selected category

SECTION 1. COMMUNITY CHARACTERISTICS

Now, I would like to ask you about the availability of health and family planning service facilities in this enumeration area.

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
101	Are the following services available in this area?	YES	NO	
	Village family planning post (PAKBD)?	PAKBD.....1	2	
	Village family planning distribution post (PPKBD)?	PPKBD.....1	2	
	Sub PPKBD?	SUB PPKBD.....1	2	
	Family planning acceptor group (Paguyuban KB/KA)?	PAGUYUBAN KB/KA.....1	2	
	Health post?	HEALTH POST.....1	2	

Now, I would like to ask you other information about health and family planning facilities available in this area, or closest to this area.

FACILITY	102. Is (FACILITY) available in this area?	103. Where is (FACI- LITY) located?	104. How far is (FACILI- TY) (in kilometer) from this area?	105. What is the most com- mon type of transport to (FACILITY)? *)	106. How long does it take to get to (FACILITY)?
	YES NO				
1. General hospital	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
2. Special hospital	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
3. Maternity hospital	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
4. Clinic	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
5. Public health center	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
6. Auxiliary public health center	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
7. Delivery post	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
8. Midwife in village	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
9. Private doctor	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
10. Private midwife	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
11. Pharmacy	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
12. Drugstore	1 → 2 → ↓ V	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
13. Traditional birth attendant	1 → 2 → ↓ V 107	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE

*) Code for 105

1 = Land motorized/Train
2 = Water motorized
3 = Land non-motorized
4 = Water non-motorized

5 = Animal
6 = Walking
7 = Other

(SPECIFY)

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
107	How far is it to the nearest subdistrict capital in kilometer? (WRITE '000' IF LESS THAN 1 KILOMETER)	KM..... <input type="text"/> <input type="text"/> <input type="text"/> IF '000' →	110
108	What is the most common type of transport to the subdistrict capital?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
109	What type is the main road to the subdistrict capital?	PAVED ROAD.....1 DIRT ROAD.....2 RIVER.....3 RAILWAY.....4 FOOTPATH.....5 OTHER.....6 (SPECIFY)	
110	How far is it to the regency capital in kilometer? WRITE '000' IF THE REGENCY CAPITAL IS IN THIS AREA.	KM..... <input type="text"/> <input type="text"/> <input type="text"/>	
111	Does the family planning fieldworker (PLKB) assigned to this area live in this village?	YES.....1 → 114 NO.....2 DON'T KNOW PLKB'S HOUSE.....3 DON'T KNOW PLKB IS IN CLUSTER...4	
112	Did the family planning fieldworker visit this area in the last 6 months?	YES.....1 NO.....2 → 114	
113	Among the family planning fieldworkers, who visited this area in the last 6 months, and how many visits?	NUMBER OF VISITS DOCTOR..... <input type="text"/> <input type="text"/> MIDWIFE..... <input type="text"/> <input type="text"/> PPLKB/PLKB..... <input type="text"/> <input type="text"/> OTHER..... <input type="text"/> <input type="text"/> (SPECIFY)	
114	Was this area visited by a mobile family planning clinic in the last 6 month?	YES.....1 NO.....2 → 201	
115	How many times did the mobile family planning clinic visit?	NUMBER OF VISITS..... <input type="text"/> <input type="text"/>	

SECTION 2. GENERAL HOSPITAL VISIT

Date: _____ GENERAL HOSPITAL NAME: _____ TYPE: _____
 IF THE HOSPITAL IS LOCATED IN THIS AREA, OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK Q5.201 TO 220. CLUSTER CODE

IF THE HOSPITAL HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 3.

