

APPENDIX D

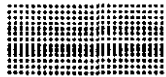
QUESTIONNAIRES

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD SCHEDULE

CONFIDENTIAL

JORDAN
DEPARTMENT OF STATISTICS

IDENTIFICATION	
1. GOVERNORATE.....	
2. DISTRICT.....	
3. LOCALITY.....	
4. STRATUM NUMBER.....	
5. ULTIMATE AREA BLOCK.....	
6. CLUSTER NUMBER.....	
7. HOUSEHOLD NUMBER.....	

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
INTERVIEWER'S NAME				DAY	<input type="text"/> <input type="text"/>
				MONTH	<input type="text"/> <input type="text"/>
				YEAR	<input type="text"/> <input type="text"/>
DATE				INT. CODE	<input type="text"/> <input type="text"/>
RESULT***				RESULT	<input type="text"/>
SUPERVISOR				TOTAL NUMBER OF VISITS	<input type="text"/>
***RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD <input type="text"/> <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/>	

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

TICK HERE IF CONTINUATION SHEET USED ☐

HOUSEHOLD SCHEDULE

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP BETWEEN HH MEMBERS	RESIDENCE		SEX	AGE	ORPHANHOOD	
			Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old is he/she? (in completed years)	Is his/her father still alive?	Is his/her mother still alive?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			YES NO	YES NO	M F	IN YEARS	YES NO DK	YES NO DK
01			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
02			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
03			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
04			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
05			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
06			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
07			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
08			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
09			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
10			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
11			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
12			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
13			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8
14			1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2 8

Just to make sure that I have a complete listing:

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

YES ☐ → ENTER EACH IN TABLE
NO ☐
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES ☐ → ENTER EACH IN TABLE
NO ☐
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐ → ENTER EACH IN TABLE
NO ☐

NO.	EDUCATION FOR PERSONS 5 YEARS +				MARITAL STATUS	WIDOWHOOD	POLYGAMY	ECONOMIC ACTIVITY	INSURANCE COVERAGE	ELIGI- BILITY	
	Has (NAME) ever been to school?	Is (NAME) still in school? What is the highest level of school he/she attended? What is the highest grade he/she completed at that level?			FOR PERSONS 13 YEARS + What is his/ her marital status? Single.....1 Married.....2 Divorced.....3 Widowed.....4	FOR PERSONS EVER- MARRIED Is his/ her first spouse alive?	FOR ALL MARRIED MEN How many wives does (NAME) have?	FOR PERSONS 13 YEARS AND OVER What did he/ she do during the previous week?	RECORD SUM OF CODE(S) None.....0 MOH.....1 RMS.....2 Private...4 UNRWA....8	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVI- DUAL INTER- VIEW (20)	
(1)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)

	YES NO NO 1 2 3			GRADE	LEVEL	GRADE	LEVEL		YES NO DK 1 2 8						
	1	2	3						1	2	8				
01															01
02															02
03															03
04															04
05															05
06															06
07															07
08															08
09															09
10															10
11															11
12															12
13															13
14															14

NUMBER OF BIRTHS IN THE HOUSEHOLD DURING THE PAST 12 MONTHS	FAMILY TYPE (Coded in DOS)	During the last 12 months, have any of the usual members of this household died? IF NO→29					If the deceased was an ever-married woman aged 15-49, what is the cause of death?
		NO.	SEX	AGE AT DEATH	MARITAL STATUS PERSONS 13+	DATE OF DEATH	
		23	24	25	26	27	
			M F			MONTH YEAR	
21	22	1.	1 2			
		2.	1 2			
		3.	1 2			
		4.	1 2			

SPECIAL INFORMATION: PERSONS 13+

NO.	UNEMPLOYED PERSONS		EMPLOYED PERSONS	COUNTRY OF WORK	
	Did you turn down a job offered to you when you were unemployed?	Why did you refuse? Low salary...1 Far away....2 Work unsuitable..4 Other.....8	How are you paid? Monthly salary..1 Daily.....2 Self employed...4 Other.....8	Was (NAME) employed outside Jordan until this summer? If "yes", where? (NAME OF COUNTRY)	
(29)	(30)	(31)	(32)	(33)	
01	YES NO 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2	<input type="checkbox"/>
02	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
03	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
04	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
05	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
06	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
07	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
08	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
09	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
10	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
11	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
12	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
13	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>
14	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>

**DEMOGRAPHIC AND HEALTH SURVEYS
INDIVIDUAL QUESTIONNAIRE**

CONFIDENTIAL

JORDAN
DEPARTMENT OF STATISTICS

IDENTIFICATION	
1. GOVERNORATE.....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
2. DISTRICT.....	
3. LOCALITY.....	
4. STRATUM NUMBER.....	
5. ULTIMATE AREA BLOCK.....	
6. CLUSTER NUMBER.....	
7. HOUSEHOLD NUMBER.....	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
INTERVIEWER'S NAME DATE RESULT***	<div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	DAY MONTH YEAR INT'R CODE RESULT <div style="display: flex; flex-direction: column; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
SUPERVISOR	<div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px;"></div>		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 20px; float: right; margin-top: 5px;"></div>
***RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ (SPECIFY)				

LINE NUMBER OF ELIGIBLE WOMAN

SERIAL NUMBER OF EL. WMN.

NAME DATE	FIELD EDITED BY <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	OFFICE EDITED BY <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	KEYED BY <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
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TICK HERE IF CONTINUATION SHEET USED

