



2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY HOUSEHOLD QUESTIONNAIRE

07IDHS-HH

Confidential

I. IDENTIFICATION LOCATION				CODE	
1. PROVINCE _____				<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div></div>	

III. LIST OF HOUSEHOLD MEMBERS AND VISITORS

						AGE 0-4	AGE ≥15	
NO.	USUAL RESIDENTS AND VISITORS (NAME)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	BIRTH CERTIFICATE	MARITAL STATUS
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household</p> <p>AFTER LISTING ALL NAMES, RELATIONSHIP AND SEX, ASK QUESTIONS 1)-5) BELOW TO MAKE SURE THAT ALL NAMES HAVE BEEN WRITTEN.</p> <p>THEN FINISH COLUMNS (5)-(19) FOR EACH LINE.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>*) SEE CODES BELOW</p>	<p>Is (NAME) male of female?</p> <p>CIRCLE ONE OF THE CODES</p>	<p>Does (NAME) usually live here?</p> <p>CIRCLE ONE OF THE CODES</p>	<p>Did (NAME) stay here last night?</p> <p>CIRCLE ONE OF THE CODES</p>	<p>How old is (NAME) at last birthday?</p> <p>AGE MUST BE FILLED</p> <p>IF > 95 WRITE '95'</p>	<p>Does (NAME) have birth certificate?</p> <p>IF 'NO', ASK:</p> <p>Has (NAME) ever been registered to the Civil Registration Office?</p> <p>**) SEE CODES BELOW</p>	<p>What is (NAME) marital status?</p> <p>**) SEE CODES BELOW</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	YEAR(S) <input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

***) CODES FOR COLUMN (3): RELATIONSHIP TO HEAD OF HOUSEHOLD**

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

****) CODES FOR COLUMN (8): BIRTH CERTIFICATE**

1 = HAS BIRTH CERTIFICATE
 2 = REGISTERED
 3 = NEITHER
 8 = DON'T KNOW

****) CODES FOR COLUMN (9): MARITAL STATUS**

1 = SINGLE
 2 = MARRIED
 3 = DIVORCED
 4 = WIDOWED

PERSONS WHO SPENT THE NIGHT IN THIS HOUSEHOLD

PERSONS WHO SPENT THE NIGHT IN THIS HOUSEHOLD									
ELIGIBILITY			AGE 0 - 14 YEARS				IF AGE 5 OR OLDER		
			PARENTAL SURVIVORSHIP AND RESIDENCE				EDUCATION		
			NATURAL MOTHER		NATURAL FATHER				
MARRIED MAN, AGE 15-54 YEARS	WOMAN MARRIED, DIVORCED OR WIDOWED, AGE 15-49 YEARS	UN-MARRIED MAN/ WOMAN AGE 15-24 YEARS	Is (NAME)'s natural mother alive? IF CODE '2' OR '8' IS CIRCLED, GO TO COLUMN (15)	IF STILL ALIVE Did (NAME)'s natural mother live in this household or stay here last night? IF 'YES': What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT IN HH SCHEDULE	Is (NAME)'s natural father alive? IF CODE '2' OR '8' IS CIRCLED, GO TO COLUMN (15)	IF STILL ALIVE Does (NAME)'s natural father live in this household? IF 'YES': What is his name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT IN HH SCHEDULE	Has (NAME) ever been to school? IF CODE '2' IS CIRCLED, GO TO NEXT HOUSEHOLD MEMBER	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? ****) SEE CODES BELOW	IF AGE 5-24 YEARS Is (NAME) still in school?
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
01	01	01	YES NO DK 1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO DK 1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2
02	02	02	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
03	03	03	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
04	04	04	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
05	05	05	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
06	06	06	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
07	07	07	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
08	08	08	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
09	09	09	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
10	10	10	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
11	11	11	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
12	12	12	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2
13	13	13	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2

******) CODE FOR COLUMN (18): EDUCATION**
LEVEL:

1 = PRIMARY SCHOOL
2 = JUNIOR HIGH SCHOOL
3 = SENIOR HIGH SCHOOL
4 = ACADEMY/ D1/D2/ D3
5 = UNIVERSITY
8 = DON'T KNOW

GRADE:

0 = FIRST YEAR
1-6 = GRADE 1-6
7 = COMPLETED
8 = DON'T KNOW

TICK HERE ☐ IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

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

YES

NO

☐ → ENTER EACH IN TABLE ☐

2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friend who usually live here?

☐ → ENTER EACH IN TABLE ☐

3) Are there guests or temporary visitors staying here, or anyone else who for six months or more, who have not been listed?

☐ → ENTER EACH IN TABLE ☐

4) Are there any other people who usually live here, but have been away for less than 6 months?

☐ → ENTER EACH IN TABLE

5) Are there any people who have been listed as members of household have been away for less than 6 months but intended to move?

☐ → CROSS OUT ☐

IV. HOUSING CONDITION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
20	What is the main source of drinking water for this household?	PIPED WATER INTO DWELLING 11 INTO YARD/PLOT 12 PUBLIC TAP 13 OPEN WELL IN DWELLING 21 IN YARD/POLT 22 OPEN PUBLIC WELL 23 PROTECTED WELL IN DWELLING 31 IN YARD/PLOT 32 PUBLIC WELL 33 SPRING 41 RIVERS/STREAM 42 POND/LAKE 43 DAM 44 RAIN WATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER 96 	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
26	What kind of toilet facility do members of your household usually use? IF PRIVATE TOILET, ASK WHETHER WITH SEPTIC TANK OR WITHOUT SEPTIC TANK	PRIVATE WITH SEPTIC TANK 11 WITH NO SEPTIC TANK 12 SHARED/PUBLIC 21 RIVER/STREAM/CREEK 31 PIT 41 YARD/BUSH/FOREST 51 OTHER 96 (SPECIFY) _____	<input type="checkbox"/> → 28 <input type="checkbox"/> → 28
27	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
28	CHECK 20: WELL <input type="checkbox"/> (CODE 21, 22, 23, 31, 32, 33) ↓ OTHER THAN <input type="checkbox"/> CODE 21, 22, 23, 31, 32, 33		→ 30
29	How far is the distance between the well and the nearest septic tank? (ROUNDED UP IN METER). IF > 95 RECORD '95'	DISTANCE (IN METER) <input type="text"/> <input type="text"/> DON'T KNOW 98	
30	What is the ownership status of this dwelling unit?	OWNED 1 CONTRACT/RENT 2 FREE 3 OFFICIAL 4 PARENT'S/FAMILY'S/RELATIVE'S 5 OTHER 6 (SPECIFY) _____	
31	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION).	DIRT/EARTH 11 BAMBOO 21 WOOD 22 BRICK/CONCRETE 31 TILE 32 CERAMIC/MARBLE/GRANITE 33 OTHER 96 (SPECIFY) _____	
32	What is the floor area of this house? (IN SQUARE METERS) IF > 995 RECORD '995'	SQUARE METERS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
33	What is the primary construction material of the outer walls of this house?	BRICK 1 WOOD 2 BAMBOO 3 OTHER 6 (SPECIFY) _____	
34	What is the primary construction material of the roof?	BRICK/CONCRETE 1 WOOD 2 TILE 3 ASBESTOS/ZINC 4 LEAVES 5 OTHER 6 (SPECIFY) _____	
35	Does your household have: Electricity? Radio? Color television? Telephone/Mobile phone? Refrigerator?	YES NO ELECTRICITY 1 2 RADIO 1 2 COLOR TELEVISION 1 2 TELEPHONE/MOBILE PHONE 1 2 REFRIGERATOR 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
36	Does any member of this household own: A bicycle/rowboat? A motorcycle or motorboat? A car/truck?	<div style="text-align: right; margin-bottom: 5px;">YES NO</div> BICYCLE/ROWBOAT 1 2 MOTORCYCLE/MOTOR BOAT 1 2 CAR/TRUCK 1 2	
37	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="border-left: 1px solid black; padding-left: 5px; margin-left: 5px;"> → 40 → 42 </div>
39	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
40	Is the cooking usually done in the house, in a separate building, or outdoor?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	<div style="border-left: 1px solid black; padding-left: 5px; margin-left: 5px;"> → 42 </div>
41	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
42	How many of the following animals does this household own? Cattle/milk cows/bulls? Horses, donkeys, or mules? Goats/sheep? Pig? Poultry? IF NONE, RECORD '00' IF MORE THAN 95, RECORD '95' IF RESPONDENT DOESN'T KNOW, RECORD '98'	CATTLE/COWS/BULLS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> HORSES/DONKEYS/MULES <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GOATS/SHEEP <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> PIG <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> POULTRY <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
42A	LOOK AROUND THE RESPONDENT'S HOUSE TO OBSERVE WHETHER THERE ARE POULTRY ROAMING AROUND. IF "YES, CIRCLE 1. IF "NO", ask: Are there pultry which roam around the house?	YES 1 NO 2	
43	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ FINISH
44	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	

NO.	QUESTIONS AND FILTERS	NET # 1	NET # 2	NET # 3
45	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
46	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGC <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGC 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGC 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGC 95 NOT SURE 98
47	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET, E.G., Where did you get this net from? Have you ever received free net from the government or non-government organization? If YES, what is the brand name?	FREE NET PERMANET/ NET PERMA .. 11 OLYSET NET 16 (51) ← OTHER FREE NET 21 (49) ← HAND MADE/ PURCHASED ... 31 DON'T KNOW ... 98	FREE NET PERMANET/ NET PERMA .. 11 OLYSET NET 16 (51) ← OTHER FREE NET 21 (49) ← HAND MADE/ PURCHASED ... 31 DON'T KNOW ... 98	FREE NET PERMANET/ NET PERMA .. 11 OLYSET NET 16 (51) ← OTHER FREE NET 21 (49) ← HAND MADE/ PURCHASED ... 31 DON'T KNOW ... 98
48	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
49	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (51) ← DON'T KNOW 8	YES 1 NO 2 (51) ← DON'T KNOW 8	YES 1 NO 2 (51) ← DON'T KNOW 8
50	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGC <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGC ... 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO 95 NOT SURE 98
51	Who slept under this mosquito net last night? Anyone else? WRITE NAME AND LINE NUMBER. MAKE SURE YOU HAVE LISTED ALL NAME AND LINE NUMBER.	NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/>	NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/>	NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/>
53		GO TO 45 FOR THE NEXT BED NET; IF NO MORE BED NET, END INTERVIEW.	GO TO 45 FOR THE NEXT BED NET; IF NO MORE BED NET, END INTERVIEW.	GO TO 45 FOR THE NEXT BED NET; IF NO MORE BED NET, END INTERVIEW.

NOTE

[illegible]



07IDHS-WE

2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY WOMEN'S QUESTIONNAIRE

Confidential

I. IDENTIFICATION		CODE
1. PROVINCE _____		<input type="text"/>
2. REGENCY/MUNICIPALITY*) _____		<input type="text"/>
3. SUBDISTRICT _____		<input type="text"/>
4. VILLAGE*) _____		<input type="text"/>
5. URBAN/RURAL**) URBAN -1 RURAL -2		<input type="text"/>
6. CENSUS BLOCK NUMBER _____		<input type="text"/>
7. 2007 IDHS SAMPLE CODE		<input type="text"/>
8. HOUSEHOLD NUMBER		<input type="text"/>
9. NAME OF HOUSEHOLD HEAD _____		
10. NAME OF RESPONDENT _____		
11. RESPONDENT LINE NUMBER		<input type="text"/>

II. INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 7
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	INT. NUMBER <input type="text"/>
RESULT***)	<input type="text"/>	<input type="text"/>	<input type="text"/>	RESULT <input type="text"/>
NEXT VISIT DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	

***) RESULT CODES

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

LANGUAGE IN INTERVIEW: _____

DAILY SPOKEN LANGUAGE: _____

USE INTERPRETER: YES -1 NO -2

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

*) Cross out category not used

**) Circle selected category

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I work for the Badan Pusat Statistik. We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey. I want to ask questions about your health and the health of your children. This information will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

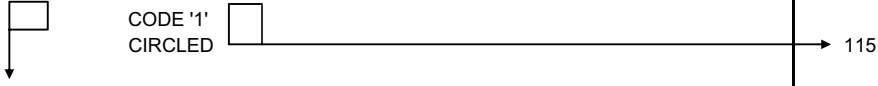
Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF LESS THAN 15 OR OLDER THAN 49 END INTERVIEW. CORRECT 07IDHS-HH BLOCK III COLUMN (7).	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106A	Are you now married, divorced or widowed?	MARRIED 1 DIVORCED 2 WIDOWED 3	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY SCHOOL 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? FIRST YEAR = 0, COMPLETED = 7, DON'T KNOW = 8	GRADE <input type="text"/>	
110	CHECK 108: PRIMARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE. . 3	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' <input type="checkbox"/> CODE '1' <input type="checkbox"/> CIRCLED CIRCLED 		115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHA 05 CONFUCIAN 06 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	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?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby? (NAME)	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?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH (Q. 215): YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD (Q. 217): CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD (Q. 220): AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 220).</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 2002 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
225	FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'L' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'H's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'L' CODE.								
226	Are you pregnant now? BE CAREFUL WHEN ASKING THIS QUESTION TO A DIVORCED OR WIDOWED WOMAN.	YES 1 NO 2 UNSURE 8	→ 229						
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H' IN COLUMN 1 OF THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
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 have any (more) children 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	→ 237						
230	When did the last such pregnancy end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							
231	CHECK 230: LAST PREGNANCY ENDED IN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> JAN. 2002 OR LATER LAST PREGNANCY ENDED BEFORE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> JAN. 2002				→ 237				
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'K' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→ 237						
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002. ENTER 'K' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								
235	Did you have any pregnancies before January 2002 that ended in a miscarriage, abortion or stillbirth?	YES 1 NO 2	→ 237						
236	When did the last such pregnancy that terminated before January 2002 end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996																																	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 239A																																
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8																																	
239A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 239G																																
239B	Did your husband know when you had your last menstrual period?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 239D																																
239C	Did your husband ask about your condition regarding your last menstrual period, such as:	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>Whether you had excessive bleeding?</td><td>BLEEDING 1</td><td>2</td></tr> <tr> <td>Whether the period was on time?</td><td>ON TIME 1</td><td>2</td></tr> <tr> <td>The duration of the period?</td><td>DURATION 1</td><td>2</td></tr> <tr> <td>Whether you had excessive pain?</td><td>EXCESSIVE PAIN 1</td><td>2</td></tr> <tr> <td>Other concerns?</td><td>OTHER 1</td><td>2</td></tr> </tbody> </table>		YES	NO	Whether you had excessive bleeding?	BLEEDING 1	2	Whether the period was on time?	ON TIME 1	2	The duration of the period?	DURATION 1	2	Whether you had excessive pain?	EXCESSIVE PAIN 1	2	Other concerns?	OTHER 1	2															
	YES	NO																																	
Whether you had excessive bleeding?	BLEEDING 1	2																																	
Whether the period was on time?	ON TIME 1	2																																	
The duration of the period?	DURATION 1	2																																	
Whether you had excessive pain?	EXCESSIVE PAIN 1	2																																	
Other concerns?	OTHER 1	2																																	
239D	CHECK 214: HAS AT LEAST ONE DAUGHTER <input type="checkbox"/> NO DAUGHTER <input type="checkbox"/>		→ 239G																																
239E	CHECK 217: HAS DAUGHTER(S) AGE 10 OR OLDER <input type="checkbox"/> HAS NO DAUGHTER AGE 10 OR OLDER <input type="checkbox"/>		→ 239G																																
239F	Did your husband know when (any of) your teenage daughter(s) had her first menstrual period?	YES 1 NO 2 DON'T KNOW 8																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239G	Do you know the signs of danger during pregnancy?	YES 1 NO 2	→ 242
240	What kind of health problems can endanger a woman when she is pregnant? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINT G BREATHLESSNESS H TIREDNESS I OTHER X	
241	What should she do if she experienced this problem? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
242	What kind of problems can endanger a woman during labor and delivery? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	WATER BREAKS TOO SOON A EXCESSIVE BLEEDING DURING AND AFTER DELIVERY B FEVER C LONG LABOR D FAINT E CONVULSIONS F PLACENTA DID NOT COME OUT G BABY STILLBORN H OTHER X DON'T KNOW Z	→ 244
243	What should she do if she experienced this problem? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
244	What kind of problems can happen to a woman after giving birth? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	EXCESSIVE BLEEDING A FAINT B CONVULSIONS C FEVER D FOUL-SMELLING DISCHARGE E SORE BREAST F SADNESS/DEPRESSION G OTHER X DON'T KNOW Z	→ 301
245	What should be done to a woman who experienced these problems? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	