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
201	How far is it to the hospital in kilometer? IF HOSPITAL IS IN THE CLUSTER, RECORD '00'	KM..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW.....98	
201A	What is the most common type of transport to the hospital?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
202	How long does it take to get to (HOSPITAL NAME) using the most common type of transport? IF HOSPITAL IS IN THIS CLUSTER, RECORD '000'	MINUTES..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW.....998	
203	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
204	In what year did this hospital open?	YEAR.....19 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
205	How many beds does the hospital have?	NUMBER OF BEDS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
206	On average, how many outpatients are seen daily at this hospital in the past week? (INCLUDE OLD AND NEW PATIENTS)	NUMBER OF DAILY OUTPATIENTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
207	How many regular staff of the following types does the hospital have? General practitioners? Specialists? Dentists? Pharmacists? Assistant pharmacists? Midwives? Nurses? Health analysts? Nutritionists? X-ray operators? Health workers? Administrative staff? Other staff?	NUMBER: GENERAL PRACTITIONERS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> SPECIALISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DENTISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> PHARMACISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ASSISTANT PHARMACISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MIDWIVES..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> NURSES..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> HEALTH ANALYSTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> NUTRITIONISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> X-RAY OPERATORS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> HEALTH WORKERS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ADMINISTRATIVE STAFF..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> OTHER STAFF..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																														
208	Does the hospital usually use plastic or glass syringes?	PLASTIC.....1 GLASS.....2	→210																																																																														
209	Are the syringes disposable?	NON DISPOSABLE.....1 DISPOSABLE.....2 OTHER.....6 (SPECIFY)																																																																															
210	Does the hospital usually use other disposable equipment (intravenous set, catheter, gloves, tongue blade)?	YES.....1 NO.....2																																																																															
211	Does the hospital have the following equipment/facilities/ services?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>Electricity?</td><td>ELECTRICITY.....1</td><td>2</td></tr><tr><td>Refrigerator?</td><td>REFRIGERATOR.....1</td><td>2</td></tr><tr><td>Generator?</td><td>GENERATOR.....1</td><td>2</td></tr><tr><td>Telephone or radio transmitter?</td><td>TELEPHONE.....1</td><td>2</td></tr><tr><td>Table for gynecological examination?</td><td>GYNEC EXAM TABLE.....1</td><td>2</td></tr><tr><td>Examination lamp for gynecological examination?</td><td>GYNEC EXAM LAMP.....1</td><td>2</td></tr><tr><td>Weighing scale for baby?</td><td>BABY WEIGHING SCALE.....1</td><td>2</td></tr><tr><td>Weighing scale for children?</td><td>CHILDREN WEIGHING SCALE...1</td><td>2</td></tr><tr><td>Weighing scale for mothers?</td><td>MOTHER WEIGHING SCALE....1</td><td>2</td></tr><tr><td>Blood pressure cuff?</td><td>BLOOD PRESSURE CUFF.....1</td><td>2</td></tr><tr><td>Autoclave?</td><td>AUTOCLAVE.....1</td><td>2</td></tr><tr><td>Incubator?</td><td>INCUBATOR.....1</td><td>2</td></tr><tr><td>Hemoglobinometer?</td><td>HEMOGLOBINOMETER.....1</td><td>2</td></tr><tr><td>Urine protein diagnosis?</td><td>PROTEIN DIAGNOSIS.....1</td><td>2</td></tr><tr><td>Urine sugar diagnosis?</td><td>SUGAR DIAGNOSIS.....1</td><td>2</td></tr><tr><td>Dental care unit?</td><td>DENTAL CARE UNIT.....1</td><td>2</td></tr><tr><td>IUD kit?</td><td>IUD KIT.....1</td><td>2</td></tr><tr><td>Implant set?</td><td>IMPLANT SET.....1</td><td>2</td></tr><tr><td>Sterilization set?</td><td>STERILIZATION SET.....1</td><td>2</td></tr><tr><td>Resuscitation unit?</td><td>RESUSCITATION UNIT.....1</td><td>2</td></tr><tr><td>Transfusion unit?</td><td>TRANSFUSION UNIT.....1</td><td>2</td></tr><tr><td>Baby length measuring tape/scale?</td><td>BABY LENGTH TAPE/SCALE....1</td><td>2</td></tr><tr><td>Height board/tape?</td><td>HEIGHT BOARD/TAPE.....1</td><td>2</td></tr><tr><td>Operation room?</td><td>OPERATION ROOM.....1</td><td>2</td></tr><tr><td>Blood reserve?</td><td>BLOOD RESERVE.....1</td><td>2</td></tr></table>		YES	NO	Electricity?	ELECTRICITY.....1	2	Refrigerator?	REFRIGERATOR.....1	2	Generator?	GENERATOR.....1	2	Telephone or radio transmitter?	TELEPHONE.....1	2	Table for gynecological examination?	GYNEC EXAM TABLE.....1	2	Examination lamp for gynecological examination?	GYNEC EXAM LAMP.....1	2	Weighing scale for baby?	BABY WEIGHING SCALE.....1	2	Weighing scale for children?	CHILDREN WEIGHING SCALE...1	2	Weighing scale for mothers?	MOTHER WEIGHING SCALE....1	2	Blood pressure cuff?	BLOOD PRESSURE CUFF.....1	2	Autoclave?	AUTOCLAVE.....1	2	Incubator?	INCUBATOR.....1	2	Hemoglobinometer?	HEMOGLOBINOMETER.....1	2	Urine protein diagnosis?	PROTEIN DIAGNOSIS.....1	2	Urine sugar diagnosis?	SUGAR DIAGNOSIS.....1	2	Dental care unit?	DENTAL CARE UNIT.....1	2	IUD kit?	IUD KIT.....1	2	Implant set?	IMPLANT SET.....1	2	Sterilization set?	STERILIZATION SET.....1	2	Resuscitation unit?	RESUSCITATION UNIT.....1	2	Transfusion unit?	TRANSFUSION UNIT.....1	2	Baby length measuring tape/scale?	BABY LENGTH TAPE/SCALE....1	2	Height board/tape?	HEIGHT BOARD/TAPE.....1	2	Operation room?	OPERATION ROOM.....1	2	Blood reserve?	BLOOD RESERVE.....1	2	
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Blood reserve?	BLOOD RESERVE.....1	2																																																																															