SECTION 1. RESPONDENT'S BACKGROUND AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, where did you live?	CITY.....1 TOWN.....2 VILLAGE.....3	
103	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
105	Have you ever attended school?	YES.....1 NO.....2	109
106	What is the highest level of schooling you attended?	PRIMARY.....1 PREPARATORY.....2 SECONDARY.....3 INSTITUTE.....4 UNIVERSITY.....5 HIGHER STUDIES.....6	
107	What is the highest grade you completed?	GRADE.....	
108	CHECK 106: PRIMARY OR LESS <input type="checkbox"/> v	PREPARATORY OR HIGHER <input type="checkbox"/>	110
109	Can you read and understand any written material easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	111
110	Do you read a newspaper or magazine?	RARELY.....1 SOMETIMES.....2 FREQUENTLY.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	Do you usually listen to the radio?	RARELY.....1 SOMETIMES.....2 FREQUENTLY.....3	
112	Do you usually watch television?	RARELY.....1 SOMETIMES.....2 FREQUENTLY.....3	
113	What is the main source of water your household uses?	PIPED INTO RESIDENCE.....1 PIPED INTO YARD OR PLOT.....2 PUBLIC TAP.....3 RIVER, SPRING, DAM.....4 TANKER TRUCK.....5 WELL.....6 OTHER.....7 (SPECIFY)	
114	What kind of toilet facility does your household have?	PRIVATE SEPTIC LATRINE.....1 SHARED SEPTIC LATRINE.....2 OTHER.....3 (SPECIFY) NO FACILITIES.....4	
115	What type of sewage system do you have in your house?	PUBLIC NETWORK.....1 DUG HOLE.....2 OTHER.....3 (SPECIFY) NO SEWAGE.....4	
116	How many rooms in your house are used for sleeping?	ROOMS.....	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
117	BUILDING TYPE (RECORD OBSERVATION.)	CUTSTONE.....1 CUTSTONE+CONCRETE.....2 CONCRETE.....3 BRICK.....4 MUDBRICK.....5 ZINC/METAL.....6 OTHER.....7 (SPECIFY)	
118	Does your house have:	YES NO	
	Electricity?	ELECTRICITY.....1	2
	A radio?	RADIO.....1	2
	A television?	TELEVISION.....1	2
	A refrigerator?	REFRIGERATOR.....1	2
	A video?	VIDEO.....1	2
	A telephone?	TELEPHONE.....1	2
	An air conditioner?	AIR CONDITIONER.....1	2
119	Does any member of your household own:	YES NO	
	CIRCLE ALL APPLICABLE RESPONSES	BICYCLE.....1	2
		MOTORCYCLE.....1	2
		PRIVATE CAR.....1	2
		COMMERCIAL CAR.....1	2
		PICKUP.....1	2
		OTHER MODE OF TRANSPORT....1	2
120	What is your religion?	ISLAM.....1 CHRISTIAN.....2 OTHER.....3 (SPECIFY)	

SECTION 2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Are you now married, divorced separated or widowed?	MARRIED.....1 DIVORCED.....2 WIDOWED.....3 SEPARATED.....4	
202	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	
203	In what month and year did you and your (first) husband begin living together (consummate your marriage)?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
204	At what age did you and your first husband begin to live together (consummate your marriage)?	AGE..... <input type="text"/> <input type="text"/>	
205	What is (was) the type of relationship between you and your (first) husband?	FIRST COUSIN FROM FATHER'S SIDE.....1 FIRST COUSIN FROM MOTHER'S SIDE.....2 SECOND COUSIN.....3 OTHER RELATION.....4 NO RELATION.....5	
206	<p>DETERMINE MONTHS MARRIED SINCE JANUARY 1985. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER "0" FOR EACH MONTH NOT MARRIED SINCE JANUARY 1985.</p> <p>FOR DIVORCED/WIDOWED/SEPARATED WOMEN OR WOMEN MARRIED MORE THAN ONCE: PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION.</p>		
207	<p>CHECK 201:</p> <p>CURRENTLY MARRIED/SEPARATED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/> → 301</p>		
208	Does your husband usually live with you in this household?	YES.....1 NO.....2 → 211	
209	In the last month were you and your husband living together all of the time, or were you apart some of the time, or apart all of the time?	TOGETHER ALL THE TIME.....1 → 301 APART SOME OF THE TIME.....2 APART ALL OF THE TIME.....3 → 211	
210	How many days was he away in the last month?	DAYS..... <input type="text"/> <input type="text"/> → 301	
211	Did he ever come to visit you in the last month?	YES.....1 NO.....2	

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	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	304
302	Do you have any sons or daughters to whom you have given birth who are now living with you? How many sons live with you? And how many daughters live with you?	YES.....1 NO.....2 SONS AT HOME..... DAUGHTERS AT HOME..... IF NONE ENTER '00'.	303
303	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? How many sons are alive but do not live with you? And how many daughters are alive but do not live with you?	YES.....1 NO.....2 SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... IF NONE ENTER '00'.	304
304	Have you ever given birth to a boy or a girl who was born alive but later died? IF "NO", PROBE: Any (other) baby who cried or showed any sign of life but only survived a few hours or days? In all, how many boys have died? And how many girls have died?	YES.....1 NO.....2 BOYS DEAD..... GIRLS DEAD..... IF NONE ENTER '00'.	305
305	SUM ANSWERS TO 302, 303, AND 304, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL..... IF NONE ENTER '00'.	
306	CHECK 305: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 301-306		
307	CHECK 305: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		322

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

(RECORD NAMES OF ALL THE BIRTHS IN 309. RECORD TWINS ON SEPARATE LINES).

309	310	311	312	313	314	315	316	317
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH	IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

01 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
02 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
03 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
04 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
05 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
06 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>

309	310	311	312	313	314	315	316	317
What name was given to your next baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH	IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

07 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 317	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3
08 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 317	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3
09 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 317	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3
10 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 317	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3
11 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 317	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3
12 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 317	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3

309	310	311	312	313	314	315	316	317
What name was given to your next baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH	IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

13 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)→ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
14 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)→ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
15 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 317	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)→ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>

318	COMPARE 305 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <div><div></div><div></div></div> ↓ NUMBERS ARE DIFFERENT <div><div></div><div></div></div> → (PROBE AND RECONCILE) CHECK: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED FOR AGE AT DEATH LESS THAN 2 YEARS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS
-----	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
319	CHECK 312 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1985. IF NONE, ENTER 0 AND GO TO 321.		<input type="text"/>
320	FOR EACH BIRTH SINCE JANUARY 1985 ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS.		
321	AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1985, IF APPLICABLE.		
322	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	325
323	How many months pregnant are you? ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT	MONTHS..... <input type="text"/>	
324	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 NOT AT ALL.....2 LATER.....3	
325	Have you ever had a pregnancy that did not end as a live birth; either miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	331
326	When did the last such pregnancy occurred?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
327	CHECK 326: DATE LAST PREGNANCY ENDED SINCE JANUARY 1985 <input type="text"/>	BEFORE JANUARY 1985 <input type="text"/>	331
328	How many months pregnant were you when the pregnancy ended? ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <input type="text"/>	
329	Did you ever have any other such pregnancies?	YES.....1 NO.....2	331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
330	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES. ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.										
331	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....994 NEVER MENSTRUATED.....995 IN MENOPAUSE.....996	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
332	Between the first day of a woman's period and the first day of her <u>next</u> period, when do you think she has the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) DK.....8									

SECTION 4: CONTRACEPTION

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

CIRCLE CODE 1 IN 402 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 402, ASK 403-404 BEFORE PROCEEDING TO THE NEXT METHOD.