SECTION 3. KNOWLEDGE AND USE OF CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 OR 2 IF METHOD IS RECOGNIZED, AND ASK 302 OR CIRCLE CODE 3 IF NOT RECOGNIZED.</p>			
301	Which ways or methods have you ever heard about?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION/TUBSECTOMY Women can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one, two or three months.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
06	NORPLANT/IMPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
08	INTRAVAG/DIAPHRAGM Women can place a tissue or a thin flexible disk in the vagina before intercourse.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
10	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2
13	OTHERS. Other methods that can prevent pregnancy.	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF THE CALENDAR IN EACH BLANK MONTH. _____		→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 318
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. IF INJECTABLE, ASK THE TYPE. IF IMPLANT, ASK THE TYPE.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES 1 MONTH E INJECTABLES 3 MONTH F IMPLANTS 3 YEARS G IMPLANTS 3 YEARS H CONDOM I INTRAVAG/DIAPHRAGM J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	→ 313 → 316A → 312H → 312K → 316A → 316B → 318
311A	CHECK 308: IF RIGHT BOX IS CHECKED, CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	Do you have a package of pills in the house?	YES 1 NO 2	→ 312B
312A	Please show me the package of pills you are now using. (RECORD TYPE OF PILLS). COMBINATION: GRACIAL 28 GYNERA LYNDIOL MARVELON 28 MERCILON 28 MICROGYNON MIKRODIOL NORDETTE 28 OVOSTAT 28 LIVODIOL 28 TRINORDIOL 21/TRINORDIOL 28 SINGLE: EXCLUTON	PACKAGE SEEN COMBINATION 1 SINGLE 2 OTHER 6 PACKAGE NOT SEEN 8	→ 312C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312N	CHECK 312L: MORE THAN 36 MONTHS AGO <input type="checkbox"/> WITHIN 36 MONTHS <input type="checkbox"/> 316A	MORE THAN 60 MONTHS AGO <input type="checkbox"/> WITHIN 60 MONTHS <input type="checkbox"/> 316A	
312O	Why haven't you had the implant taken out?	HUSBAND AWAY 1 FORGOT 2 HEALTH REASON 3 COST TOO MUCH 4 OTHER 6	→ 316B
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND 'B' CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION	PUBLIC SECTOR HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 MOBILE UNIT 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 21 MATERNITY HOSPITAL 22 MATERNITY CLINIC 23 CLINIC 24 DOCTOR 25 OBGYN 26 MOBILE UNIT 27 OTHER 28 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98	
314	CHECK 311: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> Before the sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8	
314A	Have you ever heard about recanalisation, that is an operation to reverse sterilization?	YES 1 NO 2	→ 316
314B	Do you know where a person can have an operation to reverse sterilization?	YES 1 NO 2	
316 316A	In what month and year was the sterilization performed? For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	MONTH YEAR [Grid for month and year]	
316B	What was the cost to get the sterilization/method, including consultation and registration?	COST RUPIAH [Grid for cost in Rupiah]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	<p>CHECK 316/316A:</p> <p>YEAR IS 2002 OR LATER <input type="checkbox"/></p> <p>YEAR IS 2001 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER CODE FOR METHOD SOURCE IN CLIMUN 2 OF THE CALENDAR IN THE MONTH STRATING USE AND GO TO 318.</p>	<p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002.</p> <p>THEN SKIP TO →</p>	<p>327</p>
318	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1: * When was the last time you used a method? Which method was that?</p> <p> * When did you start using that method? How long after the birth of (NAME)?</p> <p> * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2: * Where did you obtain the method when you started using it?</p> <p> * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE THE SAME AS NUMBER OF INTERRUPTIONS OF METHOD 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 3: * Why did you stop using the (METHOD)?</p> <p> * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <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> AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTION 1 MONTH 05</p> <p>INJECTION 3 MONTHS 06</p> <p>IMPLANT 3 YEARS 07</p> <p>IMPLANT 5 YEARS 08</p> <p>CONDOM 09</p> <p>INTRAVAG/DIAPHRAGM 10</p> <p>LAM 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 329</p> <p>→ 327</p> <p>→ 327</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD) (FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 324
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 324
323A	Did you ask a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	
324	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
324A	Do you have any health problems in using (CURRENT METHOD IN 321)?	YES 1 NO 2	→ 325
324C	What is the main health problem?	WEIGHT GAIN 01 WEIGHT LOSS 02 BLEEDING 03 HYPERTENSION 04 HEADACHE 05 NAUSEA 06 NO MENSTRUATION 07 WEAK/TIRED 08 OTHER 96 DON'T KNOW 98	
325	When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning which you could use?	YES 1 NO 2	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
327	CHECK 311/311A CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD/SPIRAL 04 INJECTION 1 MONTH 05 INJECTION 3 MONTHS 06 IMPLANT 3 YEARS 07 IMPLANT 5 YEARS 08 CONDOM 09 INTRAVAG/DIAPHRAGM 10 LAM 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER 96	→ 331 → 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>MATERNITY HOSPITAL 22</p> <p>MATERNITY CLINIC 23</p> <p>CLINIC 24</p> <p>DOCTOR 25</p> <p>OBGYN 26</p> <p>MIDWIFE 27</p> <p>NURSE 28</p> <p>VILLAGE MIDWIFE 29</p> <p>PHARMACY/DRUG STORE 30</p> <p>OTHER 31</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DELIVERY POST 41</p> <p>HEALTH POST 42</p> <p>FP POST 43</p> <p>FRIENDS/RELATIVES 44</p> <p>SHOP 45</p> <p>OTHER 46</p> <p>(SPECIFY)</p>	<p>→ 331</p>
329	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 331</p>
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>CLINIC C</p> <p>FP FIELDWORKER D</p> <p>FP MOBILE UNIT E</p> <p>OTHER F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL G</p> <p>MATERNITY HOSPITAL H</p> <p>MATERNITY CLINIC I</p> <p>CLINIC J</p> <p>DOCTOR K</p> <p>OBGYN L</p> <p>MIDWIFE M</p> <p>NURSE N</p> <p>VILLAGE MIDWIFE O</p> <p>PHARMACY/DRUG STORE P</p> <p>OTHER Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DELIVERY POST R</p> <p>HEALTH POST S</p> <p>FP POST T</p> <p>FRIENDS/RELATIVES U</p> <p>SHOP V</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
331	<p>In the last 6 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>In the last 6 months, have you visited by a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
333	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4 PREGNANCY POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 2002 OR LATER	NO BIRTHS IN 2002 OR LATER	487
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER
404	FROM 212 AND 216	NAME LIVING DEAD	NAME LIVING DEAD
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN LATER NOT AT ALL (SKIP TO 406A)	THEN LATER NOT AT ALL (SKIP TO 406A)
406	How much longer would you have liked to wait before having (NAME)?	MONTHS YEARS DON'T KNOW	MONTHS YEARS DON'T KNOW
406A	Does (NAME)'s have a birth certificate?	YES NO DON'T KNOW (SKIP TO 406D)	YES NO DON'T KNOW (SKIP TO 406D)
406B	May I see the document? CHECK THE DOCUMENT PRODUCED BY THE RESPONDENT.	NOT SEEN HOSPITAL RECORD VILLAGE RECORD PROOF OF BIRTH (SKIP TO 407) BIRTH CERTIFICATE	NOT SEEN HOSPITAL RECORD VILLAGE RECORD PROOF OF BIRTH (SKIP TO 407) BIRTH CERTIFICATE
406C	How old was (NAME) when you registered his/her birth?	DAYS WEEKS MONTHS YEARS DON'T KNOW (SKIP TO 407)	DAYS WEEKS MONTHS YEARS DON'T KNOW (SKIP TO 423)
406D	Why didn't (NAME) have a birth certificate?	COST TOO MUCH TOO FAR DID NOT KNOW IT SHOULD BE REGISTERED LATE, DID NOT WANT TO PAY FINE DO NOT KNOW WHERE TO REGISTER OTHER	COST TOO MUCH TOO FAR DID NOT KNOW IT SHOULD BE REGISTERED LATE, DID NOT WANT TO PAY FINE DO NOT KNOW WHERE TO REGISTER OTHER

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	<p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>OBGYN B</p> <p>NURSE C</p> <p>MIDWIFE D</p> <p>VILLAGE MIDWIFE E</p> <p>TRADITIONAL BIRTH ATTENDANT ... F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p> <p>(SKIP TO 414A) ←</p>	
407A	<p>CHECK 407:</p> <p>CODE 'A', 'B', 'C', "D" <input type="checkbox"/> OR 'E' CIRCLED</p> <p>CODE 'F' OR 'X' <input type="checkbox"/> OR "Y" CIRCLED → 407C</p>		
407B	<p>Were you given an antenatal card (KMS) for pregnant mother or MCH book for this pregnancy?</p> <p>IF YES: May I see it, please?</p>	<p>YES, SEEN 1</p> <p>YES, NOT SEEN 2</p> <p>NO 3</p> <p>DON'T KNOW 8</p>	
407C	<p>Where did you go for antenatal care this pregnancy?</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>OTHER 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 31</p> <p>MATERNITY HOSPITAL 32</p> <p>MATERNITY CLINIC 33</p> <p>CLINIC 34</p> <p>DOCTOR 35</p> <p>OBGYN 36</p> <p>MIDWIFE 37</p> <p>NURSE 38</p> <p>VILLAGE MIDWIFE 39</p> <p>OTHER 40</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 51</p> <p>HEALTH POST 52</p> <p>OTHER 53</p> <p>(SPECIFY)</p>	
407D	<p>Did your husband accompany you in any antenatal care visits during this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	
408	<p>How many months pregnant were you when you first received antenatal care during this pregnancy?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
409	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>(SKIP TO 412) ←</p>	
410	<p>CHECK 409:</p> <p>NUMBER OF TIMES RECEIVED ANTENATAL CARE.</p>	<p>MORE THAN ONCE <input type="checkbox"/></p> <p>ONCE <input type="checkbox"/></p> <p>(SKIP TO 412)</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																					
410A	<p>You made (NUMBER IN 409) ____ antenatal care visits during this pregnancy. How many times did you receive antenatal care in</p> <p>a. The first 3 months?</p> <p>b. Between the 4th and 6th month?</p> <p>c. Between the 7th month and delivery?</p> <p>SUM IN a, b AND c MUST BE EQUAL TO NUMBER IN 409.</p>	<p>NUMBER OF ANC VISITS</p> <p>0-3 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>4-6 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>7 MONTH-DELIVERY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																						
411	<p>How many months pregnant were you when you the last time you received antenatal care?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>																						
412	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your height measured?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p> <p>Was your stomach examined?</p>	<table style="width: 100%;"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WEIGHT</td><td>1</td><td>2</td></tr> <tr> <td>HEIGHT</td><td>1</td><td>2</td></tr> <tr> <td>BLOOD PRESSURE</td><td>1</td><td>2</td></tr> <tr> <td>URINE SAMPLE</td><td>1</td><td>2</td></tr> <tr> <td>BLOOD SAMPLE</td><td>1</td><td>2</td></tr> <tr> <td>STOMACH</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	STOMACH	1	2	
	YES	NO																						
WEIGHT	1	2																						
HEIGHT	1	2																						
BLOOD PRESSURE	1	2																						
URINE SAMPLE	1	2																						
BLOOD SAMPLE	1	2																						
STOMACH	1	2																						
413	<p>Were you told about the signs of pregnancy complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 414A) ←</p> <p>DON'T KNOW 8</p>																						
414	<p>Were you told where to go if you had any of these complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																						
414A	<p>During your pregnancy with (NAME), did you discuss with anyone about:</p> <p>Where you plan to deliver?</p> <p>Transportation to the place of deliver?</p> <p>Who is going to assist with the delivery?</p> <p>Payment for the delivery?</p> <p>Identifying a possible blood donor?</p>	<table style="width: 100%;"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>PLACE TO DELIVER</td><td>1</td><td>2</td></tr> <tr> <td>TRANSPORTATION</td><td>1</td><td>2</td></tr> <tr> <td>DELIVERY ASSISTANT</td><td>1</td><td>2</td></tr> <tr> <td>PAYMENT</td><td>1</td><td>2</td></tr> <tr> <td>BLOOD DONOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	PLACE TO DELIVER	1	2	TRANSPORTATION	1	2	DELIVERY ASSISTANT	1	2	PAYMENT	1	2	BLOOD DONOR	1	2				
	YES	NO																						
PLACE TO DELIVER	1	2																						
TRANSPORTATION	1	2																						
DELIVERY ASSISTANT	1	2																						
PAYMENT	1	2																						
BLOOD DONOR	1	2																						
414B	<p>Did you have any complications during this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 415) ←</p>																						
414C	<p>What were they?</p> <p>Any other complications?</p> <p>RECORD ALL COMPLICATIONS/ SYMPTOMS MENTIONED. DO NOT READ OUT REPONSES.</p>	<p>LABOR BEFORE 9 MONTHS A</p> <p>VAGINAL BLEEDING B</p> <p>FEVER C</p> <p>CONVULSIONS AND FAINTING D</p> <p>OTHER X</p> <p>(SPECIFY)</p>																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414D	What did you do to overcome the complication? Anything else? RECORD ALL ACTIONS MENTIONED. DO NOT READ OUT REPONSES.	NOTHING A REST B TAKE MEDICATION C HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO HEALTH FACILITY H OTHER X DON'T KNOW Z	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	For how many days during this pregnancy did you take the iron tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425A	After (NAME) was born, did a health professional or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
425B	How many days or weeks after delivery did the first check take place?	AFTER DELIVERY <input type="text"/> <input type="text"/> DAYS 1 WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW998	AFTER DELIVERY <input type="text"/> <input type="text"/> DAYS 1 WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
425C	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE 14 MIDWIFE 15 VILLAGE/MIDWIFE 16 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)	HEALTH PERSONNEL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE 14 MIDWIFE 15 VILLAGE/MIDWIFE 16 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)
425D	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 PEDIATRICIAN 37 MIDWIFE 38 NURSE 39 VILLAGE MIDWIFE 40 OTHER 41 (SPECIFY) OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 PEDIATRICIAN 37 MIDWIFE 38 NURSE 39 VILLAGE MIDWIFE 40 OTHER 41 (SPECIFY) OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY)
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.	HEALTH PERSONNEL DOCTOR A OBGYN B PEDIATRICIAN C NURSE/MIDWIFE D VILLAGE/MIDWIFE E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE/FRIEND G OTHER X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A OBGYN B PEDIATRICIAN C NURSE/MIDWIFE D VILLAGE/MIDWIFE E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE/FRIEND G OTHER X (SPECIFY) NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																												
427	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 MIDWIFE 37 NURSE 38 VILLAGE MIDWIFE 39 OTHER 40 (SPECIFY)</p> <p>OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY) (SKIP TO 428A) ←</p>	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 MIDWIFE 37 NURSE 38 VILLAGE MIDWIFE 39 OTHER 40 (SPECIFY)</p> <p>OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY) (SKIP TO 428A) ←</p>																												
427A	Was your husband with you when you delivered (NAME)?	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>																												
428	Was (NAME) delivered by caesarean section?	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>																												
428A	<p>At the time of the birth of (NAME), did you have:</p> <p>Labor that is the strong and regular contractions lasting more than one day and one night?</p> <p>A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)?</p> <p>A high fever and foul smelling vaginal discharge?</p> <p>Convulsions with loss of consciousness?</p> <p>Water broke more than 6 hours before delivery?</p> <p>Any other complications?</p> <p>IF YES, SPECIFY.</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> <tbody> <tr> <td>PROLONGED LABOR</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>VAGINAL BLEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FEVER/FOUL SMELLING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>CONVULSIONS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WATER BROKE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> <p>_____ (SPECIFY)</p>		YES	NO	DON'T KNOW	PROLONGED LABOR	1	2	8	VAGINAL BLEEDING	1	2	8	FEVER/FOUL SMELLING	1	2	8	CONVULSIONS	1	2	8	WATER BROKE	1	2	8	OTHER	1	2	8	
	YES	NO	DON'T KNOW																												
PROLONGED LABOR	1	2	8																												
VAGINAL BLEEDING	1	2	8																												
FEVER/FOUL SMELLING	1	2	8																												
CONVULSIONS	1	2	8																												
WATER BROKE	1	2	8																												
OTHER	1	2	8																												
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	<p>YES 1 NO 2 (SKIP TO 433) ←</p>	<p>YES 1 NO 2 (SKIP TO 435) ←</p>																												
429A	<p>How many days or weeks after delivery did the first check take place?</p> <p>RECORD '00' DAYS IF SAME DAY.</p>	<p>AFTER DELIVERY MONTHS 1</p> <p>YEARS 2</p> <p>DON'T KNOW 998</p>																													

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PERSONNEL DOCTOR GENERAL PRACT. 11 OBGYN 12 NURSE 13 MIDWIFE 14 VILLAGE MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)	
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 MIDWIFE 37 NURSE 38 VILLAGE MIDWIFE 39 OTHER 40 (SPECIFY) OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW THE RED CAPSULE.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← NO 2 (SKIP TO 437) ←	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) ←
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 439) ←	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←																
441	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.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink or eat other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 446) ←																
443	What was (NAME) given to drink or eat? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR OR SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR OR SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)																
444	CHECK 404: IS CHILD LIVING?	LIVING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SKIP TO 446) ←																	
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ← NO 2																	
446	For how many months did you breastfeed (NAME)?	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 98														
447	CHECK 404: CHILD ALIVE?	ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SKIP TO 450) (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454).			ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SKIP TO 450) (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454).														
448	How many times did you breast-feed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																	
449	How many times did you breast-feed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____
450	Did (NAME) drink anything from a bottle with a nipple yesterday or today?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2	YES 1 NO 2
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day and at night? IF 7 OR MORE TIMES, RECORD 7.	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.