SERVICES AVAILABLE IN THIS HOSPITAL:

Now, I would like to ask about maternal and child health facility available in the hospital.

ASK QS. 212 TO 214. IF THE SERVICE IS NOT AVAILABLE, CONTINUE WITH THE NEXT SERVICE.

SERVICES	212 Is (SERVICE) available?	213 How many days per week is (SERVICE) available?	214 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
2 TT immunization for pregnant woman	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
3 Delivery care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
4 Postnatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
6 Child immunization	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
7 Dental and mouth care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
215	Does this hospital have an ambulance that is available for public use?	YES.....1 NO.....2	
216	How many cases of normal, miscarriage and abnormal delivery were handled in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/> <input type="text"/>	
217	How many cases of emergency operation (related to pregnancy and delivery) in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/> <input type="text"/>	
218	In 1993, how many cases of: Stillbirths? Infant deaths within one week after birth? Maternal deaths?	STILLBIRTHS..... <input type="text"/> <input type="text"/> <input type="text"/> INFANT DEATHS..... <input type="text"/> <input type="text"/> <input type="text"/> MATERNAL DEATHS..... <input type="text"/> <input type="text"/> <input type="text"/>	
219	What family planning services are available in this hospital: Pill? IUD insertion? IUD removal? Injection? Condom? Norplant/implant insertion? Norplant/implant removal? Intravag/diaphragm/jelly/foam? Female sterilization? Male sterilization?	YES PILL.....1 IUD INSERTION.....1 IUD REMOVAL.....1 INJECTION.....1 CONDOM.....1 NORPLANT/IMPL.INSERTION..1 NORPLANT/IMPLANT REMOVAL.1 INTARVAG/DIAPH. /JELLY/FOAM.....1 FEMALE STERILIZATION.....1 MALE STERILIZATION.....1 NO 2 2 2 2 2 2 2 2 2 2	
220	Does this hospital handle referrals of contraceptive use side effects or complications?	YES.....1 NO.....2	

SECTION 3. HEALTH CENTER VISIT

Date: _____ NAME: _____
 IF HEALTH CENTER IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK QS.301 TO 320. CLUSTER CODE