	402 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	403 Have you ever used (METHOD)?	404 Do you know where a person could go to get (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] FOAM/JELLY/SPONGE/DIAPHRAGM Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2

	402 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	403 Have you ever used (METHOD)?	404 Do you know where a person could go to get (METHOD)?
06] FEMALE STERILIZATION/TUBAL LIGATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your husband ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
08] PERIODIC ABSTINENCE/RHYTHM Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
09] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10] PROLONGED BREASTFEEDING AS A METHOD OF CONTRACEPTION Women can breastfeed for longer period to avoid getting pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11] ANY OTHER METHODS?	YES/SPONT.....1 NO.....3	YES.....1 NO.....2	
1 _____ (SPECIFY)		YES.....1 NO.....2	
2 _____ (SPECIFY)		YES.....1 NO.....2	
3 _____ (SPECIFY)		YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
405	CHECK 403: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 408P	
406	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	408
407	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH → 441		
408	What have you used or done? CORRECT 403-405.		
408P	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 PROLONGED BREASTFEEDING.....10 OTHER.....11 (SPECIFY)	410
409	Where did you go to get this method the first time?	GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER.....08 (SPECIFY) DK.....98	
410	How many living children did you have at that time, if any? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
411	CHECK 322: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→433
412	CHECK 403: WOMAN/HUSBAND NOT STERILIZED <input type="checkbox"/>	WOMAN/HUSBAND STERILIZED <input type="checkbox"/>	→414P
FOR MARRIED/SEPARATED WOMEN CHECK 201:			
413	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2 NOT CURRENTLY MARRIED.....3	→433
414	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 PROLONGED BREASTFEEDING.....10 OTHER.....11 (SPECIFY)	→421 →425 →423 →428
414P	CIRCLE '06' FOR FEMALE STERILIZATION OR '07' FOR MALE STERILIZATION.		
415	At the time you first started using the pill, did you consult a doctor or a nurse ?	YES.....1 NO.....2 DK.....8	
416	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
417	May I see the package of pills you are using now? (RECORD NAME OF BRAND.)	PACKAGE SEEN.....1 BRAND NAME <input type="text"/> <input type="text"/> PACKAGE NOT SEEN.....2	→419

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
418	Do you know the brand name of the pills you are now using? (RECORD NAME OF BRAND.)	BRAND NAME <input type="text"/> <input type="text"/> DK.....98	
419	How much does one packet (cycle) of pills cost you?	COST..... JD <input type="text"/> <input type="text"/> FREE.....996 DK.....998	
420	If you miss taking a pill one day, how many pills do you take the next day?	ONE.....1 TWO.....2 OTHER.....3 (SPECIFY)	→425
421	Did you get the IUD at the place where you had it inserted or did you get it somewhere else?	YES, SAME PLACE.....1 NO, SOMEWHERE ELSE.....2	
422	How much did it cost to have the IUD inserted?	COST IUD JD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Insertion..... JD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Total..... JD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	→425
423	In what month and year was the sterilization operation performed to you or your husband?	DATE MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	
424	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO DATE OF OPERATION OR TO JANUARY 1985 IF OPERATION OCCURRED BEFORE 1985		→425P

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
425	Where did you obtain (METHOD) the last time? _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER.....08 _____ (SPECIFY) DK.....98	→428
425P	Where did the sterilization take place? _____ (NAME OF PLACE)		
426	How long does it take to travel from your home to this place?	MINUTES.....1 HOURS.....2 DK.....998	
427	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
428	What is the main reason you decided to use (CURRENT METHOD FROM 414) rather than some other method of family planning?	RECOMMENDATION OF FAMILY PLANNING WORKER.....01 RECOMMENDATION OF DOCTOR/NURSE.....02 RECOMMENDATION OF FRIEND/RELATIVE.....03 SIDE EFFECTS OF OTHER METHODS..04 CONVENIENT TO USE.....05 ACCESS/AVAILABILITY.....06 COST.....07 WANTED PERMANENT METHOD.....08 HUSBAND PREFERRED.....09 WANTED MORE EFFECTIVE METHOD...10 OTHER.....11 _____ (SPECIFY) DK.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
429	Are you having any problems in using (CURRENT METHOD)?	YES.....1 NO.....2	431
430	What is the main problem?	HUSBAND DISAPPROVES.....01 SIDE EFFECTS.....02 HEALTH CONCERNS.....03 ACCESS/AVAILABILITY.....04 COST.....05 INCONVENIENT TO USE.....06 STERILIZED, WANTS CHILDREN.....07 OTHER.....08 (SPECIFY) DK.....98	
431	CHECK 414 AND 423: NEITHER STERILIZED <input type="checkbox"/>	STERILIZED BEFORE JANUARY 1985 <input type="checkbox"/> STERILIZED SINCE JANUARY 1985 <input type="checkbox"/>	449 433
432	ENTER METHOD CODE FROM 414 IN CURRENT MONTH IN COL.1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?		
433	I would like to ask some questions about all of the (other) periods in the last few years during which you or your husband used a method to avoid getting pregnant. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1985. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. IN EACH MONTH, ENTER CODE FOR METHOD OR "0" FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT OR BECAUSE OF OTHER REASONS. IF SHE GETS PREGNANT AFTER STOPPING, ASK HOW MANY MONTHS AFTER STOPPING DID SHE BECAME PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then? COLUMN 2: -Why did you stop using the (METHOD)? -Did you become pregnant while using (METHOD), or did you stop to get pregnant?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
434	CHECK CALENDAR: METHOD USED IN MONTH OF JANUARY 1985 <input type="checkbox"/> ↓	NO METHOD USED IN MONTH OF JANUARY 1985 <input type="checkbox"/>	436
435	I see that you were using (METHOD) in January 1985. When did you start using (METHOD) that time? (THIS DATE SHOULD NOT PRECEDE SIX MONTHS BEFORE THE DATE OF BIRTH OF ANY CHILD BORN BEFORE JANUARY 1985).	MONTH..... YEAR.....	440
436	I see that you were not using any method of contraception in January 1985. Did you ever use a method before that?	YES.....1 NO.....2	440
437	CHECK 312: HAD BIRTH BEFORE JANUARY 1985 <input type="checkbox"/> ↓	NO BIRTH BEFORE JANUARY 1985 <input type="checkbox"/>	439
438	Did you use a method between the birth of (NAME OF LAST CHILD BORN BEFORE JANUARY 1985) and January 1985?	YES.....1 NO.....2	440
439	When did you stop using a method the last time prior to January 1985?	MONTH..... YEAR.....	
440	CHECK 413 AND 414: NOT CURRENTLY USING A METHOD <input type="checkbox"/> ↓	CURRENTLY USING A METHOD <input type="checkbox"/>	449
441	CHECK 201 FOR CURRENTLY MARRIED AND SEPARATED WOMAN: Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES, NEXT YEAR.....1 YES, AFTER NEXT YEAR.....2 NO.....3 WIDOWED/DIVORCED.....4 DK.....8	443 445