[illegible]

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH																																				
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-4, DPT 1-3, AND/OR MEASLES VACCINES	YES 1 (PROBE FOR VACCINATION AND WRITE '66 IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATION AND WRITE '66 IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8																																				
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8																																				
463	Please tell me if (NAME) received any of the following vaccinations:																																						
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 3 DON'T KNOW 8	YES 1 NO 3 DON'T KNOW 8																																				
463B	Polio vaccine, that is, pink or white drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8																																				
463C	At what age was the first polio vaccine received?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
463D	How many times were polio vaccines received?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>		NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																																			
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8																																				
463F	How many times?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>		NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																																			
463G	An injection to prevent measles, usually given in the left upper arm and only given once?	YES 1 NO 3 DON'T KNOW 8	YES 1 NO 3 DON'T KNOW 8																																				
463H	An injection to prevent Hepatitis B, which is usually given outside of the thigh?	YES 1 NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464) DON'T KNOW 8																																				
463I	How many times was the Hepatitis B vaccine received?	NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>		NUMBER OF TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																																			
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATIONS IN THE LAST 2 YEARS 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATIONS IN THE LAST 2 YEARS 3 DON'T KNOW 8																																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH
466	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
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 469) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 469) ←
468	When (NAME) was ill with a cough, did she/he breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 and 467: FEVER OR COUGH?	YES' IN EITHER 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)	YES' IN EITHER 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Any other place? RECORD ALL SOURCES MENTIONED DO NOT READ OUT RESPONSES. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D MATERNITY HOSPITAL E MATERNITY CLINIC F CLINIC G DOCTOR H PEDIATRICIAN I MIDWIFE J NURSE K VILLAGE MIDWIFE L PHARMACY/DRUG STORE M OTHER N (SPECIFY) OTHER DELIVERY POST O HEALTH POST P HEALTH CADRE Q TRADITIONAL HEALER R SHOP S OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D MATERNITY HOSPITAL E MATERNITY CLINIC F CLINIC G DOCTOR H PEDIATRICIAN I MIDWIFE J NURSE K VILLAGE MIDWIFE L PHARMACY/DRUGSTORE M OTHER N (SPECIFY) OTHER DELIVERY POST O HEALTH POST P HEALTH CADRE Q TRADITIONAL HEALER R SHOP S OTHER X (SPECIFY)
472	CHECK 466: HAD FEVER?	YES' <input type="checkbox"/> NO/'DON'T KNOW' <input type="checkbox"/> (SKIP TO 475)	YES' <input type="checkbox"/> NO/'DON'T KNOW' <input type="checkbox"/> (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 475) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 475) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH
474	What drugs did (NAME) take for the fever? ASK TO SEE DRUGS(S) IF TYPE OF DRUG IS NOT KNOWN. DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FANSIDAR A CHLOROQUINE/NIVAQUINE B ASPIRIN C ACETAMINOPHEN/ PARACETAMOL D IBUPROFEN E OTHER X (SPECIFY) DON'T KNOW Z	FANSIDAR A CHLOROQUINE/NIVAQUINE B ASPIRIN C ACETAMINOPHEN/ PARACETAMOL D IBUPROFEN E OTHER X (SPECIFY) DON'T KNOW Z
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
475A	CHECK 445: LAST CHILD STILL BREAST-FED?	YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> ↓ (SKIP TO 476)	
475B	During (NAME)'s diarrhea, did you change the frequency and amount of breastfeeding?	YES 1 NO 2 (SKIP TO 476) ←	
475C	Did you <u>reduce</u> the number of feeds or <u>increase</u> them, or did you <u>stop completely</u> ?	REDUCED 1 INCREASED 2 STOPPED COMPLETELY 3	
476	Now I would like to know how much (NAME) was offered to drink other than breast milk during the diarrhea. Was he/she offered <u>less than usual to drink</u> , <u>about the same amount</u> , or <u>more than usual to drink</u> ? IF LESS, PROBE: Was he/she offered less than usual to drink other than breast milk or somewhat less?	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK/ ONLY BREAST MILK 5 DON'T KNOW 8	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK/ ONLY BREAST MILK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was (NAME) given any of the following to drink: a. A fluid made from a special packet called ORALIT? b. Salt-sugar solution?	YES NO DK ORALIT PACKET ... 1 2 8 SALT-SUGAR SOLUTION 1 2 8	YES NO DK ORALIT PACKET ... 1 2 8 SALT-SUGAR SOLUTION 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH
480	<p>What (else) was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL RESPONSES.</p>	<p>PILLS/SYRUP A</p> <p>INJECTION B</p> <p>INTRAVENOUS MEDICATION C</p> <p>HOME REMEDIES/</p> <p>HERBAL MEDICINES D</p> <p>(SKIP TO 482) ←</p> <p>OTHER X</p> <p>(SPECIFY)</p>	<p>PILLS/SYRUP A</p> <p>INJECTION B</p> <p>INTRAVENOUS MEDICATION ... C</p> <p>HOME REMEDIES/</p> <p>HERBAL MEDICINES D</p> <p>(SKIP TO 482) ←</p> <p>OTHER X</p> <p>(SPECIFY)</p>
481	<p>Did you see advice or treatment for the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 483) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 483) ←</p>
482	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC,</p> <p>WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>OTHER C</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL D</p> <p>MATERNITY HOSPITAL E</p> <p>MATERNITY CLINIC F</p> <p>CLINIC G</p> <p>DOCTOR H</p> <p>PEDIATRICIAN I</p> <p>MIDWIFE J</p> <p>NURSE K</p> <p>VILLAGE MIDWIFE L</p> <p>PHARMACY/DRUG STORE M</p> <p>OTHER N</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST O</p> <p>HEALTH POST P</p> <p>HEALTH CADRE Q</p> <p>TRADITIONAL HEALER R</p> <p>SHOP S</p> <p>OTHER X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>OTHER C</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL D</p> <p>MATERNITY HOSPITAL E</p> <p>MATERNITY CLINIC F</p> <p>CLINIC G</p> <p>DOCTOR H</p> <p>OBGYN I</p> <p>MIDWIFE J</p> <p>NURSE K</p> <p>VILLAGE MIDWIFE L</p> <p>PHARMACY/DRUG STORE ... M</p> <p>OTHER N</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST O</p> <p>HEALTH POST P</p> <p>HEALTH CADRE Q</p> <p>TRADITIONAL HEALER R</p> <p>SHOP S</p> <p>OTHER X</p> <p>(SPECIFY)</p>
483		<p>GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.</p>	<p>GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN SINCE JANUARY 2002 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→ 487
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD USED TOILET OR LATRINE ... 01 PUT INTO TOILET OR LATRINE ... 02 THROWN OUTSIDE HOUSE ... 03 THROWN/BURIED IN THE YARD ... 04 RINSED AWAY ... 05 DISPOSABLE DIAPERS ... 06 REUSABLE CLOTH DIAPERS ... 07 LEFT IN THE OPEN ... 08 OTHER _____ 96 (SPECIFY)	
486	CHECK 478(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORALIT PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORALIT PACKET/NOT ASKED <input type="checkbox"/>		→ 488
487	Have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES 1 NO 2	
488	CHECK 218: HAS AT LEAST ONE CHILD LIVING WITH HER <input type="checkbox"/> HAS NO CHILD LIVING WITH HER <input type="checkbox"/>		→ 490
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether or not the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3	
489A	Who makes the final decision on whether or not the child should be taken for medical treatment?	RESPONDENT 01 HUSBAND 02 RESPONDENT & HUSBAND JOINTLY 03 SOMEONE ELSE 04 HUSBAND & SOMEONE ELSE JOINTLY 05 RESPONDENT & SOMEONE ELSE JOINTLY 06 OTHER 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP																																																
490	<p>Now I would like to ask you some questions about health care for yourself:</p> <p>Many different factors can prevent women from getting the medical advice or treatment for themselves. When you are sick and want to get treatment, is each of the following a big or not a big problem?</p> <p>Knowing where to go.</p> <p>Getting permission to go.</p> <p>Getting money needed for treatment.</p> <p>Distance to the health facility.</p> <p>Have to take transport.</p> <p>Not wanting to go alone.</p> <p>Concern that there may not be a female health provider.</p>	<table><thead><tr><th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr></thead><tbody><tr><td>KNOW WHERE TO GO</td><td>1</td><td>2</td></tr><tr><td>PERMISSION</td><td>1</td><td>2</td></tr><tr><td>MONEY</td><td>1</td><td>2</td></tr><tr><td>DISTANCE</td><td>1</td><td>2</td></tr><tr><td>TRANSPORTATION</td><td>1</td><td>2</td></tr><tr><td>NOT WANTING</td><td>1</td><td>2</td></tr><tr><td>NO FEMALE HEALTH PROV.</td><td>1</td><td>2</td></tr></tbody></table>							BIG PROBLEM	NOT A BIG PROBLEM	KNOW WHERE TO GO	1	2	PERMISSION	1	2	MONEY	1	2	DISTANCE	1	2	TRANSPORTATION	1	2	NOT WANTING	1	2	NO FEMALE HEALTH PROV.	1	2																									
	BIG PROBLEM	NOT A BIG PROBLEM																																																						
KNOW WHERE TO GO	1	2																																																						
PERMISSION	1	2																																																						
MONEY	1	2																																																						
DISTANCE	1	2																																																						
TRANSPORTATION	1	2																																																						
NOT WANTING	1	2																																																						
NO FEMALE HEALTH PROV.	1	2																																																						
491	<p>CHECK 215 AND 218:</p> <div><div>HAS AT LEAST ONE CHILD BORN IN JANUARY 2004 AND LIVING WITH HER</div><div><div>NO CHILDREN BORN SINCE JANUARY 2004 AND LIVING WITH HER</div><div>→ 488</div></div></div> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p>																																																							
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491 / you drank yesterday during the day or at night (last 24 hours).</p> <p>Did (NAME FROM Q. 491) / or you drink (ITEM) yesterday during the day or at night (last 24 hours)?</p> <p>a. Plain water</p> <p>b. Commercially produced infant formula?</p> <p>c. Any other milk product such as condensed sweetened milk, powdered milk, or fresh animal milk?</p> <p>d. Fruit juice?</p> <p>e. Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>CHILD</p> <table><thead><tr><th></th><th>YES</th><th>NO</th><th>DK</th></tr></thead><tbody><tr><td>a.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>c.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>d.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>e.</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>				YES	NO	DK	a.	1	2	8	b.	1	2	8	c.	1	2	8	d.	1	2	8	e.	1	2	8	<p>MOTHER</p> <table><thead><tr><th></th><th>YES</th><th>NO</th><th>DK</th></tr></thead><tbody><tr><td>a.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>c.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>d.</td><td>1</td><td>2</td><td>8</td></tr><tr><td>e.</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>				YES	NO	DK	a.	1	2	8	b.	1	2	8	c.	1	2	8	d.	1	2	8	e.	1	2	8	
	YES	NO	DK																																																					
a.	1	2	8																																																					
b.	1	2	8																																																					
c.	1	2	8																																																					
d.	1	2	8																																																					
e.	1	2	8																																																					
	YES	NO	DK																																																					
a.	1	2	8																																																					
b.	1	2	8																																																					
c.	1	2	8																																																					
d.	1	2	8																																																					
e.	1	2	8																																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
493	<p>Now I would like to ask you about the types of food (NAME FROM Q. 491) / you ate yesterday during the day or at night (last 24 hours).</p> <p>Did (NAME FROM Q. 491) / you ate (ITEM) yesterday during the day or at night (last 24 hours)?</p> <p>a. Any food made from grains, e.g. maize, rice, sago or other local grains?</p> <p>b. Pumpkin, sweet potatoes, or carrots?</p> <p>c. Any other foods made from roots or tubers, e.g. potatoes, cassava, or other roots/tubers?</p> <p>d. Any green leafy vegetables, such as spinach and cassava leaves?</p> <p>e. Mango, papaya, durian, jackfruit or other yellow and red fruits?</p> <p>f. Any other fruits and vegetables, e.g., bananas, apples, green beans, peas, avocados, tomatoes?</p> <p>g. Meat, poultry, fish, shellfish, or eggs?</p> <p>h. Any food made from legumes, e.g., tofu, tempeh, lentils, beans, soybeans, pulses, or peanuts?</p> <p>i. Cheese or yoghurt?</p> <p>j. Any food made of oil, fat or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	CHILD			MOTHER			
		YES	NO	DK	YES	NO	DK	
	a.	1	2	8	a.	1	2	8
	b.	1	2	8	b.	1	2	8
	c.	1	2	8	c.	1	2	8
	d.	1	2	8	d.	1	2	8
	e.	1	2	8	e.	1	2	8
	f.	1	2	8	f.	1	2	8
	g.	1	2	8	g.	1	2	8
	h.	1	2	8	h.	1	2	8
	i.	1	2	8	i.	1	2	8
	j.	1	2	8	j.	1	2	8
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEAL 3						
496	<p>Do you currently smoke cigarettes?</p> <p>IF YES: What type of cigarettes do you smoke?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL TYPES MENTIONED.</p>	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y						
497	CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> → 501							
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>						