IF HEALTH CENTER HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 4

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
301	How far is it to the health center in kilometer? IF HEALTH CENTER IS IN THE CLUSTER, RECORD '00'	KM..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW.....98	
301A	What is the most common type of transport to the health center ?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
302	How long does it take to get to the health center using the most common type of transport? IF HEALTH CENTER IS IN THE CLUSTER, RECORD '000'	MINUTES..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> DON'T KNOW.....998	
303	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
304	In what year did the health center open?	YEAR.....19 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
305	How many beds does the health center have?	NUMBER OF BEDS..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>	
306	On average, how many outpatients are seen daily at this health center in the past week? (INCLUDE OLD AND NEW PATIENTS)	NUMBER OF DAILY OUTPATIENTS..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>	
307	How many regular staff of the following types does the health center have? General practitioners? Specialists? Dentists? Pharmacists? Assistant pharmacists? Midwives? Nurses? Health analysts? Nutritionists? X-ray operators? Health workers? Administrative staff? Other staff?	NUMBERS: GENERAL PRACTITIONERS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> SPECIALISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DENTISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> PHARMACISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ASSISTANT PHARMACISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MIDWIVES..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> NURSES..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> HEALTH ANALYSTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> NUTRITIONISTS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> X-RAY OPERATORS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> HEALTH WORKERS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ADMINISTRATIVE STAFF..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> OTHER STAFF..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
308	Does the health center usually use plastic or glass syringes? or glass?	PLASTIC.....1 GLASS.....2	→ 310

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
309	Are the syringes disposable?	NON-DISPOSABLE.....1 DISPOSABLE.....2 OTHER _____ 6 (SPECIFY)		
310	Does the health center usually use other disposable equipment (intravenous set, catheter, gloves, tongue blade)	YES.....1 NO.....2		
311	Does the health center have the following equipment/facilities/ services?	YES	NO	
	Electricity?	ELECTRICITY.....1	2	
	Refrigerators?	REFRIGERATOR.....1	2	
	Generator?	GENERATOR.....1	2	
	Telephone or radio transmitter?	TELEPHONE OR TRANSMITTER..1	2	
	Table for gynecological examination?	GYNEC. EXAM TABLE.....1	2	
	Light for gynecological examination?	GYNEC. EXAM LIGHT.....1	2	
	Weighing scale for baby?	BABY WEIGHING SCALE.....1	2	
	Weighing scale for children?	CHILDREN WEIGHING SCALE...1	2	
	Weighing scale for adult?	ADULT WEIGHING SCALE.....1	2	
	Blood pressure cuff?	BLOOD PRESSURE CUFF.....1	2	
	Autoclave?	AUTOCLAVE.....1	2	
	Incubator?	INCUBATOR.....1	2	
	Hemoglobinometer?	HEMOGLOBINOMETER.....1	2	
	Urine protein diagnosis?	URINE PROTEIN DIAGNOSIS...1	2	
	Urine sugar diagnosis?	URINE SUGAR DIAGNOSIS....1	2	
	Dental care unit?	DENTAL CARE UNIT.....1	2	
	IUD kit?	IUD KIT.....1	2	
	Implant set?	IMPLANT SET.....1	2	
	Sterilization set?	STERILIZATION SET.....1	2	
	Resuscitation unit?	RESUSCITATION UNIT.....1	2	
	Transfusion unit?	TRANSFUSION UNIT.....1	2	
	Baby length measuring tape/scale?	BABY LENGTH SCALE/TAPE....1	2	
	Height board/tape?	HEIGHT BOARD/TAPE.....1	2	
	Operation room?	OPERATION ROOM.....1	2	
	Blood reserve?	BLOOD RESERVE.....1	2	

SERVICES AVAILABLE AT THE HEALTH CENTER:

Now, I would like to ask you about maternal and child health services available at this health center.
ASK QS.312 TO 314. IF THE SERVICE IS NOT AVAILABLE, CONTINUE WITH THE NEXT SERVICE.