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
442	<p>What is the main reason you do not intend to use a method?</p> <p>RECORD VERBATIM</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>WANTS CHILDREN.....01</p> <p>LACK OF KNOWLEDGE.....02</p> <p>HUSBAND OPPOSED.....03</p> <p>COST TOO MUCH.....04</p> <p>SIDE EFFECTS.....05</p> <p>HEALTH CONCERNS.....06</p> <p>ACCESS/AVAILABILITY.....07</p> <p>RELIGION.....08</p> <p>OPPOSED TO FAMILY PLANNING.....09</p> <p>FATALISTIC.....10</p> <p>OTHER PEOPLE OPPOSED.....11</p> <p>INFREQUENT SEX.....12</p> <p>DIFFICULT TO GET PREGNANT.....13</p> <p>MENOPAUSAL/HAD HYSTERECTOMY.....14</p> <p>INCONVENIENT TO USE.....15</p> <p>OTHER.....16</p> <p>(SPECIFY)</p> <p>DK.....98</p>	<p>→445</p>
443	<p>When you use a method, which method would you prefer to use?</p>	<p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>DIAPHRAGM/FOAM/JELLY.....04</p> <p>CONDOM.....05</p> <p>FEMALE STERILIZATION.....06</p> <p>MALE STERILIZATION.....07</p> <p>PERIODIC ABSTINENCE.....08</p> <p>WITHDRAWAL.....09</p> <p>PROLONGED BREASTFEEDING.....10</p> <p>OTHER.....11</p> <p>(SPECIFY)</p> <p>DK.....98</p>	<p>→445</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
444	Where can you get (METHOD MENTIONED IN 443)? _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER.....08 (SPECIFY) DK.....98	→446 →449				
445	Do you know of a place where you can obtain a method of family planning? IF "YES": _____ (NAME OF PLACE)	YES.....1 NO.....2 GOVERNMENT HOSPITAL.....01 MCH/HEALTH CENTER.....02 FP ASSOCIATION CLINIC.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL.....05 PHARMACY.....06 FRIENDS/RELATIVES.....07 OTHER.....08 (SPECIFY)	→449 →449				
446	How long does it take to travel from your home to this place?	MINUTES.....1 HOURS.....2 DK.....998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
447	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2					
448	Was there anything you may dislike about the services you (your husband) would receive from that place? IF "YES": What is it? RECORD MAIN PROBLEM. _____	TOO EXPENSIVE.....1 WAIT TOO LONG.....2 STAFF DISCOURTEOUS.....3 MALE STAFF.....4 DESIRED METHOD UNAVAILABLE.....5 OTHER.....6 (SPECIFY) NO COMPLAINTS.....7					
449	Is it acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8					

SECTION 5. BREASTFEEDING AND HEALTH

501 CHECK 319 :

ONE OR MORE LIVE BIRTHS
SINCE JANUARY 1985

☐

NO LIVE BIRTHS
SINCE JANUARY 1985

☐

(SKIP TO 545)

502 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1985 IN THE TABLE.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS,
USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of children you had in the past five years.
(We will talk about one child at a time.)

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
SURVIVAL STATUS FROM Q. 313	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> THEN.....1 (SKIP TO 505).....1 LATER.....2 NO MORE.....3 (SKIP TO 505).....3	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> THEN.....1 (SKIP TO 505).....1 LATER.....2 NO MORE.....3 (SKIP TO 505).....3	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> THEN.....1 (SKIP TO 505).....1 LATER.....2 NO MORE.....3 (SKIP TO 505).....3
503 At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no more</u> children at all?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998
504 How much longer would you like to have waited?	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY).....1 NO ONE.....1 (SKIP TO 511).....1	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY).....1 NO ONE.....1 (SKIP TO 511).....1	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY).....1 NO ONE.....1 (SKIP TO 511).....1
505 When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES, Whom did you see? Anyone else?	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)
506 Where did you see this person the first time?	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)	PUBLIC HEALTH CENTER.....1 MCH CENTER.....2 GOVT. HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)

	BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
	LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
507	Why did you chose to go there?	LESS COSTLY.....1 CONVENIENT.....2 BETTER RELATIONSHIP WITH SERVICE PROVIDER.....3 TECHNICAL COMPETENCE.....4 OTHER.....5 (SPECIFY)	LESS COSTLY.....1 CONVENIENT.....2 BETTER RELATIONSHIP WITH SERVICE PROVIDER.....3 TECHNICAL COMPETENCE.....4 OTHER.....5 (SPECIFY)	LESS COSTLY.....1 CONVENIENT.....2 BETTER RELATIONSHIP WITH SERVICE PROVIDER.....3 TECHNICAL COMPETENCE.....4 OTHER.....5 (SPECIFY)
508	Was the visit a regular check-up, because of illness related to the pregnancy, or because of illness unrelated to the pregnancy?	REGULAR CHECKUP.....1 ILLNESS RELATED TO THE PREGNANCY.....2 ILLNESS UNRELATED TO THE PREGNANCY.....3	REGULAR CHECKUP.....1 ILLNESS RELATED TO THE PREGNANCY.....2 ILLNESS UNRELATED TO THE PREGNANCY.....3	REGULAR CHECKUP.....1 ILLNESS RELATED TO THE PREGNANCY.....2 ILLNESS UNRELATED TO THE PREGNANCY.....3
509	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
510	How many antenatal visits did you have during that pregnancy?	TIMES..... <input type="text"/> DK.....98	TIMES..... <input type="text"/> DK.....98	TIMES..... <input type="text"/> DK.....98
511	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus?	YES.....1 NO.....2 (SKIP TO 513) DK.....8	YES.....1 NO.....2 (SKIP TO 513) DK.....8	YES.....1 NO.....2 (SKIP TO 513) DK.....8
512	How many times did you get this injection?	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8
513	Where did you give birth to (NAME)?	HOME.....1 GOVERNMENT HOSPITAL.....2 PRIVATE HOSPITAL.....3 OTHER.....4	HOME.....1 GOVERNMENT HOSPITAL.....2 PRIVATE HOSPITAL.....3 OTHER.....4	HOME.....1 GOVERNMENT HOSPITAL.....2 PRIVATE HOSPITAL.....3 OTHER.....4