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 510
505	Is your husband living with you now or is he staying elsewhere?	IN HOUSEHOLD 1 ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NUMBER <input type="text"/> <input type="text"/>	
510	Have you been married once, or more than once?	ONCE 1 MORE THAN ONCE 2	
510A	What was the main reason you have been married more than once?	HUSBAND DIED 01 ADULTERY 02 DOMESTIC VIOLENCE 03 HUSBAND FAILED TO SUPPORT FINANCIALLY 04 HUSBAND DID NOT MEET BIOLOGICAL NEEDS 05 FREQUENT FIGHTS 06 LONG SEPARATION 07 NO CHILDREN 08 OTHER 96 (SPECIFY)	
511	CHECK 510: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your husband? Now we will talk about your first husband. In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
512	How old were you when you (first) married?	AGE <input type="text"/> <input type="text"/>	
512A	Did you ever received tetanus toxoid (TT) injection?	YES 1 NO 2	→ 513
512B	a. How many TT injections did you receive before marriage? b. And how many TT injections did you receive after marriage? IF NEVER, RECORD '0'. IF 7 TIMES OR MORE, RECORD '7'. IF DON'T KNOW, RECORD '8'.	NUMBER OF INJECTIONS BEFORE MARRIAGE <input type="text"/> NUMBER OF INJECTIONS AFTER MARRIAGE <input type="text"/> DON'T KNOW 8	
513	DETERMINE MONTHS MARRIED SINCE JANUARY 2002. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2002. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNION. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
514	Now I need to ask you some information about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND ... 95	→ 524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 524
515	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 524
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 601
525	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G MATERNITY HOSPITAL H MATERNITY CLINIC I CLINIC J DOCTOR K MIDWIFE L NURSE M VILLAGE MIDWIFE N PHARMACY/DRUG STORE O OTHER P (SPECIFY) OTHER DELIVERY POST Q HEALTH POST R FP POST S FRIENDS/RELATIVES T SHOP U OTHER X (SPECIFY)	
526	If you want to, could you yourself get a condom?	UNSURE 1 NO 2 DON'T KNOW 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	CHECK 106A: RESPONDENT'S MARITAL STATUS <div> <div>MARRIED <input type="checkbox"/></div> <div>DIVORCED/ WIDOWED <input type="checkbox"/></div> </div>		→ 614
601B	CHECK 311/311A: <div> <div>RESPONDENT/HUSBAND NOT STERILIZED <input type="checkbox"/></div> <div>RESPONDENT/HUSBAND STERILIZED <input type="checkbox"/></div> </div>		→ 614
602	CHECK 226: <div> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div> <div> <p>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?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p> </div>	<div> <div>HAVE (A/ANOTHER) CHILD 1</div> <div>NO MORE/NONE 2</div> <div>SAYS SHE CAN'T GET PREGNANT . 3</div> <div>UNDECIDED/DON'T KNOW AND PREGNANT 4</div> <div>UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5</div> </div>	<div> <div>→ 604</div> <div>→ 614</div> <div>→ 610</div> <div>→ 608</div> </div>
603	CHECK 226: <div> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div> <div> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p> </div>	<div> <div>MONTHS 1</div> <div>YEARS 2</div> <div>SOON/NOW 993</div> <div>SAYS SHE CAN'T GET PREGNANT 994</div> <div>OTHER 996</div> <div>(SPECIFY)</div> <div>DON'T KNOW 998</div> </div>	<div> <div>→ 609</div> <div>→ 614</div> <div>→ 609</div> </div>
604	CHECK 226: <div> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div>		→ 610
605	CHECK 310: <div> <div>NOT ASKED <input type="checkbox"/></div> <div>NOT CURRENTLY USING <input type="checkbox"/></div> <div>CURRENTLY USING <input type="checkbox"/></div> </div>		→ 608
606	CHECK 603: <div> <div>NOT ASKED <input type="checkbox"/></div> <div>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></div> <div>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></div> </div>		→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>POSTPARTUM AMENORRHEIC E</p> <p>BREASTFEEDING F</p> <p>FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND/PARTNER OPPOSED I</p> <p>OTHERS OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD L</p> <p>KNOWS NO SOURCE M</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS N</p> <p>FEAR OF SIDE EFFECTS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>INCONVENIENT TO USE R</p> <p>WEIGHT GAIN/LOSS S</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem or or no problem at all?	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ OR NOT HAVING SEX 4</p>	
609	<p>CHECK 310: CURRENTLY USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/> → 614</p>		
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 612</p>
611	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANT 06</p> <p>CONDOM 07</p> <p>INTRAVAG/DIAPHRAGM 08</p> <p>LACT. AMEN METHOD 09</p> <p>PERIODIC ABSTINENCE 10</p> <p>WITHDRAWAL 11</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>UNSURE 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	<p>Where can you get this method?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL SOURCES</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP MOBILE UNIT 15</p> <p>OTHER 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>MATERNITY HOSPITAL 22</p> <p>MATERNITY CLINIC 23</p> <p>CLINIC 24</p> <p>DOCTOR 25</p> <p>OBGYN 26</p> <p>MIDWIFE 27</p> <p>NURSE 28</p> <p>VILLAGE MIDWIFE 29</p> <p>PHARMACY/DRUG STORE ... 30</p> <p>OTHER 31</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 41</p> <p>HEALTH POST 42</p> <p>FP POST 43</p> <p>FRIENDS/RELATIVES 44</p> <p>SHOP 45</p> <p>OTHER 46</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 614</p>
612	<p>What is the main reason that you think you will not use a method at any time in the future?</p>	<p>FERTILITY-RELATED REASON</p> <p>NOT HAVING SEX 11</p> <p>MENOPAUSE/HISTERECTOMY . 12</p> <p>SUBFECUND/INFECUND 13</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 14</p> <p>FAITH 15</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ... 21</p> <p>HUSBAND OPPOSED 22</p> <p>OTHER OPPOSED 23</p> <p>RELIGIOUS PROHIBITION ... 24</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODS 31</p> <p>KNOWS NO SOURCE 32</p> <p>METHOD RELATED REASON</p> <p>HEALTH CONCERNS 41</p> <p>FEAR OF SIDE EFFECTS 42</p> <p>TOO FAR 43</p> <p>COST TOO MUCH 44</p> <p>INCONVENIENT TO USE 45</p> <p>WEIGHT GAIN/LOSS 46</p> <p>OTHER 96</p> <p>DON'T KNOW 98</p>	
614	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓ ↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 616</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? "EITHER" MEANS THE NUMBER OF CHILDREN WITH NO SEX PREFERENCE.	<div style="display: flex; justify-content: space-around;"> <div>BOYS</div> <div>GIRLS</div> <div>EITHER</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div>NUMBER</div> <div>OTHER _____ 999996 (SPECIFY)</div>	
616	Would you say that you approve or disapprove of a couple using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	
617	In the last six months have you heard about family planning: On the radio? On the television?	<div style="text-align: right;">YES NO</div> RADIO 1 2 TELEVISION 1 2	
618	In the last six months have you read about family planning: In a newspaper or magazine? In a poster? In a pamphlet?	<div style="text-align: right;">YES NO</div> NEWSPAPER OR MAGAZINE . 1 2 POSTER 1 2 PAMPHLET 1 2	
619	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 620A
620	With whom? Anyone else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	HUSBAND A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)	
620A	In the last six months, did you obtain family planning information from: FP officer? Teacher? Religious leader? Doctor? Nurse or midwife? Village leader? Women's group? Pharmacist?	<div style="text-align: right;">YES NO</div> FP OFFICER 1 2 TEACHER 1 2 RELIGIOUS LEADER 1 2 DOCTOR 1 2 NURSE/MIDWIFE 1 2 VILLAGE LEADER 1 2 WOMEN'S GROUP 1 2 PHARMACIST 1 2	
620B	In the last six months, did you obtain information about family planning from: Mobile information unit? Traditional performance (e.g., shadow puppet, drama, comedy)?	<div style="text-align: right;">YES NO</div> MOBILE UNIT 1 2 TRADITIONAL PERFORMANCE 1 2	
621	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> ↓ DIVORCED/ WIDOWED <input type="checkbox"/>		→ 628
622	CHECK 311/311A ANY CODE <input type="checkbox"/> CIRCLED ↓ NO CODE <input type="checkbox"/> CIRCLED		→ 624
623	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	RESPONDENT 1 HUSBAND 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's views on family planning. Would you say that you approve or disapprove of a couple using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
625	How often did you talk to your husband about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 OFTEN 3	
626	CHECK 311/311A HUSBAND/ RESPONDENT <input type="checkbox"/> HUSBAND/ NOT STERILIZED <input type="checkbox"/> STERILIZED <input type="checkbox"/>		→ 628
627	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sexual intercourse with other women? She has recently given birth or is menstruating? She is tired or not in the mood?	YES NO DK HUSBAND HAS STD . 1 2 8 OTHER WOMEN . . . 1 2 8 RECENT BIRTH/ MENSTRUATING . 1 2 8 TIRED/MOOD 1 2 8	
628A	CHECK 214, 217 AND 218: HAS AT LEAST ONE CHILD AGE <input type="checkbox"/> 10-19 YEARS LIVING WITH HER HAS NO CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/>		→ 701
628B	Have you or your husband discussed the following topics with your teenage daughters? Reproductive age? Sexually transmitted diseases? Drugs? Delay in age at marriage? Issues in family planning and reproductive health? Puberty?	YES NO REPRODUCTIVE AGE 1 2 STDs 1 2 DRUGS 1 2 DELAY IN AGE AT MARRIAGE 1 2 ISSUES IN FP AND RH 1 2 PUBERTY 1 2	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 705A
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 6	→ 705A
705	What was the highest (grade/year) he completed at that level? IN FIRST YEAR = 0, COMPLETED = 7	GRADE <input type="text"/> DON'T KNOW 8	
705A	Does/did your (last) husband work?	YES 1 NO 2	→ 707
706	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/> What is your husband's/partner's occupation? What was your (last) husband's/ That is, what kind of work does he mainly do? partner's occupation? That is, what kind of work did he mainly do? DESCRIBE AS COMPLETE AS POSSIBLE AND DO NOT CIRCLE CODE AND FILL IN BOXES <input type="text"/> <input type="text"/> <input type="text"/> FILL IN BY BPS	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICES 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→ 709A
708	As you know, some women take up jobs for which they are paid in cash or kind or unpaid. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these other things or any other work for at least one hour in the past week?	YES 1 NO 2	→ 709A
709	Have you done any work in the last 12 months?	YES 1 NO 2	→ 719
709A	Did/do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT AGRICULTURE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	<p>What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do?</p> <p>DESCRIBE AS COMPLETE AS POSSIBLE AND DO NOT CIRCLE CODE AND FILL IN BOXES</p> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> </div> <p style="text-align: right; margin-top: 5px;">FILL IN BY BPS</p>	<p>PROFESSIONAL, TECHNICAL 01</p> <p>MANAGERS AND ADMINISTRATION 02</p> <p>CLERICAL 03</p> <p>SALES 04</p> <p>SERVICES 05</p> <p>AGRICULTURAL WORKER 06</p> <p>INDUSTRIAL WORKER 07</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
711	<p>CHECK 709A:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>WORKS IN AGRICULTURE</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: center;"> <p>DOES NOT WORK IN AGRICULTURE</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> </div>		→ 713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE/ GOVERNMENT 2</p> <p>SELF-EMPLOYED 3</p>	
714	Do you usually work at home or away from home?	<p>HOME 1</p> <p>AWAY 2</p>	→ 715
714A	How long did you leave home to work? RECORD TIME SINCE SHE LEFT HOME UNTIL SHE RETURNED HOME.	HOURS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
714B	<p>CHECK 217 and 218:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HAS CHILD AGE UNDER 5 YEARS</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: center;"> <p>HAS NO CHILD AGE UNDER 5 YEARS</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> </div>		→ 713
714C	Who takes care of (NAME OF LAST CHILD) when you are working?	<p>RESPONDENT 01</p> <p>HUSBAND 02</p> <p>OLDER SISTER 03</p> <p>OLDER BROTHER 04</p> <p>RELATIVE 05</p> <p>NEIGHBOR 06</p> <p>FRIEND 07</p> <p>SERVANT 08</p> <p>AT SCHOOL 09</p> <p>CHILD CARE 10</p> <p>HAS NOT WORKED SINCE LAST BIRTH 11</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	<p>THROUGHOUT THE YEAR 1</p> <p>SEASONALLY/PART OF THE YEAR . 2</p> <p>ONCE IN A WHILE 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	719
717	CHECK 106A: RESPONDENT'S MARITAL STATUS <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: respondent, husband, respondent and husband jointly, someone else or respondent and someone else jointly? </div> <div style="text-align: center;"> DIVORCED/ WIDOWED <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: respondent, someone else or respondent and someone else jointly? </div> </div>	RESPONDENT 1 RESPONDENT'S HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE 5	
718	On average, how much of your household's expenditure do your earnings pay to: almost none, less than half, about half, more than half, or all?	NOTHING, ALL INCOME IS SAVED ... 1 ALMOST NONE 2 LESS THAN HALF 3 ABOUT HALF 4 MORE THAN HALF 5 ALL 6 DON'T KNOW 8	
719	Who in your family usually has the final say on the following decisions? Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family friends or relatives? What food should be cooked each day?	RESPONDENT = 1 RESPONDENT'S HUSBAND = 2 RESPONDENT & HUSBAND = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 NO DECISION = 6 OWN HEALTH CARE 1 2 3 4 5 6 LARGE HH PURCHASES 1 2 3 4 5 6 DAILY PURCHASES 1 2 3 4 5 6 VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div style="display: flex; justify-content: space-around;"> PRES./ LISTEN. PRES./ NOT LISTEN. NOT PRES. </div> CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she cooks inedible meal?	<div style="display: flex; justify-content: space-around;"> YES NO DK </div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 INEDIBLE MEAL 1 2 8	

SECTION 8. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 817
801A	From which sources of information have you learned about AIDS? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J INTERNET K OTHER X (SPECIFY)	
804	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
808A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ 813
812	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY 1 2 8 BREASTFEEDING ... 1 2 8	
812A	How can you tell if a person is infected by HIV/AIDS? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL APPEARANCE A CHANGES IN BEHAVIOR B BY BLOOD TEST/VCT C OTHER X (SPECIFY) DON'T KNOW Z	
812B	Do you know about voluntary HIV testing preceded with counselling (VCT: Voluntary Counselling and Testing)?	YES 1 NO 2	→ 813