SERVICES	312 Is (SERVICE) available?	313 How many days per week is (SERVICE) available?	313A. How many new or old patients are seen per month?	314 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
2 IT immunization for pregnant women	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
3 Delivery care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
4 Postnatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
6 Immunization for children under 5	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
7 Dental and mouth care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																	
315	Does this health center have an ambulance that is available for public use?	YES.....1 NO.....2																																		
316	How many cases of normal, miscarriage, and abnormal delivery were handled in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/>																																		
317	What family planning services are available in this health center?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Pill?</td> <td>PILL.....1</td> <td>2</td> </tr> <tr> <td>IUD insertion?</td> <td>IUD INSERTION.....1</td> <td>2</td> </tr> <tr> <td>IUD removal?</td> <td>IUD REMOVAL.....1</td> <td>2</td> </tr> <tr> <td>Injection?</td> <td>INJECTION.....1</td> <td>2</td> </tr> <tr> <td>Condom?</td> <td>CONDOM.....1</td> <td>2</td> </tr> <tr> <td>Norplant/implant insertion?</td> <td>NORPLANT/IMPL. INSERTION.1</td> <td>2</td> </tr> <tr> <td>Norplant/implant removal?</td> <td>NORPLANT/IMPLANT REMOVAL.1</td> <td>2</td> </tr> <tr> <td>Intravag/diaphragm/foam/jelly?</td> <td>INTRAVAG/DIAPHRAGM/ FOAM/JELLY.....1</td> <td>2</td> </tr> <tr> <td>Female sterilization?</td> <td>FEMALE STERILIZATION.....1</td> <td>2</td> </tr> <tr> <td>Male sterilization?</td> <td>MALE STERILIZATION.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Pill?	PILL.....1	2	IUD insertion?	IUD INSERTION.....1	2	IUD removal?	IUD REMOVAL.....1	2	Injection?	INJECTION.....1	2	Condom?	CONDOM.....1	2	Norplant/implant insertion?	NORPLANT/IMPL. INSERTION.1	2	Norplant/implant removal?	NORPLANT/IMPLANT REMOVAL.1	2	Intravag/diaphragm/foam/jelly?	INTRAVAG/DIAPHRAGM/ FOAM/JELLY.....1	2	Female sterilization?	FEMALE STERILIZATION.....1	2	Male sterilization?	MALE STERILIZATION.....1	2	
	YES	NO																																		
Pill?	PILL.....1	2																																		
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Male sterilization?	MALE STERILIZATION.....1	2																																		
318	Does this health center handle referrals of contraceptive use side effects or complications?	YES.....1 NO.....2	→319																																	
318A	What kind of contraceptive complications often occurred in 1993?	WEIGHT GAIN/LOSS.....1 VARICOSE VEINS.....2 BLEEDING.....3 AMENORRHEA.....4 IUD TRANSLOCATION.....5 OTHER.....6 (SPECIFY)																																		

DRUGS AVAILABLE IN THE HEALTH CENTER:

Now, I would like to ask you about drugs available in this facility.

ASK Q.319 FOR EACH DRUG. IF THE DRUG IS AVAILABLE, ASK Q.320. IF DRUG IS NOT AVAILABLE, ASK ABOUT THE NEXT DRUG.

MEDICINE/VACCINE	319 Is drug available now?	320 Have you ever prescribed (DRUG) in the past 6 months?
1 Paracetamol tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
2 Cotrimoxazole tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetracyclin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
4 Ampicillin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
5 Penicillin injection	YES.....1 NO.....2	YES.....1 NO.....2
6 Gentamicin injection	YES.....1 NO.....2	YES.....1 NO.....2
7 Chloramphenicol injection	YES.....1 NO.....2	YES.....1 NO.....2
8 Chloroquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
9 Pyrimethamine tablet	YES.....1 NO.....2	YES.....1 NO.....2
10 Primaquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
11 Fansidar tablet	YES.....1 NO.....2	YES.....1 NO.....2
12 Quinine tablet	YES.....1 NO.....2	YES.....1 NO.....2
13 Quinine injection	YES.....1 NO.....2	YES.....1 NO.....2
14 Iron folate tablet	YES.....1 NO.....2	YES.....1 NO.....2
15 Salbutamol tablet	YES.....1 NO.....2	YES.....1 NO.....2
16 Oralit (ORT) powder	YES.....1 NO.....2	YES.....1 NO.....2
17 Adrenalin injection	YES.....1 NO.....2	YES.....1 NO.....2
18 Ephedrin injection	YES.....1 NO.....2	YES.....1 NO.....2
19 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
20 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
21 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
22 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
23 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2