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
514 Who assisted with the delivery of (NAME)? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	A. DOCTOR.....1 B. NURSE/MIDWIFE.....1 C. TRADITIONAL BIRTH ATTENDANT.....1 D. RELATIVE.....1 E. OTHER.....1 (SPECIFY)..... F. NO ONE.....1	A. DOCTOR.....1 B. NURSE/MIDWIFE.....1 C. TRADITIONAL BIRTH ATTENDANT.....1 D. RELATIVE.....1 E. OTHER.....1 (SPECIFY)..... F. NO ONE.....1	A. DOCTOR.....1 B. NURSE/MIDWIFE.....1 C. TRADITIONAL BIRTH ATTENDANT.....1 D. RELATIVE.....1 E. OTHER.....1 (SPECIFY)..... F. NO ONE.....1
515 What was the duration of the pregnancy?	LESS THAN 7 MONTHS.....1 7 MOS. TO LESS THAN 9 MONTHS.....2 9 MONTHS+.....3 DK.....8	LESS THAN 7 MONTHS.....1 7 MOS. TO LESS THAN 9 MONTHS.....2 9 MONTHS+.....3 DK.....8	LESS THAN 7 MONTHS.....1 7 MOS. TO LESS THAN 9 MONTHS.....2 9 MONTHS+.....3 DK.....8
516 Was (NAME) delivered normally or by caesarian section?	NORMALLY.....1 CAESARIAN SECTION.....2	NORMALLY.....1 CAESARIAN SECTION.....2	NORMALLY.....1 CAESARIAN SECTION.....2
517 How much did (NAME) weigh?	GRAMS..... <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> DK.....9998
518 When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
519 During the six-week period (i.e., Nifaz period) following the birth of (NAME) did you see anyone for a check on your health? IF YES, Whom did you see? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 NO ONE.....1 (SKIP TO 521)←	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 NO ONE.....1 (SKIP TO 523)←	DOCTOR.....1 NURSE/MIDWIFE.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 NO ONE.....1 (SKIP TO 523)←

	BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
	LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
520	Where did you see this person the first time?	PUBLIC HEALTH CENTER.....1 MCH.....2 GOVERNMENT HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY)	PUBLIC HEALTH CENTER.....1 MCH.....2 GOVERNMENT HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY) (SKIP TO 523)	PUBLIC HEALTH CENTER.....1 MCH.....2 GOVERNMENT HOSPITAL.....3 PRIVATE HOSPITAL.....4 GP CLINIC.....5 SPECIALIST CLINIC.....6 OTHER.....7 (SPECIFY) (SKIP TO 523)
521	Has your period returned since the birth of (NAME)?	YES1 (SKIP TO 523)← NO.....2		
522	ENTER "X" IN COL.3 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY) (SKIP TO 524)			
523	How many months after the birth of (NAME) did your period return?	ENTER "X" IN COL.3 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.3 IN MONTH AFTER BIRTH.		
524	IF NOT PREGNANT: Have you resumed sexual relations since the birth of (NAME)? (IF PREGNANT, CIRCLE '1')	YES (OR PREGNANT).....1 (SKIP TO 526)← NO.....2		
525	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (SKIP TO 527)			
526	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "0" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH.		

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
527 Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 529)← NO.....2	YES.....1 (SKIP TO 537)← NO.....2	YES.....1 (SKIP TO 537)← NO.....2
528 Why did you not breastfeed (NAME)? ENTER "N" IN COLUMN 5 OF CALENDAR IN THE MONTH AFTER BIRTH	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM...4 NO MILK.....5 WORKING.....6 MOTHER DOES NOT KNOW HOW TO BREASTFEED.....7 OTHER.....8 (SPECIFY) RECORD VERBATIM (SKIP TO 539)	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM...4 NO MILK.....5 WORKING.....6 MOTHER DOES NOT KNOW HOW TO BREASTFEED.....7 OTHER.....8 (SPECIFY) RECORD VERBATIM (SKIP TO 539)	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM...4 NO MILK.....5 WORKING.....6 MOTHER DOES NOT KNOW HOW TO BREASTFEED.....7 OTHER.....8 (SPECIFY) RECORD VERBATIM (SKIP TO 539)
529 How long after birth did you first put (NAME) to the breast?	IMMEDIATELY.....000 HOURS.....1 DAYS.....2		
530 Do you know that colostrum is important for the baby?	YES.....1 NO.....2		
531 IF STILL ALIVE: Are you still breastfeeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 NO.....2 (SKIP TO 537)←		
532 ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH			
533 How many times did you breastfeed last night between sunset and sunrise, and yesterday during the daylight hours?	NUMBER OF DAYLIGHT FEEDINGS.. <input type="text"/> NUMBER OF NIGHTTIME FEEDINGS.. <input type="text"/> TOTAL IN 24 HOURS..... <input type="text"/>		