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812C	<p>Do you know where you can get VCT services?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL SOURCES</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>CLINIC C</p> <p>VCT CLINIC D</p> <p>OTHER E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL F</p> <p>CLINIC G</p> <p>VCT CLINIC H</p> <p>DOCTOR I</p> <p>NURSE/MIDWIFE J</p> <p>OTHER K</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
813	<p>CHECK 106A: RESPONDENT'S MARITAL STATUS</p> <p>MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/></p>		→ 815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	<p>YES 1</p> <p>NO 2</p>	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE/DEPENDS 8</p>	
816A	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	<p>YES 1</p> <p>NO 2</p>	→ 817
816B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	<p>YES 1</p> <p>NO 2</p>	
816C	If a female teacher has the AIDS virus, should she be allowed to continue teaching the school?	<p>YES 1</p> <p>NO 2</p>	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	<p>YES 1</p> <p>NO 2</p>	→ 901
817A	<p>From which sources of information have you learned about sexually transmitted diseases (STDs)?</p> <p>RECORD ALL WAYS MENTIONED.</p> <p>DON'T READ OUT RESPONSES.</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>POSTER D</p> <p>HEALTH PROFESSIONAL E</p> <p>RELIGIOUS INSTITUTION F</p> <p>SCHOOL/TEACHER G</p> <p>COMMUNITY MEETING H</p> <p>FRIEND/RELATIVE I</p> <p>WORK PLACE J</p> <p>INTERNET K</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
818	<p>If a <u>man</u> has a sexually transmitted disease, what symptoms might he have?</p> <p>Anything else?</p> <p>DON'T READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER W</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	<p>If a <u>woman</u> has a sexually transmitted disease, what symptoms might she have?</p> <p>Anything else?</p> <p>DON'T READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED</p>	ABDOMINAL PAIN A GENITAL DISCHARGE/DIPPING B FOUL SMELLING DISCHARGE ... C BURNING PAIN ON URINATION ... D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
820	<p>During the last 12 months, have you had:</p> <p>Bad smelling abnormal genital discharge?</p> <p>Genital sore or ulcer?</p>	<div style="text-align: right;">YES NO DK</div> ABNORMAL DISCHARGE 1 2 8 GENITAL SORE OR ULCER 1 2 8	
821	<p>CHECK 821:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE CODE '1' CIRCLED <div style="margin-top: 10px;"> <input type="checkbox"/> </div> </div> <div style="text-align: center;"> NO CODE '1' CIRCLED <div style="margin-top: 10px;"> <input type="checkbox"/> </div> </div> </div>		→ 901
822	<p>Where did you go for advice or treatment?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND</p> <p>CIRCLE THE APPROPRIATE CODE(S).</p>	NOT TREATED A SELF TREATED B HEALTH CENTER C HOSPITAL/CLINIC D PRIVATE DOCTOR E PRIVATE MIDWIFE F PHARMACY G TRAD. HEALER H FRIENDS/RELATIVES I OTHER _____ X (SPECIFY)	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about you brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/> IF THE RESPONSE IS '01' (RESPONDENT IS AN ONLY CHILD)						→ 916
902	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
903	What was the name given to your brothers and sisters? START WITH THE OLDEST.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
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	
905	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (7)	
906	How old is (NAME)?	<input type="text"/> <input type="text"/> < 10 GO TO (2)	<input type="text"/> <input type="text"/> < 10 GO TO (3)	<input type="text"/> <input type="text"/> < 10 GO TO (4)	<input type="text"/> <input type="text"/> < 10 GO TO (5)	<input type="text"/> <input type="text"/> < 10 GO TO (6)	<input type="text"/> <input type="text"/> < 10 GO TO (7)	
907	Has (NAME) ever been married?	YES ... 1 GO TO (2) NO ... 2	YES ... 1 GO TO (3) NO ... 2	YES ... 1 GO TO (4) NO ... 2	YES ... 1 GO TO (5) NO ... 2	YES ... 1 GO TO (6) NO ... 2	YES ... 1 GO TO (7) NO ... 2	
908	In what year did (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (7)	
911	Was (NAME) pregnant when she died or did (NAME) die during child-birth?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	
912	Did (NAME) die within 42 hours 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	
913	Did (NAME) die due to complications of pregnancy or childbirth?	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 live born children did (NAME) give birth to during her lifetime (before that pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
915	Has (NAME) ever been married?	YES ... 1 NO ... 2 GO TO (2)	YES ... 1 NO ... 2 GO TO (3)	YES ... 1 NO ... 2 GO TO (4)	YES ... 1 NO ... 2 GO TO (5)	YES ... 1 NO ... 2 GO TO (6)	YES ... 1 NO ... 2 GO TO (7)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP																			
903	What was the name given to your brothers and sisters? START WITH THE OLDEST.	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____																			
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																			
905	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8 < 10 GO TO (8)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 < 10 GO TO (9)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 < 10 GO TO (10)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 < 10 GO TO (11)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 < 10 GO TO (12)	YES ... 1 NO ... 2 GO TO 908 DK ... 8 < 10 GO TO (13)																			
906	How old is (NAME)?	<table border="1"><tr><td></td><td></td></tr></table> GO TO (8)			<table border="1"><tr><td></td><td></td></tr></table> GO TO (9)			<table border="1"><tr><td></td><td></td></tr></table> GO TO (10)			<table border="1"><tr><td></td><td></td></tr></table> GO TO (11)			<table border="1"><tr><td></td><td></td></tr></table> GO TO (12)			<table border="1"><tr><td></td><td></td></tr></table> GO TO (13)									
907	Has (NAME) ever been married?	YES ... 1 GO TO (8) NO ... 2	YES ... 1 GO TO (9) NO ... 2	YES ... 1 GO TO (10) NO ... 2	YES ... 1 GO TO (11) NO ... 2	YES ... 1 GO TO (12) NO ... 2	YES ... 1 GO TO (13) NO ... 2																			
908	In what year did (NAME) die?	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
909	How old was (NAME) when he/she died?	<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)									
911	Was (NAME) pregnant when she died or did (NAME) die during child-birth?	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2	YES ... 1 GO TO 913 NO ... 2																			
912	Did (NAME) die within 42 hours 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																			
913	Did (NAME) die due to complications of pregnancy or childbirth?	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 live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>									
915	Has (NAME) ever been married?	YES ... 1 NO ... 2 GO TO (8)	YES ... 1 NO ... 2 GO TO (9)	YES ... 1 NO ... 2 GO TO (10)	YES ... 1 NO ... 2 GO TO (11)	YES ... 1 NO ... 2 GO TO (12)	YES ... 1 NO ... 2 GO TO (13)																			
916	RECORD THE TIME.			HOURS <table border="1"><tr><td></td><td></td></tr></table> MINUTES..... <table border="1"><tr><td></td><td></td></tr></table>																						

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. (1) BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANTS
7 CONDOM
8 INTRAVAG/DIAPHRAGM
J FOAM OR JELLY
M LACTATIONAL AMENORRHEA METHOD
P RHYTHM METHOD
T WITHDRAWAL
D EMERGENCY CONTRACEPTION
X OTHER _____
(SPECIFY)

Col. (2) SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
2 GOVT. HEALTH CENTER
3 GOVT. CLINIC
4 FP FIELDWORKER
5 FP MOBILE CLINIC
6 PVT. HOSPITAL
7 PVT. CLINIC
8 PRIVATE DOCTOR
9 MIDWIFE
A VILLAGE MIDWIFE
B PHARMACY/DRUGSTORE
C DELIVERY POST
D HEALTH POST
E FP POST
F FRIENDS/RELATIVES
G SHOP
X OTHER _____
(SPECIFY)

COL. (3) DISCONTINUATION OF CONTRACEPTION

- 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 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
M MENOPAUSAL
C MARITAL DISSOLUTION/SEPARATION
N IUD EXPELLED
X OTHER _____
(SPECIFY)
- T DON'T KNOW

COL. (4) MARRIAGE/UNION

- X IN UNION
0 NOT IN UNION

		1	2	3	4		
DEC	01					01	DEC
NOV	02					02	NOV
OCT	03					03	OCT
SEP	04					04	SEP
2	AUG	05				05	AUG 2
0	JUL	06				06	JUL 0
0	JUN	07				07	JUN 0
7	MAY	08				08	MAY 7
	APR	09				09	APR
	MAR	10				10	MAR
	FEB	11				11	FEB
	JAN	12				12	JAN
DEC	13					13	DEC
NOV	14					14	NOV
OCT	15					15	OCT
SEP	16					16	SEP
2	AUG	17				17	AUG 2
0	JUL	18				18	JUL 0
0	JUN	19				19	JUN 0
6	MAY	20				20	MAY 6
	APR	21				21	APR
	MAR	22				22	MAR
	FEB	23				23	FEB
	JAN	24				24	JAN
DEC	25					25	DEC
NOV	26					26	NOV
OCT	27					27	OCT
SEP	28					28	SEP
2	AUG	29				29	AUG 2
0	JUL	30				30	JUL 0
0	JUN	31				31	JUN 0
5	MAY	32				32	MAY 5
	APR	33				33	APR
	MAR	34				34	MAR
	FEB	35				35	FEB
	JAN	36				36	JAN
DEC	37					37	DEC
NOV	38					38	NOV
OCT	39					39	OCT
SEP	40					40	SEP
2	AUG	41				41	AUG 2
0	JUL	42				42	JUL 0
0	JUN	43				43	JUN 0
4	MAY	44				44	MAY 4
	APR	45				45	APR
	MAR	46				46	MAR
	FEB	47				47	FEB
	JAN	48				48	JAN
DEC	49					49	DEC
NOV	50					50	NOV
OCT	51					51	OCT
SEP	52					52	SEP
2	AUG	53				53	AUG 2
0	JUL	54				54	JUL 0
0	JUN	55				55	JUN 0
3	MAY	56				56	MAY 3
	APR	57				57	APR
	MAR	58				58	MAR
	FEB	59				59	FEB
	JAN	60				60	JAN
DEC	61					61	DEC
NOV	62					62	NOV
OCT	63					63	OCT
SEP	64					64	SEP
2	AUG	65				65	AUG 2
0	JUL	66				66	JUL 0
0	JUN	67				67	JUN 0
2	MAY	68				68	MAY 2
	APR	69				69	APR
	MAR	70				70	MAR
	FEB	71				71	FEB
	JAN	72				72	JAN



07IDHS-ME

2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY MEN'S QUESTIONNAIRE

Confidential

IDENTIFICATION		CODE
1. PROVINCE _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. REGENCY/MUNICIPALITY*) _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. SUBDISTRICT _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. VILLAGE*) _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. URBAN/RURAL**) URBAN -1 RURAL -2		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. CENSUS BLOCK NUMBER _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. 2007 IDHS SAMPLE CODE		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. HOUSEHOLD NUMBER		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. NAME OF HOUSEHOLD HEAD _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. NAME OF RESPONDENT _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. RESPONDENT LINE NUMBER		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT***)	_____	_____	_____	RESULT
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
***) RESULT CODES 1 COMPLETED 3 POSTPONED 5 PARTLY COMPLETED 7 OTHER _____ 2 NOT AT HOME 4 REFUSED 6 INCAPACITATED (SPECIFY)				
LANGUAGE IN INTERVIEW: _____				
DAILY SPOKEN LANGUAGE: _____				
USE INTERPRETER: YES - 1 NO - 2				

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT
<p>Hello. My name is _____ and I am working for Badan Pusat Statistik.</p> <p>We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your family). This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MINUTES <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
108	In what month and year were you born?	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DON'T KNOW YEAR 9998	
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND OR 109 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 54, END INTERVIEW. CORRECT 07IDHS-HH SECTION III COL (7).	AGE IN COMPLETED YEARS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
109A	Are you currently single, married, divorced, or widowed?	SINGLE 1 MARRIED 2 DIVORCED 3 WIDOWED 4	
109B	CHECK 109 and 109A: AGE 15-54 AND MARRIED <input style="width: 30px; height: 20px;" type="checkbox"/> OTHER <input style="width: 30px; height: 20px;" type="checkbox"/> _____		→ END
110	Have you ever attended school?	YES 1 NO 2	→ 114
111	What is the highest level of school you attended: primary, junior high school, senior high school, academy or university?	PRIMARY SCHOOL 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5	
112	What is the highest (grade/year) you completed at that level? IN FIRST YEAR = 0, COMPLETED = 7, DON'T KNOW = 8	GRADE <input style="width: 30px; height: 20px;" type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 111: <div> PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/> </div>		→ 117
114	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3	
115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
116	CHECK 114: <div> CODE '2', '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/> </div>		→ 118
117	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119A	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDHA 05 CONFUCIAN 06 OTHER 96	
120	Are you currently working?	YES 1 NO 2	→ 120C
120A	As you know, some people take up jobs for which they are paid in cash or kind or unpaid. Others sell things, have a small business or work on the family farm or in the family business. Do you have any job that you do continuously for at least one hour in the past week?	YES 1 NO 2	→ 120C
120B	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
120C	Do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT IN AGRICULTURE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	<p>What is your occupation?</p> <p>That is, what kind of work you mainly do?</p> <p>DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT FILL IN BOXES.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <p>_____ FILL IN BY BPS.</p> <p>_____</p> <p>_____</p>	<p>PROFESSIONAL, TECHNICAL 01</p> <p>MANAGER AND</p> <p>ADMINISTRATOR 02</p> <p>CLERICAL 03</p> <p>SALES 04</p> <p>SERVICES 05</p> <p>AGRICULTURAL WORKER 06</p> <p>PRODUCTION WORKER 07</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
124	<p>CHECK 120C:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>WORKS IN</p> <p>AGRICULTURE</p> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <p>↓</p> </div> <div style="text-align: center;"> <p>DOES NOT</p> <p>WORK IN</p> <p>AGRICULTURE</p> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> </div>		→ 201
125	<p>Do you work mainly on your own land or on family land, or do you work on land that you rent from somewhere else, or do you work on someone else's land?</p>	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
125A	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE/ GOVERNMENT 2</p> <p>SELF-EMPLOYED 3</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask you about all the children you have had during your life. Do you have biological children?	YES 1 NO 2	→ 206								
202	Do you have any biological sons or daughters who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any biological sons or daughters who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Do you have any biological sons or daughters who were born alive but later died? IF NO, PROBE : Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 209								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NUMBER OF CHILDREN IS 2 OR MORE ↓ </div> <div style="text-align: center;"> NUMBER OF CHILDREN IS 0 <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> NUMBER OF CHILDREN IS 1 <div style="border: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> </div>		→ 301 → 213								
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2									
213	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

SECTION 3. KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 OR 2 IF METHOD IS RECOGNIZED. THEN, ASK 302 OR CIRCLE CODE '3' IF NOT RECOGNIZED.</p>			
301	<p>What ways or methods have you heard about?</p> <p>Have you ever heard of (METHOD)?</p>		302 Have you ever used (METHOD)?
01	<p>FEMALE STERILIZATION/TUBSECTOMY Women can have an operation to avoid having any more children.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	<p>Has your wife ever had an operation to avoid having any more children?</p> <p>YES 1</p> <p>NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES 1</p> <p>NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one month or longer.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	
06	<p>NORPLANT/IMPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	<p>YES 1</p> <p>NO 2</p>
08	<p>INTRAVAG/DIAPHRAGM Women can place a tissue or a thin flexible disk in the vagina before intercourse.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	
10	<p>PERIODIC ABSTINENCE OR CALENDAR SYSTEM Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	<p>YES 1</p> <p>NO 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	<p>YES 1</p> <p>NO 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.</p>	<p>YES, SPONTANEOUS 1</p> <p>YES, PROBED 2</p> <p>NO 3 ↓</p>	
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p> <p>NO 2 ↓</p>	

309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD ENDS 3 IN THE MIDDLE OF THE CYCLE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding can become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	
311	CHECK 301 (07) AND 302 (07): KNOWLEDGE AND USE OF CONDOM HAS HEARD OF AND USED CONDOM <input type="checkbox"/> HAS HEARD OF CONDOM BUT HAS NEVER USED <input type="checkbox"/> → 323 NEVER HEARD OF CONDOM <input type="checkbox"/> → 324		
314	When you have sex in the last month, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	
316	Have you ever experienced any problems with using condoms? IF YES: What problems did you experience? PROBE: Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL PROBLEMS MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY/OBTAIN B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF D SPOILS THE MOOD E DIMINISHES THE PLEASURE F WIFE OBJECTS TO/DOES NOT LIKE G WIFE GOT PREGNANT H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER X (SPECIFY) NO PROBLEM Y	
316A	Have you ever paid for sex?	YES 1 NO 2	→ 317
316B	In the last 12 months, did you ever pay for sex?	YES 1 NO 2	→ 317
316C	The last time you paid for sex, was a condom used?	YES 1 NO 2	
317	CHECK 314: CURRENT USE OF CONDOMS EVERY TIME OR SOMETIMES <input type="checkbox"/> NOT AT ALL/NOT HAVING SEX <input type="checkbox"/> → 323		

319	<p>From where do you usually obtain the condoms?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>MATERNITY HOSPITAL 22</p> <p>MATERNITY CLINIC 23</p> <p>CLINIC 24</p> <p>DOCTOR (GENERAL) 25</p> <p>OBGYN 26</p> <p>MIDWIFE 27</p> <p>NURSE 28</p> <p>VILLAGE MIDWIFE 29</p> <p>PHARMACY/DRUG STORE 30</p> <p>OTHER 31</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 41</p> <p>HEALTH POST 42</p> <p>FP POST 43</p> <p>FRIENDS/RELATIVES 44</p> <p>SHOP 45</p> <p>OTHER 46</p> <p>(SPECIFY)</p>																									
320	How much do you usually pay for a packet of condoms?	<p>RUPIAH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>	<p>→ 323</p>																								
321	How many condoms are in each packet?	<p>NUMBER <input type="text"/> <input type="text"/></p>																									
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	<p>INEXPENSIVE 1</p> <p>JUST AFFORDABLE 2</p> <p>TOO EXPENSIVE 3</p>																									
323	<p>I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each.</p> <p>Condoms diminish a man's sexual pleasure.</p> <p>A condom is very inconvenient to use.</p> <p>A condom can be reused.</p> <p>A condom protects against disease.</p> <p>A woman has no right to tell a man to use a condom.</p>	<table border="1"> <thead> <tr> <th></th> <th>AGREE</th> <th>DIS- AGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DIMINISH SEXUAL PLEASURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INCONVENIENT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CAN BE REUSED ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PROTECT AGAINST DISEASE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WOMAN'S RIGHT ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	DIMINISH SEXUAL PLEASURE	1	2	8	INCONVENIENT	1	2	8	CAN BE REUSED ...	1	2	8	PROTECT AGAINST DISEASE	1	2	8	WOMAN'S RIGHT ...	1	2	8	
	AGREE	DIS- AGREE	DK																								
DIMINISH SEXUAL PLEASURE	1	2	8																								
INCONVENIENT	1	2	8																								
CAN BE REUSED ...	1	2	8																								
PROTECT AGAINST DISEASE	1	2	8																								
WOMAN'S RIGHT ...	1	2	8																								
324	<p>CHECK 301 (02) AND 302 (02): KNOWLEDGE AND USE OF MALE STERILIZATION</p> <p>HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> RESPONDENT IS STERILIZED <input type="checkbox"/> → 326</p> <p>HAS NOT HEARD OF MALE STERILIZATION <input type="checkbox"/> → 328</p>																										