FINISH <

SECTION 4. PRIVATE DOCTOR VISIT

Date: _____ NAME: _____
 IF THE DOCTOR'S PRACTICE IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK QS.401 TO 412. CLUSTER CODE

IF THE DOCTOR HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 5

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
401	How far is it to the doctor's office in kilometers? IF THE DOCTOR'S OFFICE IS IN THE CLUSTER, RECORD '00'	KM..... DON'T KNOW.....98	
401A	What is the most common type of transport to the doctor's office?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
402	How long does it take to get to the doctor's office using the most common type of transport? IF THE DOCTOR'S OFFICE IS IN THE CLUSTER, RECORD '000'	MINUTES..... DON'T KNOW.....998	
403	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
404	Do you provide family planning services?	YES.....1 NO.....2	→407
405	In what year did you provide family planning services for the first time?	YEAR..... 19	
405A	How many days do you provide family planning services in a week?	NUMBER OF DAYS.....	
406	What kind of contraceptive methods are available at this office? CIRCLE ALL MENTIONED.	PILL.....A IUD.....B INJECTION.....C CONDOM.....D NORPLANT/IMPLANT.....E INTRAVAG/DIAPHRAGM/FOAM/JELLY.....F FEMALE STERILIZATION/TUBECTOMY.....G MALE STERILIZATION/VASECTOMY.....H OTHER.....X (SPECIFY) NONE.....0	
407	How much do you charge for the following methods: Pill? IUD? Injection? Condom? Implant/Norplant? Intravag/diaphragm/foam/jelly? Female sterilization/tubectomy? Male sterilization/vasectomy? Other _____ (SPECIFY)	Rp. Rp. Rp. Rp. Rp. Rp. Rp. Rp. Rp. Rp.	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
408	Do you usually use disposable syringes?	NON-DISPOSABLE.....1 DISPOSABLE.....2	
409	Do you have a sterilisator?	YES.....1 NO.....2 →410	
410	What type is the sterilisator? SPECIFY _____		
411	Do you have the following equipment/facilities/services:	YES NO	
	Electricity?	ELECTRICITY.....1 2	
	Refrigerator?	REFRIGERATOR.....1 2	
	Piped water?	PIPED WATER.....1 2	
	Air conditioner?	AIR CONDITIONER.....1 2	
	Table for gynecological examination?	GYNEC. EXAM TABLE.....1 2	
	Light for gynecological examination?	GYNEC. EXAM LIGHT.....1 2	
	Weighing scale for baby?	BABY WEIGHING SCALE.....1 2	
	Weighing scale for adult?	ADULT WEIGHING SCALE.....1 2	
	Blood pressure cuff?	BLOOD PRESSURE CUFF.....1 2	
	Hemoglobinometer?	HEMOGLOBINOMETER.....1 2	
	Microscope?	MICROSCOPE.....1 2	
412	Do you provide the following services:	YES NO	
	Antenatal care?	ANTENATAL CARE.....1 2	
	Delivery care?	DELIVERY CARE.....1 2	
	Postnatal care?	POSTNATAL CARE.....1 2	
	Immunization for children under 5?	IMMUNIZATION UNDER 5.....1 2	
	TT immunization for pregnant women?	TT IMMUNIZATION.....1 2	
	Child growth monitoring?	CHILD GROWTH MONITORING...1 2	
413	Other than this practice, do you work for the Ministry of Health at the central office, province or regency level, in a government hospital, or for the local government?	YES.....1 NO.....2	

SECTION 5. PRIVATE MIDWIFE VISIT

Date: _____ NAME: _____
 IF THE MIDWIFE'S PRACTICE IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR
 WITHIN 30 KILOMETERS IN RURAL AREA, ASK QS. 501-514. CLUSTER CODE

IF THE MIDWIFE HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 6

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
501	How far is it to the midwife's office in kilometers? IF THE MIDWIFE'S OFFICE IS IN THE CLUSTER, RECORD '00'	KM..... DON'T KNOW.....98	
501A	What is the most common type of transport to the midwife's office?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
502	How long does it take to get to the midwife's office using the most common type of transport? IF THE MIDWIFE'S OFFICE IS IN THE CLUSTER, RECORD '000'	MINUTE..... DON'T KNOW.....998	
503	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
504	Do you provide family planning services?	YES.....1 NO.....2	
505	In what year did you provide family planning services for the first time?	YEAR..... 19	
505	How many days do you provide family planning services in a week?	NUMBER OF DAYS.....	
507	What kind of contraceptive methods are available in this office? CIRCLE ALL MENTIONED.	PILL.....A IUD.....B INJECTION.....C CONDOM.....D INTRAVAG/DIAPHRAGM/FOAM/JELLY.....E OTHER.....X (SPECIFY) NONE.....0	