BIRTH ORDER		LAST BIRTH		NEXT-TO-LAST-BIRTH		SECOND-FROM-LAST-BIRTH																																		
LINE NUMBER FROM Q. 309		<input type="text"/>		<input type="text"/>		<input type="text"/>																																		
NAME FROM Q. 309		NAME _____		NAME _____		NAME _____																																		
534	Do you breastfeed (NAME) whenever he/she wants or according to a fixed schedule?	DEMAND.....1 SCHEDULE.....2 BOTH.....3																																						
535	At any time yesterday or last night was (NAME) given any of the following?:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Plain water?</td> <td>PLAIN WATER.....1</td> <td>2</td> </tr> <tr> <td>Sugar water?</td> <td>SUGAR WATER.....1</td> <td>2</td> </tr> <tr> <td>Juice?</td> <td>JUICE.....1</td> <td>2</td> </tr> <tr> <td>Herbal tea?</td> <td>HERBAL TEA.....1</td> <td>2</td> </tr> <tr> <td>Yansoon (Dill)?</td> <td>YANSOON (DILL).....1</td> <td>2</td> </tr> <tr> <td>Baby formula?</td> <td>BABY FORMULA.....1</td> <td>2</td> </tr> <tr> <td>Fresh milk?</td> <td>FRESH MILK.....1</td> <td>2</td> </tr> <tr> <td>Tinned or powdered milk?</td> <td>TINNED/POWDERED MILK.1</td> <td>2</td> </tr> <tr> <td>Other liquids?</td> <td>OTHER LIQUIDS.....1</td> <td>2</td> </tr> <tr> <td>Any solid or mushy food?</td> <td>SOLID/MUSHY FOOD.....1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	Plain water?	PLAIN WATER.....1	2	Sugar water?	SUGAR WATER.....1	2	Juice?	JUICE.....1	2	Herbal tea?	HERBAL TEA.....1	2	Yansoon (Dill)?	YANSOON (DILL).....1	2	Baby formula?	BABY FORMULA.....1	2	Fresh milk?	FRESH MILK.....1	2	Tinned or powdered milk?	TINNED/POWDERED MILK.1	2	Other liquids?	OTHER LIQUIDS.....1	2	Any solid or mushy food?	SOLID/MUSHY FOOD.....1	2				
	YES	NO																																						
Plain water?	PLAIN WATER.....1	2																																						
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Any solid or mushy food?	SOLID/MUSHY FOOD.....1	2																																						
536	CHECK 535 : FOOD OR LIQUID GIVEN YESTERDAY?	<table border="0"> <tr> <td>YES TO ONE OR MORE <input type="checkbox"/></td> <td>NO TO ALL <input type="checkbox"/></td> </tr> <tr> <td>↓</td> <td>↓</td> </tr> <tr> <td>(SKIP TO 541)</td> <td>(SKIP TO 540)</td> </tr> </table>		YES TO ONE OR MORE <input type="checkbox"/>	NO TO ALL <input type="checkbox"/>	↓	↓	(SKIP TO 541)	(SKIP TO 540)																															
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↓	↓																																							
(SKIP TO 541)	(SKIP TO 540)																																							
537	For how many months did you breastfeed (NAME)?	<input type="text"/>		<input type="text"/>		<input type="text"/>																																		
		FOR EACH BIRTH RECORD THE NUMBER OF MONTHS BREASTFED IN THE BOXES ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. IF BREASTFED LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.																																						
538	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE PROBLEM.....04 NO MILK/NOT SUFFICIENT..05 WORKING OUTSIDE HOME....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)		MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE PROBLEM.....04 NO MILK/NOT SUFFICIENT..05 WORKING OUTSIDE HOME....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)		MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE PROBLEM.....04 NO MILK/NOT SUFFICIENT..05 WORKING OUTSIDE HOME....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)																																		

	BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
	LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
	NAME FROM Q. 309	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
539	CHECK 313: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 541)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 541)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 541)
540	Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 544)	YES.....1 NO.....2 (SKIP TO 544)	YES.....1 NO.....2 (SKIP TO 544)
541	How many months old was (NAME) when you started giving the following on a regular basis as part of the daily diet: Formula or milk other than breastmilk? Water or other liquids? Any solid or mushy food? IF LESS THAN ONE MONTH, RECORD '00'.	<u>FORMULA OR MILK:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>WATER/LIQUIDS:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>SOLID/MUSHY FOOD:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96	<u>FORMULA OR MILK:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>WATER/LIQUIDS:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>SOLID/MUSHY FOOD:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 (SKIP TO 544)	<u>FORMULA OR MILK:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>WATER/LIQUIDS:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 <u>SOLID/MUSHY FOOD:</u> AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 (SKIP TO 544)
542	CHECK 313: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 544)		
543	Did (NAME) drink anything from a bottle with a nipple yesterday?	YES.....1 NO.....2 DK.....8		
544	GO BACK TO 503 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 545.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
545	CHECK 312: ANY BIRTH IN 1982, 1983, OR 1984? <div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="text-align: center; margin-top: 5px;"> ↓ NAME OF LAST BIRTH PRIOR TO 1985: _____ (NAME) </div>		550
546	Did you ever feed (NAME) at the breast?	YES.....1 NO.....2	548
547	How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	
548	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> NOT RETURNED.....96	
549	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> NOT RESUMED.....96	
550	CHECK 501: <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE LIVE BIRTHS SINCE JANUARY 1985</div> <div><input type="checkbox"/></div> <div>NO LIVE BIRTHS SINCE JANUARY 1985</div> <div><input type="checkbox"/></div> </div> <div style="text-align: center; margin-top: 5px;"> ↓ </div>		701

SECTION 6. IMMUNIZATION, MORBIDITY AND CHILD MORTALITY

BIRTH ORDER		LAST BIRTH		NEXT-TO-LAST-BIRTH		SECOND-FROM-LAST-BIRTH																																																																																																																													
LINE NUMBER FROM Q. 309																																																																																																																																			
NAME		NAME		NAME		NAME																																																																																																																													
601 Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?		YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 603) ← NO CARD.....3		YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 603) ← NO CARD.....3		YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 603) ← NO CARD.....3																																																																																																																													
602 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN ALL COLUMNS IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE RECORDED.		<table border="1"> <thead> <tr> <th></th> <th>YEAR</th> <th>MO</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>PB</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>DB</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table> (SKIP TO 605)			YEAR	MO	DAY	BCG				P1				P2				P3				PB				D1				D2				D3				DB				MEA				<table border="1"> <thead> <tr> <th></th> <th>YEAR</th> <th>MO</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>PB</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>DB</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table> (SKIP TO 605)			YEAR	MO	DAY	P1				P2				P3				PB				D1				D2				D3				DB				MEA				<table border="1"> <thead> <tr> <th></th> <th>YEAR</th> <th>MO</th> <th>DAY</th> </tr> </thead> <tbody> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>PB</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>DB</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table> (SKIP TO 605)			YEAR	MO	DAY	P1				P2				P3				PB				D1				D2				D3				DB				MEA			
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603 Has (NAME) received any vaccinations?		YES.....1 NO.....2 (SKIP TO 605) ← DK.....8		YES.....1 NO.....2 (SKIP TO 605) ← DK.....8		YES.....1 NO.....2 (SKIP TO 605) ← DK.....8																																																																																																																													

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	NAME	NAME	NAME
604 Please tell me if (NAME) (has) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar? Polio vaccine, that is, drops in the mouth? IF YES: How many times? DPT vaccination against diphthery, pertusis and tetanus, that is an injection in the arm? IF YES: How many times? An injection against measles?	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8
605 CHECK 313: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 607)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 607)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 607)
606 GO BACK TO 601 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 624.			