325	Once you have had all the children you want, have you ever considered getting sterilized?	HAS CONSIDERED 1 HAS NOT CONSIDERED 2 UNSURE/DEPENDS 3 WIFE ALREADY STERILIZED 4																					
326	In your opinion what are some of the advantages of male sterilization? PROBE: Any other advantages? RECORD ALL ADVANTAGES METHOD. DO NOT READ OUT RESPONSES.	PUTS MAN IN CONTROL A EFFECTIVE METHOD B OPERATION IS SAFE C SAFER THAN FEMALE STERILIZATION D OPERATION INEXPENSIVE E LESS EXPENSIVE THAN FEMALE STERILIZATION F OPERATION IS SIMPLE G GIVES MAN FREEDOM H OTHER X SPECIFY																					
326A	CHECK 324: HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→ 328																				
327	Why have you never considered getting sterilized? PROBE: Any other reason? RECORD ALL ADVANTAGES METHOD. DO NOT READ OUT RESPONSES.	AGAINST RELIGION A BAD FOR MAN'S HEALTH B OPERATION NOT SAFE C LESS INTRUSIVE WAYS AVAILABLE D MAY WANT MORE CHILDREN E MAY REMARRY SOME DAY F COST G LOSS OF SEXUAL FUNCTION H WIFE OBJECTS I OTHER X SPECIFY																					
328	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. Contraception is women's business and a man should not have to worry about it. Women who are sterilized may become promiscuous. Being sterilized for a man is equivalent to being castrated. A woman is the one who gets pregnant, so she should be the one to get sterilized.	<table border="0"> <thead> <tr> <th></th> <th>AGREE</th> <th>DIS- AGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>STERILIZED WOMEN ARE PROMISCUOUS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MALE STERILIZATION IS CASTRATION . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>WOMAN SHOULD BE THE ONE STERILIZED</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	CONTRACEPTION WOMAN'S BUSINESS .	1	2	3	STERILIZED WOMEN ARE PROMISCUOUS	1	2	3	MALE STERILIZATION IS CASTRATION . . .	1	2	3	WOMAN SHOULD BE THE ONE STERILIZED	1	2	3	
	AGREE	DIS- AGREE	DK																				
CONTRACEPTION WOMAN'S BUSINESS .	1	2	3																				
STERILIZED WOMEN ARE PROMISCUOUS	1	2	3																				
MALE STERILIZATION IS CASTRATION . . .	1	2	3																				
WOMAN SHOULD BE THE ONE STERILIZED	1	2	3																				

SECTION 4. MARRIAGE AND ATTITUDE TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
401	Have you been married once, or more than once?	ONCE 1 MORE THAN ONCE 2			
402	Does your wife live with you or somewhere else?	IN HOUSEHOLD 1 ELSEWHERE 2			
403	WRITE WIFE'S NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE. IF WIFE DOES NOT LIVE IN THE HOUSEHOLD, ENTER '00'	NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
404	CHECK 401: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONCE <input type="checkbox"/>		→ 407		
405	Do you have other wives who do not live in this household?	YES 1 NO 2	→ 407		
406	What is the name of the wife who does not live in this household?	NAME			
407	How old were you when you and your (first) wife married?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
408	How old were you when you first had sexual intercourse?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
409	For a man, what is the best age to get married?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
410	For a woman, what is the best age to get married?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
411	What is the best age for a woman to have her first child?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
412	After what age, should a woman stop having children?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
413	Who in your family usually has the final say on the following decisions? Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family friends or relatives? What food should be cooked each day?	RESPONDENT = 1 RESPONDENT'S WIFE = 2 RESPONDENT & HIS WIFE = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 NO DECISION = 6 OWN HEALTH CARE 1 2 3 4 5 6 LARGE HH PURCHASES 1 2 3 4 5 6 DAILY PURCHASES 1 2 3 4 5 6 VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6			
414	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT WITHOUT TELLING HIM ... 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8			

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
502	CHECK 302 (02): RESPONDENT <input type="checkbox"/> NOT STERILIZED RESPONDENT <input type="checkbox"/> STERILIZED			→ 521
502A	COPY THE NAME OF RESPONDENT'S WIFE IF MORE THAN 2 WIVES, USE EXTRA QUESTIONNAIRE.	FIRST WIFE LINE NUMBER <input type="text"/> <input type="text"/>	SECOND WIFE LINE NUMBER <input type="text"/> <input type="text"/>	
503	Is (WIFE'S NAME) pregnant now?	YES 1 NO 2 (SKIP TO 505) ← DK/UNSURE 8	YES 1 NO 2 (SKIP TO 505) ← DK/UNSURE 8	
504	When (WIFE'S NAME) became pregnant, did you want her to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did <u>you not</u> want her to have more children <u>at all</u> ?	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	
505	In the next few weeks, if you discovered that (WIFE'S NAME) was pregnant, would that be a big problem, a small problem or or no problem at all?	BIG PROBLEM ... 1 SMALL PROBLEM . 2 NO PROBLEM ... 3 STERILIZED/ NO SEX 4 (SKIP TO 507) ←	BIG PROBLEM ... 1 SMALL PROBLEM . 2 NO PROBLEM ... 3 STERILIZED/ NO SEX 4 (SKIP TO 507) ←	
506	Do you think (WIFE'S NAME) wants the same number of children that you want to have with her, or does she want more or fewer than you want?	SAME NUMBER ... 1 MORE CHILDREN . 2 FEWER CHILDREN 3 DON'T KNOW ... 8	SAME NUMBER ... 1 MORE CHILDREN . 2 FEWER CHILDREN 3 DON'T KNOW ... 8	
507	How often do you talk to (WIFE'S NAME) about family planning in the past year?	NEVER 1 ONCE OR TWICE . 2 OFTEN 3	NEVER 1 ONCE OR TWICE . 2 OFTEN 3	
508	Do you think that (WIFE'S NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES ... 2 DON'T KNOW 3	APPROVES 1 DISAPPROVES ... 2 DON'T KNOW 3	
508A		GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.	GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.	
509	CHECK 503: NO WIFE <input type="checkbox"/> PREGNANT OR UNSURE 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? WIFE <input type="checkbox"/> PREGNANT Now I have some questions about the future. After the child(ren) you and your (wife/wives)/partner(s) are expecting now, 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 CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8		→ 516 → 521 → 516
510	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 YEARS 2 SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	CHECK 302A: USE CONTRACEPTIVE METHOD NO, NOT USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		521
517	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	519
518	Which contraceptive method would you prefer to use?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER 6 (SPECIFY) UNSURE 8	521
519	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON NOT HAVING SEX 11 MENOPAUSE/HISTERECTOMY 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14 RELIGIOUS BELIEF 15 OPPOSITION TO USE RESPONDENT OPPOSED 21 WIFE OPPOSED 22 OTHER OPPOSED 23 RELIGIOUS PROHIBITION 24 LACK OF KNOWLEDGE KNOWS NO METHODS 31 KNOWS NO SOURCE 32 METHOD RELATED REASON HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 GAIN/LOSS WEIGHT 46 OTHER 96 (SPECIFY) DON'T KNOW 98	
521	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? 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.	NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	524
522	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 999996 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524	In the last six months have you heard about family planning: On the radio? On the television?	YES NO RADIO 1 2 TELEVISION 1 2	
524A	In the last six months have you read about family planning: In a newspaper or magazine? In a poster? In a pamphlet?	YES NO NEWSPAPER OR MAGAZINE . 1 2 POSTER 1 2 PAMPHLET 1 2	
526	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 601A
527	With whom? Anyone else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	WIFE A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G FATHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER X (SPECIFY)	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601A	CHECK 209: HAS ONE OR MORE CHILDREN <input type="checkbox"/> HAS/DOES NOT HAVE ANY CHILDREN <input type="checkbox"/>		→ 701																
602	Please tell me the name and sex of your child (who was born most recently): _____ (NAME OF CHILD) Name of (NAME OF CHILD)'s biological mother: _____ (NAME OF MOTHER)	BOY 1 GIRL 2																	
603	In what month and year was (NAME OF LAST CHILD) born?	MONTH YEAR																	
607	CHECK 603: CHILD BORN SINCE JANUARY 2002 <input type="checkbox"/> CHILD BORN BEFORE JANUARY 2002 <input type="checkbox"/>		→ 701																
612	ASK QUESTION 612 FOR PREGNANCY, DELIVERY, AND FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH. Did (NAME OF CHILD'S MOTHER) receive any advice or care from a doctor or any health care provider during the (pregnancy/delivery/six weeks after delivery)?	<table border="1"> <thead> <tr> <th>PREGNANCY</th><th>DELIVERY</th><th>SIX WEEKS AFTER DELIVERY</th></tr> </thead> <tbody> <tr> <td>YES 1</td><td>YES 1</td><td>YES 1</td></tr> <tr> <td>NO 2</td><td>NO 2</td><td>NO 2</td></tr> <tr> <td>DK 8</td><td>DK 8</td><td>DK 8</td></tr> <tr> <td>(GO TO 612 IN NEXT COLUMN) ←</td><td>(GO TO 612 IN NEXT COLUMN) ←</td><td></td></tr> </tbody> </table>	PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	DK 8	DK 8	DK 8	(GO TO 612 IN NEXT COLUMN) ←	(GO TO 612 IN NEXT COLUMN) ←			
PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY																	
YES 1	YES 1	YES 1																	
NO 2	NO 2	NO 2																	
DK 8	DK 8	DK 8																	
(GO TO 612 IN NEXT COLUMN) ←	(GO TO 612 IN NEXT COLUMN) ←																		
616	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? RECORD ALL SIGNS AND SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINTS G BREATHLESSNESS H TIREDNESS I OTHER X DON'T KNOW Z																	
617	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF LAST CHILD), did you yourself talk with a doctor or any other health care provider about her health or of the pregnancy?	YES 1 NO 2	→ 618A																
618	Did the health provider talk to you about: What food (NAME OF CHILD'S MOTHER) should eat during pregnancy? How much rest she should have during pregnancy? The types of health problems for which she should get immediate medical attention?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DON'T RECALL</th></tr> </thead> <tbody> <tr> <td>FOOD 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>REST 1</td><td>2</td><td>3</td><td></td></tr> <tr> <td>PROBLEMS . 1</td><td>2</td><td>3</td><td></td></tr> </tbody> </table>		YES	NO	DON'T RECALL	FOOD 1	2	3		REST 1	2	3		PROBLEMS . 1	2	3		
	YES	NO	DON'T RECALL																
FOOD 1	2	3																	
REST 1	2	3																	
PROBLEMS . 1	2	3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
618A	During (NAME OF CHILD'S MOTHER) pregnancy with (NAME OF CHILD), did anyone discuss with you about: Where (NAME OF CHILD'S MOTHER) plan to deliver? Transportation to the place of delivery? Who is going to assist the delivery? Payment for delivery? Identifying a possible blood donor?	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>PLACE TO DELIVER</td><td>1</td><td>2</td></tr> <tr> <td>TRANSPORTATION</td><td>1</td><td>2</td></tr> <tr> <td>DELIVERY ASSISTANT</td><td>1</td><td>2</td></tr> <tr> <td>PAYMENT</td><td>1</td><td>2</td></tr> <tr> <td>BLOOD DONOR</td><td>1</td><td>2</td></tr> </table>		YES	NO	PLACE TO DELIVER	1	2	TRANSPORTATION	1	2	DELIVERY ASSISTANT	1	2	PAYMENT	1	2	BLOOD DONOR	1	2							
	YES	NO																									
PLACE TO DELIVER	1	2																									
TRANSPORTATION	1	2																									
DELIVERY ASSISTANT	1	2																									
PAYMENT	1	2																									
BLOOD DONOR	1	2																									
619A	Is (NAME OF LAST CHILD) still alive?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 701																				
YES	1																										
NO	2																										
621A	Has (NAME OF LAST CHILD) received (NAME OF VACCINE)? BCG? Polio? DPT? Measles? Hepatitis?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>BCG</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>POLIO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DPT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MEASLES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>HEPATITIS</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	BCG	1	2	8	POLIO	1	2	8	DPT	1	2	8	MEASLES	1	2	8	HEPATITIS	1	2	8	
	YES	NO	DK																								
BCG	1	2	8																								
POLIO	1	2	8																								
DPT	1	2	8																								
MEASLES	1	2	8																								
HEPATITIS	1	2	8																								
621B	CHECK 621A: ALL VACCINES NOT ONE YES' <input type="checkbox"/> AT LEAST ONE YES' <input type="checkbox"/>		→ 624																								
623	What is the main reason why (NAME OF CHILD) has not received any of these vaccinations?	TOO EXPENSIVE 01 DOES NOT KNOW WHERE TO GET THEM 02 NOT AVAILABLE 03 NOT IMPORTANT/NOT NEEDED 04 NOT GOOD FOR CHILD'S HEALTH 05 CHILD TOO YOUNG 06 TOO FAR/NO TRANSPORT 07 OTHER 96 (SPECIFY) DON'T KNOW ANY VACCINE 97 DON'T KNOW WHY 98																									
624	Does (NAME OF LAST CHILD) live with you in your household?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	→ 627																				
YES	1																										
NO	2																										
625	In your household, who usually decides what to do if (NAME OF LAST CHILD) is ill? Anybody else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	RESPONDENT A CHILD'S MOTHER B WIFE/CHILD'S STEPMOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER X (SPECIFY) CHILD HAS NEVER BEEN ILL Y																									
627	Please tell me if you would be angry with (NAME OF CHILD'S MOTHER) if she did the following: She took (NAME OF CHILD) to be vaccinated without your permission? She took (NAME OF LAST CHILD) to a doctor or health worker because she thought the child was ill without your permission?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>VACCINATION</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>DOCTOR/HEALTH CARE</td><td>1</td><td>2</td><td>3</td></tr> </table>		YES	NO	DK	VACCINATION	1	2	3	DOCTOR/HEALTH CARE	1	2	3													
	YES	NO	DK																								
VACCINATION	1	2	3																								
DOCTOR/HEALTH CARE	1	2	3																								
628	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? DO NOT READ OUT RESPONSES. CIRCLE ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y																									
629	CHECK 628: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		→ 701																								
630	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>																									

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	717
701A	From which sources of information have you learned about AIDS? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J INTERNET K OTHER X (SPECIFY)	
704	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
708	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
708A	Can a person get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	713
712	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
712A	How do you know that someone has HIV/AIDS? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL A BEHAVIOR B BLOOD TEST/VCT C OTHER X (SPECIFIC) DON'T KNOW Z	
712B	Have you heard about a voluntary test for HIV/AIDS which is preceded by counseling (VCT)?	YES 1 NO 2	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712C	<p>Do you know where you can get a VCT service?</p> <p>Any other place?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALLMENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>CLINIC C</p> <p>VCT CLINIC D</p> <p>OTHER E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL F</p> <p>CLINIC G</p> <p>VCT CLINIC H</p> <p>DOCTOR I</p> <p>NURSE/MIDWIFE J</p> <p>OTHER K</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
713	<p>CHECK 106A: RESPONDENT'S MARITAL STATUS</p> <p>MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/></p>		715
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	<p>YES 1</p> <p>NO 2</p>	
715	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
716	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	<p>YES 1</p> <p>NO 2</p> <p>DK/UNSURE/DEPENDS 8</p>	
716A	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	<p>YES 1</p> <p>NO 2</p>	
716B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
716C	If a female teacher has the AIDS virus, should she be allowed to continue teaching the school?	<p>YES (ALLOWED) 1</p> <p>NO (NOT ALLOWED) 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
717	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	<p>YES 1</p> <p>NO 2</p>	801
717A	<p>From which sources of information have you learned about sexually transmitted diseases (STDs)?</p> <p>RECORD ALL WAYS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>POSTER D</p> <p>HEALTH PROFESSIONAL E</p> <p>RELIGIOUS INSTITUTION F</p> <p>SCHOOL/TEACHER G</p> <p>COMMUNITY MEETING H</p> <p>FRIEND/RELATIVE I</p> <p>WORK PLACE J</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	If a <u>man</u> has a sexually transmitted disease, what symptoms might he have?	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPIN(..... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORE/ULCER G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER W (SPECIFY) OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
719	If a <u>woman</u> has a sexually transmitted disease, what symptoms might she have?	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPIN(..... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORE/ULCER G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER W (SPECIFY) OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
720	During the last 12 months, have you had an abnormal discharge from your penis? During the last 12 months, have you had a sore or ulcer near your penis?	<div style="text-align: right; margin-bottom: 10px;">YES NO DK</div> DISCHARGE 1 2 8 SORE/ULCER 1 2 8	
721	CHECK 720: AT LEAST ONE <input type="checkbox"/> CODE '1' CIRCLED ↓ <div style="display: inline-block; vertical-align: top; margin-left: 150px;"> NO CODE '1' <input type="checkbox"/> CIRCLED → </div>		801
722	Where did you seek any kind of advice or treatment? Any other place? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOT TREATED A SELF TREATED B GOVT. HEALTH CENTER C HOSPITAL/CLINIC D PRIVATE DOCTOR E NURSE/MIDWIFE F PHARMACY/DRUGSTORE G TRADITIONAL HEALER H FRIENDS/RELATIVE..... I OTHER X (SPECIFY)	