508 CHECK 507:

INJECTION

OTHER NO INJECTION

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>510

SECTION 6. PHARMACY VISIT

Date: _____ NAME: _____
 IF THE PHARMACY IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK Qs. 601-611.

CLUSTER CODE

IF THE PHARMACY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 6

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
601	How far is it to the pharmacy in kilometers? IF THE PHARMACY IS IN THE CLUSTER, RECORD '00'	KM..... DON'T KNOW.....98	
601A	What is the most common type of transport to the pharmacy?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
602	How long does it take to get to the pharmacy using the most common type of transport? IF THE PHARMACY IS IN THE CLUSTER, RECORD '000'	MINUTES..... DON'T KNOW.....998	
603	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
604	In what year did the pharmacy open?	YEAR.....19	
605	Does the pharmacy provide/sell contraceptives?	YES.....1 NO.....2	
606	IF 'YES', What kind of contraceptive methods are available at this pharmacy? Pill? IUD? Injection? Condom? Implant/Norplant? Intravag/diaphragm/foam/jelly? Other methods?	PILL.....A IUD.....B INJECTION.....C CONDOM.....D IMPLANT/NORPLANT.....E INTRAVAG/DIAPHRAGM/FOAM/JELLY.....F OTHER.....X (SPECIFY)	
607	Does the pharmacy have the following equipment facilities: Electricity? Refrigerator? Piped water? Telephone or radio transmitter?	YES NO ELECTRICITY.....1 2 REFRIGERATOR.....1 2 PIPED WATER.....1 2 TELEPHONE/TRANSMITTER.....1 2	
608	Does the pharmacy have: Pharmacists? Assistant pharmacists? IF 'YES' FOR ASSISTANT PHARMACISTS: How many?	YES NO PHARMACISTS.....1 2 ASSISTANT PHARMACISTS.....1 2 NO.OF ASSISTANT PHARMACISTS	

DRUGS AVAILABLE IN PHARMACY

Now, I would like to ask you about drugs available in this facility.

ASK Q.609 FOR EACH DRUG. IF DRUG IS AVAILABLE, ASK Q.610. IF DRUG IS NOT AVAILABLE, GO TO NEXT DRUG.

DRUG/VACCINE	609 Is (DRUG) available now?	610 Have you ever sold (DRUG/VACCINE/OTHER) in the past 6 months?
1 Paracetamol tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
2 Cotrimoxazole tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetracyclin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
4 Ampicillin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
5 Penicillin injection	YES.....1 NO.....2	YES.....1 NO.....2
6 Gentamicin injection	YES.....1 NO.....2	YES.....1 NO.....2
7 Chloramphenicol injection	YES.....1 NO.....2	YES.....1 NO.....2
8 Chloroquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
9 Pyrimethamine tablet	YES.....1 NO.....2	YES.....1 NO.....2
10 Primaquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
11 Fansidar tablet	YES.....1 NO.....2	YES.....1 NO.....2
12 Quinine tablet	YES.....1 NO.....2	YES.....1 NO.....2
13 Quinine injection	YES.....1 NO.....2	YES.....1 NO.....2
14 Iron folate tablet	YES.....1 NO.....2	YES.....1 NO.....2
15 Salbutamol tablet	YES.....1 NO.....2	YES.....1 NO.....2
16 Oralit (ORT) powder	YES.....1 NO.....2	YES.....1 NO.....2
17 Adrenalin injection	YES.....1 NO.....2	YES.....1 NO.....2
18 Ephedrin injection	YES.....1 NO.....2	YES.....1 NO.....2
19 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
20 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
21 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
22 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
23 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2

FINISH <

611 Does the pharmacy provide/sell generic medicines?

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