SECTION 8. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
801	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/> IF THE RESPONSE IS '01' (RESPONDENT IS AN ONLY CHILD)						→ 816
802	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
803	What was the name given to your brothers and sisters? START WITH THE OLDEST.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
804	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	
805	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (7)	
806	How old is (NAME)?	<input type="text"/> <input type="text"/> < 10 GO TO (2)	<input type="text"/> <input type="text"/> < 10 GO TO (3)	<input type="text"/> <input type="text"/> < 10 GO TO (4)	<input type="text"/> <input type="text"/> < 10 GO TO (5)	<input type="text"/> <input type="text"/> < 10 GO TO (6)	<input type="text"/> <input type="text"/> < 10 GO TO (7)	
807	Has (NAME) ever been married?	YES ... 1 GO TO (2) NO ... 2	YES ... 1 GO TO (3) NO ... 2	YES ... 1 GO TO (4) NO ... 2	YES ... 1 GO TO (5) NO ... 2	YES ... 1 GO TO (6) NO ... 2	YES ... 1 GO TO (7) NO ... 2	
808	When did (NAME) (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (7)	
811	Was (NAME) pregnant when she died or did (NAME) die during childbirth?	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	
813	Did (NAME) die due to complications of pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
814	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
815	Has (NAME) ever been married?	YES ... 1 NO ... 2 GO TO (2)	YES ... 1 NO ... 2 GO TO (3)	YES ... 1 NO ... 2 GO TO (4)	YES ... 1 NO ... 2 GO TO (5)	YES ... 1 NO ... 2 GO TO (6)	YES ... 1 NO ... 2 GO TO (7)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
803	What was the name given to your brothers and sisters? START WITH THE OLDEST.	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
804	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	
805	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (13)	
806	How old is (NAME)?	<input type="text"/> <input type="text"/> < 10 GO TO (8)	<input type="text"/> <input type="text"/> < 10 GO TO (9)	<input type="text"/> <input type="text"/> < 10 GO TO (10)	<input type="text"/> <input type="text"/> < 10 GO TO (11)	<input type="text"/> <input type="text"/> < 10 GO TO (12)	<input type="text"/> <input type="text"/> < 10 GO TO (13)	
807	Has (NAME) ever been married?	YES ... 1 GO TO (8) NO ... 2	YES ... 1 GO TO (9) NO ... 2	YES ... 1 GO TO (10) NO ... 2	YES ... 1 GO TO (11) NO ... 2	YES ... 1 GO TO (12) NO ... 2	YES ... 1 GO TO (13) NO ... 2	
808	When did (NAME) (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (13)	
811	Was (NAME) pregnant when she died or did (NAME) die during childbirth?	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	YES ... 1 GO TO 813 NO ... 2	
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	YES ... 1 NO ... 2 GO TO 814	
813	Did (NAME) die due to complications of pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
814	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
815	Has (NAME) ever been married?	YES ... 1 NO ... 2 GO TO (8)	YES ... 1 NO ... 2 GO TO (9)	YES ... 1 NO ... 2 GO TO (10)	YES ... 1 NO ... 2 GO TO (11)	YES ... 1 NO ... 2 GO TO (12)	YES ... 1 NO ... 2 GO TO (13)	
816	RECORD THE TIME.					HOUR MINUTES	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____



2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY YOUNG ADULT QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE
1. PROVINCE _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
2. REGENCY/MUNICIPALITY*) _____	
3. SUBDISTRICT _____	
4. VILLAGE*) _____	
5. URBAN/RURAL**) URBAN -1 RURAL -2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
6. CENSUS BLOCK NUMBER _____	
7. 2007 IDHS SAMPLE CODE 	
8. HOUSEHOLD NUMBER 	
9. NAME OF HOUSEHOLD HEAD _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>
10. NAME OF RESPONDENT _____	
11. RESPONDENT'S SEX**) MALE -1 FEMALE -2	
12. RESPONDENT LINE NUMBER 	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 0 7
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT***)	_____	_____	_____	RESULT
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS
	_____	_____		_____
***) RESULT CODES 1 COMPLETED 3 POSTPONED 5 PARTLY COMPLETED 7 OTHER _____ 2 NOT AT HOME 4 REFUSED 6 INCAPACITATED (SPECIFY)				
LANGUAGE IN INTERVIEW _____				
DAILY SPOKEN LANGUAGE _____				
USE INTERPRETER YES — 1 NO — 2				
NAME	SUPERVISOR	FIELD EDITOR	EDITOR	KEYED BY
_____	_____	_____	_____	_____
DATE	_____	_____	_____	_____

*) Cross out category not used

**) Circle appropriate code

PARENTAL/GUARDIAN CONSENT

(READ TO PARENTS OR GUARDIAN OF RESPONDENTS AGE 15-17)

In this survey, we are interviewing unmarried women and men between age 15 and 24 individually. We are interested in their knowledge, attitudes, and practice in reproductive health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information your children provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES 1

PARENT/GUARDIAN DOES NOT AGREE 2 → END

↓
SECTION 1

Signature of interviewer: _____

Date: _____

1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello.

My name is..... I am working with Badan Pusat Statistik. We are conducting a national survey of unmarried women and men between age 15 and 24. We are interested in your knowledge of, attitudes toward and practice in health care.

This information will be used to help the government in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your participation in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views.

At this time, do you want to ask me anything about the survey?
(GIVE CLEAR AND BRIEF RESPONSE)

During this interview, how should I address you?

(SPECIFY)

May I begin the interview now?

Signature of interviewer: _____

Date: 2007

RESPONDENT AGREES
TO BE INTERVIEWED

RESPONDENT DOES NOT
AGREE TO BE INTERVIEWED

1
↓

2 → END

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 109
105	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	
106	What is the highest (grade/year) you completed at that level? FIRST YEAR NOT COMPLETED = 0 COMPLETED = 7 DON'T KNOW = 8	GRADE <input type="text"/>	
107	Are you currently attending school?	YES 1 NO 2	→ 109

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
108	Why is it that you are not currently attending school any more?	GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES ... 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE ... 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER 96 (SPECIFY)	
109	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHIST 05 CONFUCIAN 06 OTHER 96	
110A	Have you done any work in the past week?	YES 1 NO 2	→ 201
110B	As you know, some people take up jobs for which they receive no payment, paid in cash or kind. Others sell things, work in a small business or work in the family farm or family business. Did you do any or these things or any other work for a minimum of one hour continuously in the past week?	YES 1 NO 2	→ 201
110C	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other reason?	YES 1 NO 2	

2. KNOWLEDGE AND EXPERIENCE ABOUT HUMAN REPRODUCTION SYSTEM

Now I want to ask you about changes from childhood to adolescence, the reproductive system, and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	<p>When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>DEVELOP MUSCLES A</p> <p>CHANGE IN VOICE B</p> <p>GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>WET DREAMS E</p> <p>GROWTH OF ADAM'S APPLE F</p> <p>HARDENING OF NIPPLES G</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
202	<p>When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>GROWTH OF PUBIC AND UNDERARM HAIR A</p> <p>GROWTH IN BREASTS B</p> <p>GROWTH IN HIPS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>MENSTRUATION E</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
202A	<p>CHECK 201 AND 202:</p> <p>NO CODE 'Z' CIRCLED OR CODE 'Z' CIRCLED IN ONE QUESTION ONLY <input type="checkbox"/></p> <p>CODE 'Z' CIRCLED IN BOTH 201 AND 202 <input type="checkbox"/></p>		204
203	<p>Where did you get the information about the physical changes from childhood to adolescence?</p> <p>Any other source?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	<p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>TELEVISION I</p> <p>RADIO J</p> <p>BOOK/MAGAZINE/NEWSPAPER K</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
204	<p>RESPONDENT :</p> <p>FEMALE <input type="checkbox"/></p> <p>MALE <input type="checkbox"/></p>		208A
205	How old were you when you had your first menstruation?	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	209
206	Before you menstruated, did anyone talk to you about menstruation?	<p>YES 1</p> <p>NO 2</p>	208

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
207	Who talked to you about menstruation? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY)	
208	The first time you menstruated, did you talk to anyone? Who did you talk to? Anybody else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY) NO ONE Z	→ 209
208A	How old were you when you had your first wet dream?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 209
208B	Before you had wet dreams, did anyone talk to you about wet dreams?	YES 1 NO 2	→ 209
208C	Who talked to you about wet dreams? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY)	
209	For women who have menstruated, from one menstrual period to the next, are there certain days when she is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 211
210	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
211	Can a woman become pregnant by having one sexual intercourse ?	YES 1 NO 2 DON'T KNOW 8	
211A	Do you know how to avoid pregnancy? If "YES": What is it? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	ABSTAIN FROM SEX A USE CONTRACEPTION METHOD ... B RHYTHM OR PERIODIC ABSTINENCE C WITHDRAWAL D HERBS E OTHER X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE '1' IN 212 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 OR 2 IF METHOD IS "RECOGNIZED", AND CODE 3 IF "NOT RECOGNIZED".</p>			
212	What family planning methods have you heard about? (Have you ever heard about:)		
	01. Female sterilization. Women can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	02. Male sterilization. Men can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	03. Pill Women can take a pill every day to avoid becoming pregnant.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	04. IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	05. Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one more months.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	06. Implants Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	07. Condom Men can put a rubber sheath on their penis before sexual intercourse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	08. Intravag/Diaphragm Women can place a thin flexible disk in their vagina before intercourse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	09. Lactational amenorrhea method (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	10. Rhythm or periodic abstinence Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	11. Withdrawal. Men can be careful and pull out before climax	YES, SPONTANEOUS 1 YES, PROBED 2	
	12. Emergency Contraception. As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3	
	13. Other methods. Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
212A	CHECK 212: AT LEAST ONE 'YES' <input type="checkbox"/> CODE "1" OR "2" <input type="checkbox"/> CIRCLED	NO CODE <input type="checkbox"/> "1" OR "2" CIRCLED	→ 220
213	Now I want to talk about family planning use in the future. Do you think you will use a family planning method some time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 216
214	What method would you like to use? POSSIBLE ANSWERS FOR MALE RESPONDENT: 02, 07, 10, 11, 96 OR 98. POSSIBLE ANSWERS FOR FEMALE RESPONDENT: 01, 03, 04, 05, 06, 08, 09, 10, 11, 12, 96, OR 98 DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACTATIONAL AMEN. METHOD 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 DON'T KNOW 98	→ 216 → 216
215	Where can you obtain this method? Any other place ? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H PRIVATE DOCTOR I PRIVATE NURSE/MIDWIFE J VILLAGE MIDWIFE K PHARMACY/DRUG STORE L OTHER M (SPECIFY) OTHER DELIVERY POST N HEALTH POST O FP POST P FRIENDS/ RELATIVES Q SHOP R OTHER S (SPECIFY) DON'T KNOW Z	
216	Do you want your partner to use a contraceptive method to delay or avoid pregnancy?	YES 1 NO 2 DON'T KNOW 8	
220	What service of family planning do you think should be made available to unmarried youth? Information: Information about reproductive health and family planning methods? Counseling: Consultation about how to use family planning methods? Contraceptive methods: Access to family planning methods?	YES NO INFORMATION 1 2 COUNSELLING 1 2 CONTRACEPTIVE METHODS.. 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
221	<p>I will now read you some statements about condom use. Please tell me if you agree or disagree with each.</p> <p>Condoms can be used to prevent pregnancy.</p> <p>A condom can protect against getting HIV/AIDS and other sexually transmitted diseases</p> <p>A condom can be reused?</p>	<p style="text-align: right;">DIS- DON'T AGREE AGREE KNOW</p> <p>PREVENT PREGNANCY . 1 2 8</p> <p>PREVENT HIV/AIDS AND STI 1 2 8</p> <p>CAN BE REUSED 1 2 8</p>	
222	<p>Now I want to talk about a disease called anemia. Have you ever heard of anemia?</p>	<p>YES 1</p> <p>NO 2</p>	→ 301
223	<p>What is anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LOW HEMOGLOBIN (Hb) A</p> <p>IRON DEFICIENCY B</p> <p>DEFICIT IN RED BLOOD CELLS C</p> <p>BLOOD DEFICIT D</p> <p>VITAMIN DEFICIENCY E</p> <p>LOW BLOOD PRESSURE F</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
224	<p>What do you think is the cause of anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A</p> <p>LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B</p> <p>BLEEDING C</p> <p>MENSTRUATION D</p> <p>MALNUTRITION E</p> <p>INFECTIOUS DISEASE F</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
225	<p>How is anemia treated?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>TAKE PILL TO INCREASE BLOOD A</p> <p>TAKE IRON TABLET B</p> <p>INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C</p> <p>INCREASE CONSUMPTION OF IRON-RICH VEGETABLES D</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>	

3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
301	At what age would you like to be married?	AGE IN YEARS <input type="text"/> <input type="text"/> NEVER 95 DON'T KNOW 98	
302	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
303	In your opinion, what is the best age for a man to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
303A	Do you think a couple who wants to get married needs to have a medical test	YES 1 NO 2 DON'T KNOW 8	→ 304
303B	What kind of medical test ? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL A BLOOD B URINE C OTHER X (SPECIFY) DON'T KNOW Z	
304	Who is going to choose the person you will marry : your parents, yourself, or together ?	PARENT 1 SELF 2 PARENT AND SELF 3	
305	If you could choose exactly the number of children to have in your whole life, how many children would that be?	NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 307
306	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it was boy or girl?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
307	Who do you think should decide on how many children a couple should have : the wife, the husband, or both?	WIFE 1 HUSBAND 2 BOTH 3 DON'TKNOW 8	
308	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																				
309	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98																																					
310	How long do you think a woman should wait after one birth before she has another birth?	MONTH 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998																																					
311	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, or have an abortion?	HAVE THE BABY AND KEEP IT 1 HAVE THE BABY AND GIVE IT AWAY . 2 HAVE AN ABORTION 3 UP TO HER 4 DON'T KNOW 8																																					
312	I'm going to read some statements about times when when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if: Her health is endangered by the pregnancy? Her life is endangered by the pregnancy? The fetus has physical deformity? The pregnancy has resulted from rape? She is unmarried? The couple can not afford to have a child? She is attending school?	<table> <tr> <th></th><th>DIS- AGREE</th><th>AGREE</th><th>DON'T KNOW</th></tr> <tr> <td>ENDANGER HER</td><td></td><td></td><td></td></tr> <tr> <td>HEALTH 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>ENDANGER LIFE... 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>FETUS DEFORMED 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>RAPED 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>UNMARRIED 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>CAN NOT AFFORD 1</td><td>2</td><td></td><td>8</td></tr> <tr> <td>ATTENDING SCHOOL 1</td><td>2</td><td></td><td>8</td></tr> </table>		DIS- AGREE	AGREE	DON'T KNOW	ENDANGER HER				HEALTH 1	2		8	ENDANGER LIFE... 1	2		8	FETUS DEFORMED 1	2		8	RAPED 1	2		8	UNMARRIED 1	2		8	CAN NOT AFFORD 1	2		8	ATTENDING SCHOOL 1	2		8	
	DIS- AGREE	AGREE	DON'T KNOW																																				
ENDANGER HER																																							
HEALTH 1	2		8																																				
ENDANGER LIFE... 1	2		8																																				
FETUS DEFORMED 1	2		8																																				
RAPED 1	2		8																																				
UNMARRIED 1	2		8																																				
CAN NOT AFFORD 1	2		8																																				
ATTENDING SCHOOL 1	2		8																																				

4. ROLE OF FAMILY, SCHOOL, COMMUNITY, AND MASS MEDIA

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health, which includes issues related to sexuality and sexually transmitted infections, such as HIV/AIDS; and use of illegal drugs and NAPZA (narcotics, alcohol, psychotropic drugs, and other addictive substances).

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
401	<p>We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with:</p> <p>Friend? Mother? Father? Siblings? Family? Teacher? Health service provider? Religious leader?</p>	<p>YES NO</p> <p>FRIENDS 1 2 MOTHER 1 2 FATHER 1 2 SIBLINGS 1 2 RELATIVES 1 2 TEACHER 1 2 HEALTH SERVICE PROVIDER 1 2 RELIGIOUS LEADER 1 2</p>	
402	<p>If you want to know more about reproductive health, who would you like to ask?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY) DON'T KNOW Z</p>	
403	<p>CHECK 104 HAVE ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/></p>		406
	<p>TOPIC</p>	<p>404. Have you ever been taught at school about (TOPIC)?</p>	<p>405. In what level of schooling were you when you first were taught at school about (TOPIC)?</p>
A.	How the human reproductive system works.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>
B.	Methods of birth control.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>
C.	HIV/AIDS.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>
D.	Other sexually transmitted infections.	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>
E.	NAPZA (narcotics, alcohol, psychotropic drugs and other addictive substances).	<p>YES 1 → NO 2 DON'T KNOW 8</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
406	Have you ever attended a community-sponsored meeting about reproductive health ?	YES 1 NO 2	→ 408
407	What kind of meeting did you attend? Any other? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	YOUTH GROUP A RELIOUS GATHERING B YOUTH FAMILY GUIDANCE/BKR) C NGO D GOVT. EXTENSION SERVICE E OTHER X (SPECIFY)	
408	Have you heard of a place for young adults to obtain information and counselling about young adult reproductive health?	YES 1 NO 2	→ 412
408A	What places have you heard about? (TULISKAN) Anywhere else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PIK-KRR A PKRR/PIKER B YOUTH CENTER C OTHER X DON'T REMEMBER/DON'T KNOW Z	
409	Do you know where this place is (any of these places are)?	YES 1 NO 2	→ 412
410	Have you ever visited this place (any of these places)?	YES 1 NO 2	→ 412
411	What services did you find there? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER X (SPECIFY) DON'T KNOW Z	
411A	Apart from services you mentioned before, what other services do you want to be available in that place (those places)? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER X (SPECIFY) DON'T KNOW Z	
412	Do you read a newspaper or magazine almost every day, at least once a week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 414
413	In the last 6 months did you read an article in a newspaper or magazine: About postponement of age at marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
414	Do you listen to the radio almost every day, at least once per week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 416
415	In the last 6 months did you hear on the radio: About postponement of age of marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	
416	Do you watch television almost every day, at least once per week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 501
417	In the last 6 months did you watch on television: About postponement of age of marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	

5. SMOKING, DRINKING AND DRUGS

Now I'd like to ask you some question about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
501	Have you ever tried to smoke a cigarette?	YES 1 NO 2	→ 505A
502	How old were when you smoked a cigarette for the first time?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
503	How old were you when you started smoking fairly regularly?	AGE IN YEARS <input type="text"/> <input type="text"/> NEVER SMOKED REGULARLY ... 95 DON'T KNOW 98	
504	Do you currently smoke cigarettes?	YES 1 NO 2	→ 505A
505	In the last 24 hours, how many cigarettes did you smoke? IF NOT CURRENTLY SMOKING, RECORD '00'	CIGARETTES <input type="text"/> <input type="text"/>	
505A	Have you ever asked/influenced a friend/someone to smoke?	YES 1 NO 2	
505B	Have you ever asked/influenced a friend/someone not to smoke?	YES 1 NO 2	
506	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→ 509A
507	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
508	In the last three months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> DID NOT DRINK 95	
509	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
509A	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES 1 NO 2	
509B	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES 1 NO 2	
510	There are drugs such as ganja, putau, shabu-shabu, and others drugs which can be used for fun or get high (LOCAL TERMS: fly, boat, fantasize, etc). Do you know someone who takes drugs?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
511	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES 1 NO 2	→ 519
512	How did you use the drug? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER X (SPECIFY)	
513	CHECK 512 : CODE 'C' NOT CIRCLED <input type="checkbox"/> CODE 'C' CIRCLED <input type="checkbox"/>		→ 515
514	Have you ever injected drugs which can make you LOCAL TERMS: fly, high, intoxicated, etc. ?	YES 1 NO 2	→ 519
515	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
516	Did you inject drugs in the last 12 months?	YES 1 NO 2	→ 518
517	How often did you inject the drugs?	EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE PER WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER 96 (SPECIFY)	
518	Have you ever shared needles?	YES 1 NO 2	
519	Have you ever asked/influenced a friend/someone to use drugs?	YES 1 NO 2	
520	Have you ever asked/influenced a friend/someone not to use drugs?	YES 1 NO 2	

6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
601	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 615
602	From which sources of information have you learned about HIV/ AIDS? Any thing else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J INTERNET K OTHER X (SPECIFY)	
605A	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
605B	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
605C	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
605D	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
605E	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
605F	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
605G	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
607	Can the virus that causes HIV/AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ 609
608	Can the virus that causes HIV/AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK PREGNANCY 1 2 8 DELIVERY 1 2 8 BREASTFEEDING ... 1 2 8	
609	How can you tell if a person is infected with the AIDS virus? Any thing else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES	PHYSICAL APPEARANCE A CHANGES IN BEHAVIOR..... B BY BLOOD TEST/VCT (VOLUNTARY COUNSELLING AND TESTING) ... C OTHER X (SPECIFY) DON'T KNOW Z	
610	Do you know about voluntary HIV test preceded by counselling (VCT: Voluntary Counselling and Testing)?	YES 1 NO 2	→ 612
611	Do you know where you can get consultation and HIV/AIDS test or VCT? Any other place? MAKE SOME PROBING TO GET THE PLACE NAME IF UNABLE TO DETERMINE WHETHER A HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF PLACE	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B PUBLIC CLINIC C SPECIFIC CLINIC VCT D OTHER E (SPECIFY) PRIVATE MEDICAL SECTOR: HOSPITAL F PUBLIC CLINIC G SPECIFIC VCT CLINIC H PRIVATE DOCTOR I PRIVATE NURSE/MIDWIFE J OTHER K (SPECIFY) OTHER X (SPECIFY)	
612	Do you know personally someone who has the virus that causes AIDS or someone who died of HIV/AIDS?	YES 1 NO 2	
612A	Would you buy fresh vegetables from someone who sell it or a farmer if you know he/she was infected by HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
613	If a member of your family got infected with the virus that causes HIV/AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
614	If a relative of yours became sick with the virus that causes HIV/AIDS, would you be willing to care for her or him in your own household ?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
614A	In your opinion, if female teacher had AIDS, should she be allowed to continue teaching in the school?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
615	Apart from HIV/AIDS, have you heard other infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 619

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
616	<p>What other infections have you heard about?</p> <p>Any other?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p> SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA C CHANROID D CLAMYDIA E CANDIDA F GENITAL HERPES G OTHER X (SPECIFY) </p>	
617	<p>From which sources of information have you learned about sexually transmitted diseases (STDs)?</p> <p>Anywhere else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p> RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J INTERNET K OTHER X (SPECIFY) </p>	
618	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p> ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z </p>	
618A	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p> ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z </p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
619	<p>In the past 12 months, have you experienced any of the following:</p> <p>FOUL SMELLING DISCHARGE?</p> <p>GENITAL SORES/ULCERS</p>	<p>YES NO DK</p> <p>FOUL SMELLING DISCHARGE 1 2 8</p> <p>SORES/ULCERS 1 2 8</p>	
619A	<p>CHECK 619:</p> <p>AT LEAST ONE CODE '1' CIRCLED <input type="checkbox"/></p> <p>NO CODE '1' CIRCLED <input type="checkbox"/></p>		701
620	<p>Where did you get advice or treatment?</p> <p>Any other else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>NO MEDICAL TREATMENT A</p> <p>SELF TREATMENT B</p> <p>PIK-KRR C</p> <p>DRUG STORE D</p> <p>HOSPITAL/CLINIC E</p> <p>TRADITIONAL PRACTITIONER F</p> <p>FRIEDNS/RELATIVES G</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

7. DATING AND SEXUAL BEHAVIOUR

Now I want to ask questions about sexual activity. We are interested in finding out whether people your age are sexually active. Your responses will be treated confidentially and will only be used for scientific research.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	Did you ever have a boy/girlfriend one word?	YES 1 NO 2	→ 705
702	How old were you when you first had a boy/girlfriend one word?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
703	Do you currently have a boy/girlfriend one word?	YES 1 NO 2	
704	When you are alone with your (current/last) boy/girlfriend, one word, to show your love or just because you are curious, have you ever done any of the following: Held hands? Kissed lips? Touched (or being touched) or aroused (being aroused) on your sensitive body parts such as genitals, breast, thigh, etc.?	YES NO HOLDING HANDS 1 2 LIP KISSING 1 2 PETTING 1 2	
	IF THE RESPONDENT IS UNCOMFORTABLE WITH THE QUESTIONS, TELL HIM/HER THAT YOU KNOW THE QUESTIONS ARE SENSITIVE BUT IT IS IMPORTANT TO GET ACCURATE INFORMATION. ASSURE THE RESPONDENT AGAIN THAT THE INFORMATION WILL BE CONFIDENTIAL.		
705	Have you ever had sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	→ 715
706	What is your reason for having sexual intercourse the first time? IF THERE ARE MORE THAN ONE REASONS, CIRCLE CODE FOR THE MAIN REASON.	JUST HAPPENED 01 CURIOUS/ANXIOUS TO KNOW 02 FORCED BY PARTNER 03 NEED MONEY FOR LIFE/SCHOOL 04 WISH TO MARRY 05 INFLUENCED BY FRIENDS 06 OTHER 96 (SPECIFY) DON'T REMEMBER 98	
707	Where did you have sexual intercourse the first time? DO NOT READ OUT RESPONSES	OWN HOUSE 01 PARTNER'S HOUSE 02 HOTEL/MOTEL 03 BOARDING HOUSE 04 PROSTITUTES PLACE 05 VEHICLE 06 OTHER 96 (SPECIFY) DON'T REMEMBER 98	
708	How old were you when you first had sexual intercourse?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
709	What is your relationship to the person you had sex with the first time? DO NOT READ OUT RESPONSES.	FRIEND 01 BOY/GIRLFRIEND 02 SIBLING 03 RELATIVE 04 FATHER 05 MOTHER 06 PROSTITUTE 07 OTHER 96 (SPECIFY)	
710	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	→ 715

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																
711	What did you or your partner use? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CONDOM A PILL B DIAPHRAGM/INTRAVAG C WITHDRAWAL D OTHER _____ X (SPECIFY)																																	
712	When was the <u>last</u> time you had sexual intercourse?	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
713	The last time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	→ 715																																
714	What did you or your partner use? Any other method? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES	CONDOM A PILL B DIAPHRAGM/INTRAVAG C WITHDRAWAL D PERIODIC ABSTINENCE E OTHER _____ X (SPECIFY)	→ 717																																
715	Do you have any friends who have had sex before marriage?	YES 1 NO 2 DON'T KNOW 8	→ 717																																
716	Because your friends have had sex, are you motivated to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8																																	
717	Do you approve or disapprove if:	<table border="0" style="width: 100%;"> <tr> <td></td><td style="text-align: center;">YES</td><td style="text-align: center;">NO</td><td style="text-align: center;">DE- PENDS</td></tr> <tr> <td>- If a man has many partners/girlfriends at the same time?</td><td></td><td></td><td></td></tr> <tr> <td>- If a woman has many partners/boy at the same time?</td><td></td><td></td><td></td></tr> </table> A BOY HAS MANY GIRLFRIENDS ... 1 2 8 A GIRL HAS MANY BOYFRIENDS 1 2 8		YES	NO	DE- PENDS	- If a man has many partners/girlfriends at the same time?				- If a woman has many partners/boy at the same time?																								
	YES	NO	DE- PENDS																																
- If a man has many partners/girlfriends at the same time?																																			
- If a woman has many partners/boy at the same time?																																			
718	Do you approve if a woman has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8																																	
719	Do you approve if a man has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8																																	
720	Do you approve if someone has sexual intercourse before marriage if:	<table border="0" style="width: 100%;"> <tr> <td></td><td style="text-align: center;">DIS- APPROVE</td><td style="text-align: center;">APPROVE</td></tr> <tr> <td>They both like to have sex.</td><td></td><td></td></tr> <tr> <td>They love each other.</td><td></td><td></td></tr> <tr> <td>They plan to get married</td><td></td><td></td></tr> <tr> <td>The women is an adult and knows the consequences</td><td></td><td></td></tr> <tr> <td>They want to show their love</td><td></td><td></td></tr> </table> LIKE SEX 1 2 LOVE EACH OTHER ... 1 2 PLAN TO MARRY 1 2 WOMEN KNOWS CONSEQUENCES ... 1 2 SHOW LOVE 1 2		DIS- APPROVE	APPROVE	They both like to have sex.			They love each other.			They plan to get married			The women is an adult and knows the consequences			They want to show their love																	
	DIS- APPROVE	APPROVE																																	
They both like to have sex.																																			
They love each other.																																			
They plan to get married																																			
The women is an adult and knows the consequences																																			
They want to show their love																																			
721	Do you agree very much, agree or disagree of the opinion that women should maintain virginity before marriage?	AGREE VERY MUCH 1 AGREE 2 DISAGREE 8																																	
722	Do you think men still value their partner's virginity generally?	YES 1 NO 2 DON'T KNOW 8																																	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
723	CHECK 705: NO/ <input type="checkbox"/> DON'T KNOW	YES <input type="checkbox"/>	725
724	If you have never had sexual intercourse, do you intend to have sexual intercourse soon?	YES 1 NO 2 DEPENDS 8	
725	Have you ever advised/influenced a friend/someone to have sexual intercourse?	YES 1 NO 2	
726	Have you ever advised/influenced a friend/someone not to have sexual intercourse?	YES 1 NO 2 DEPENDS 8	
727	CHECK 705: YES <input type="checkbox"/> NO/ <input type="checkbox"/> DON'T KNOW		734
728	Sometimes a woman becomes pregnant when she doesn't want to be. RESPONDENT IS FEMALE: In the past, have you ever become pregnant when you did not want to be? RESPONDENT IS MALE : In the past, have you ever had a sex partner who become pregnant when you did not want her to be?	YES 1 NO 2	734
729	How many times did you/your partner become pregnant when you did not want to be?	ONCE 1 SEVERAL TIMES 2	
730	CHECK 729: <input type="checkbox"/> ONCE <input type="checkbox"/> SEVERAL TIMES When you had the unwanted pregnancy, what did you do? When you had an unwanted pregnancy, what did you do about it?	CONTINUED THE PREGNANCY 1 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 2 ABORTED THE PREGNANCY 3 HAD A MISCARRIAGE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	732A 734
732	What did you do with the baby?	KEEP THE BABY 1 BABY CARED BY OTHER PEOPLE ... 2 OTHER 6 (SPECIFY) DON'T KNOW 8	
732A	CHECK 730: CODE '2' <input type="checkbox"/> 733A CODE '3' <input type="checkbox"/> 733 OTHER CODES <input type="checkbox"/>		734
733	Who helped you in stopping/aborting the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT ... C PHARMACIST D FRIEND/RELATIVES E NO ONE F OTHER X (SPECIFY) DON'T KNOW Z	733A
733A	Who helped you when you attempted to stop the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT ... C PHARMACIST D FRIEND/RELATIVES E NO ONE F OTHER X (SPECIFY) DON'T KNOW Z	
734	Has any young unmarried adult you personally know ever aborted a pregnancy?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
735	Have you ever advised/influenced a friend/someone to abort a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
736	Have you ever advised/influenced a friend/someone not to abort a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
737	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