BIRTH ORDER		LAST BIRTH		NEXT-TO-LAST-BIRTH		SECOND-FROM-LAST-BIRTH	
LINE NUMBER FROM Q. 309		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
NAME		NAME		NAME		NAME	
607	Has (NAME) been ill with any illness at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 609)←	YES.....1 NO.....2 (SKIP TO 609)←	YES.....1 NO.....2 (SKIP TO 609)←	YES.....1 NO.....2 (SKIP TO 609)←	YES.....1 NO.....2 (SKIP TO 609)←	YES.....1 NO.....2 (SKIP TO 609)←
608	What is (are) the illness(es)? IF NO OTHER ILLNESSES ENTER "00"	1..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98	1..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98	1..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98	1..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98	1..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98	1..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 3..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98
609	During the past two weeks, did (NAME) have one or more of the following symptoms?	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1	FEVER.....1 RASH.....1 COUGH.....1 RED/TEARY EYES.....1 WHOOPING COUGH.....1 RED HAIR.....1 SWOLLEN FACE AND FEET...1 VOMITTING.....1 EMACIATED/VERY THIN.....1 DIFFICULT AND RAPID BREATHING.....1 CONVULSIONS.....1 RED URINE.....1 YELLOW EYES.....1 DIFFICULTY IN SWALLOWING.....1 BLOOD IN STOOLS.....1

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	□ □	□ □	□ □

NAME	NAME	NAME	NAME

610 CHECK 608 AND 609: ANY ILLNESS/SYMPTOM?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 613) ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 613) ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 613) ↓
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611 Did you seek advice or treatment for the illnesses?	YES.....1 NO.....2 (SKIP TO 613) ←	YES.....1 NO.....2 (SKIP TO 613) ←	YES.....1 NO.....2 (SKIP TO 613) ←
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612 From whom did you seek advice or treatment? (CIRCLE EACH MENTIONED)	<table style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>GOVT. HOSPITAL.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PRIVATE HOSPITAL....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MCH.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PHC.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GP CLINIC.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SPECIALIST CLINIC....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PHARMACY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>HOME.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </table>		Y	N	GOVT. HOSPITAL.....	1	2	PRIVATE HOSPITAL....	1	2	MCH.....	1	2	PHC.....	1	2	GP CLINIC.....	1	2	SPECIALIST CLINIC....	1	2	PHARMACY.....	1	2	HOME.....	1	2	OTHER.....	1	2	(SPECIFY)			<table style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>GOVT. HOSPITAL.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PRIVATE HOSPITAL....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MCH.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PHC.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GP CLINIC.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SPECIALIST CLINIC....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PHARMACY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>HOME.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </table>		Y	N	GOVT. HOSPITAL.....	1	2	PRIVATE HOSPITAL....	1	2	MCH.....	1	2	PHC.....	1	2	GP CLINIC.....	1	2	SPECIALIST CLINIC....	1	2	PHARMACY.....	1	2	HOME.....	1	2	OTHER.....	1	2	(SPECIFY)			<table style="width: 100%; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>GOVT. HOSPITAL.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PRIVATE HOSPITAL....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MCH.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PHC.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GP CLINIC.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SPECIALIST CLINIC....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PHARMACY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>HOME.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </table>		Y	N	GOVT. HOSPITAL.....	1	2	PRIVATE HOSPITAL....	1	2	MCH.....	1	2	PHC.....	1	2	GP CLINIC.....	1	2	SPECIALIST CLINIC....	1	2	PHARMACY.....	1	2	HOME.....	1	2	OTHER.....	1	2	(SPECIFY)		
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613 Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 615) ← NO.....2 DK.....8	YES.....1 (SKIP TO 618) ← NO.....2 DK.....8	YES.....1 (SKIP TO 618) ← NO.....2 DK.....8
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614 GO BACK TO 601 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, SKIP TO 624.

BIRTH ORDER		LAST BIRTH		NEXT-TO-LAST-BIRTH		SECOND-FROM-LAST-BIRTH	
LINE NUMBER FROM Q. 309		<input type="text"/>		<input type="text"/>		<input type="text"/>	
NAME		NAME		NAME		NAME	
615	CHECK 531: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 618)					
616	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 618)					
617	Did you <u>increase</u> the number of feeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3					
618	Was (NAME) given any of the following: CIRCLE ALL APPLICABLE CODES.	A. ANTIBIOTICS.....1 B. ORS.....1 C. READY MADE HERBAL TEA.1 D. YANSOON.....1 E. TEA.....1 F. SUGAR WATER.....1 G. MERAMYA.....1 H. BABUNIJ.....1 I. RICE WATER.....1 J. OTHER.....1 (SPECIFY)		A. ANTIBIOTICS.....1 B. ORS.....1 C. READY MADE HERBAL TEA.1 D. YANSOON.....1 E. TEA.....1 F. SUGAR WATER.....1 G. MERAMYA.....1 H. BABUNIJ.....1 I. RICE WATER.....1 J. OTHER.....1 (SPECIFY)		A. ANTIBIOTICS.....1 B. ORS.....1 C. READY MADE HERBAL TEA.1 D. YANSOON.....1 E. TEA.....1 F. SUGAR WATER.....1 G. MERAMYA.....1 H. BABUNIJ.....1 I. RICE WATER.....1 J. OTHER.....1 (SPECIFY)	
619	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 622)		YES.....1 NO.....2 (SKIP TO 622)		YES.....1 NO.....2 (SKIP TO 622)	

BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	[] []	[] []	[] []
NAME	NAME _____	NAME _____	NAME _____
620 After how long did you start seeking advice?	HOURS.....1 [] [] DAYS.....2 [] []	HOURS.....1 [] [] DAYS.....2 [] []	HOURS.....1 [] [] DAYS.....2 [] []
621 From whom did you seek advice or treatment? CIRCLE EACH MENTIONED.	GOVT. HOSPITAL.....1 PRIVATE HOSPITAL.....1 MCH.....1 PHC.....1 GP CLINIC.....1 SPECIALIST CLINIC.....1 PHARMACY.....1 FRIENDS/RELATIVES.....1 OTHER.....1 (SPECIFY)	GOVT. HOSPITAL.....1 PRIVATE HOSPITAL.....1 MCH.....1 PHC.....1 GP CLINIC.....1 SPECIALIST CLINIC.....1 PHARMACY.....1 FRIENDS/RELATIVES.....1 OTHER.....1 (SPECIFY)	GOVT. HOSPITAL.....1 PRIVATE HOSPITAL.....1 MCH.....1 PHC.....1 GP CLINIC.....1 SPECIALIST CLINIC.....1 PHARMACY.....1 FRIENDS/RELATIVES.....1 OTHER.....1 (SPECIFY)
622 GO BACK TO 601 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 623.			
623 CHECK 618: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ORS SOLUTION MENTIONED FOR ANY CHILD IN 618 (ITEM #2 ON THE LIST) <input type="checkbox"/> </div> <div style="width: 45%; text-align: right;"> ORS SOLUTION NOT MENTIONED OR 618 NOT ASKED <input type="checkbox"/> ↓ </div> </div>			
624 Have you ever heard of a special product called (AQUA CELL OR PARALAIT) you can get for the treatment of diarrhea?	YES.....1 → 626 NO.....2		
625 Have you ever seen a packet like this before? (SHOW PACKET)	YES.....1 NO.....2 → 628		
626 Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else?	YES.....1 NO.....2 → 628		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
627	Where did you get information to prepare the home made fluid made from sugar, salt and water given to (NAME)? CIRCLE ALL PERSONS MENTIONED.	GOVT. HOSPITAL.....1 PRIVATE HOSPITAL.....1 MCH.....1 PHC.....1 GP CLINIC.....1 SPECIALIST CLINIC.....1 PHARMACY.....1 FRIENDS/RELATIVES.....1 OTHER.....1 (SPECIFY)	
628	CHECK 618: HOME-MADE SOLUTION MENTIONED <input type="checkbox"/>	HOME-MADE SOLUTION NOT MENTIONED <input type="checkbox"/>	630
629	Who taught you to prepare this fluid? CIRCLE ALL PERSONS MENTIONED.	DOCTOR.....1 NURSE/MIDWIFE.....1 PHARMACY.....1 TRADITIONAL BIRTH ATTENDANT.....1 FRIENDS/RELATIVES.....1 OTHER.....1 (SPECIFY)	
630	RECORD THE TIME.	HOURS..... MINUTES.....	

631	CHECK 309, 313 AND 319: ONE OR MORE CHILDREN DIED AMONG BIRTHS THAT OCCURRED SINCE JANUARY 1985	NO CHILD DIED AMONG BIRTHS THAT OCCURRED SINCE JANUARY 1985	<input type="checkbox"/> → (SKIP TO 701)
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BIRTH ORDER	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST-BIRTH
LINE NUMBER FROM Q. 309	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
NAME	NAME	NAME	NAME

SURVIVAL STATUS FROM Q. 313	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> → (SKIP TO 637)
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632 Now I would like to ask you some questions concerning your deceased child(ren) among those born to you in the last five years.

633 Was the death of (NAME) caused by an accident or by a disease? IF ACCIDENT: Was it an accident such as falling or burning, or a birth injury/ problem?	ACCIDENT.....1 BIRTH INJURY.....2 (SKIP TO 635)← DISEASE.....3	ACCIDENT.....1 BIRTH INJURY.....2 (SKIP TO 635)← DISEASE.....3	ACCIDENT.....1 BIRTH INJURY.....2 (SKIP TO 635)← DISEASE.....3
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634 What kind of accident?	FALL.....1 DROWNING.....2 TRAFFIC ACCIDENT.....3 BURNS.....4 POISONING.....5 OTHER.....6 (SPECIFY) DK.....8 (SKIP TO 632 FOR NEXT BIRTH)	FALL.....1 DROWNING.....2 TRAFFIC ACCIDENT.....3 BURNS.....4 POISONING.....5 OTHER.....6 (SPECIFY) DK.....8 (SKIP TO 632 FOR NEXT BIRTH)	FALL.....1 DROWNING.....2 TRAFFIC ACCIDENT.....3 BURNS.....4 POISONING.....5 OTHER.....6 (SPECIFY) DK.....8 (SKIP TO 637)
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LINE NUMBER FROM Q. 309	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME FROM Q. 309	LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____

635 What was the disease(s) that caused the death of (NAME)? RECORD THE NAME(S) OF THE DISEASES GIVEN BY THE RESPONDENT.	DISEASE(S): _____ _____ _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	DISEASE(S): _____ _____ _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	DISEASE(S): _____ _____ _____ <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
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636 During the illness leading to the death of (NAME), did he/she have one or more of the following symptoms? a. Unable to suck milk or did not suck normally after birth? b. Unable to open mouth to cry? c. Fever? d. Rash? e. Cough? f. Red, teary eyes? g. Prolonged cough followed by vomiting? h. Whooping cough? i. Red hair? j. Swollen face and feet? k. Emaciated/very thin? l. Three or more stools per day? m. Difficult and rapid breathing? n. Convulsions?	YES NO UNABLE TO SUCK.....1 2 UNABLE TO CRY.....1 2 FEVER.....1 2 RASH.....1 2 COUGH.....1 2 RED, TEARY EYES.....1 2 PROLONGED COUGH FOLLOWED BY VOMITTING.....1 2 WHOOPING COUGH.....1 2 RED HAIR.....1 2 SWOLLEN FACE & FEET..1 2 EMACIATED.....1 2 THREE OR MORE STOOLS PER DAY.....1 2 DIFFICULT AND RAPID BREATHING.....1 2 CONVULSIONS.....1 2	YES NO UNABLE TO SUCK.....1 2 UNABLE TO CRY.....1 2 FEVER.....1 2 RASH.....1 2 COUGH.....1 2 RED, TEARY EYES.....1 2 WHOOPING COUGH.....1 2 PROLONGED COUGH FOLLOWED BY VOMITTING.....1 2 WHOOPING COUGH.....1 2 RED HAIR.....1 2 SWOLLEN FACE & FEET..1 2 EMACIATED.....1 2 THREE OR MORE STOOLS PER DAY.....1 2 DIFFICULT AND RAPID BREATHING.....1 2 CONVULSIONS.....1 2	YES NO UNABLE TO SUCK.....1 2 UNABLE TO CRY.....1 2 FEVER.....1 2 RASH.....1 2 COUGH.....1 2 RED, TEARY EYES.....1 2 WHOOPING COUGH.....1 2 PROLONGED COUGH FOLLOWED BY VOMITTING.....1 2 WHOOPING COUGH.....1 2 RED HAIR.....1 2 SWOLLEN FACE & FEET..1 2 EMACIATED.....1 2 THREE OR MORE STOOLS PER DAY.....1 2 DIFFICULT AND RAPID BREATHING.....1 2 CONVULSIONS.....1 2
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637 RECORD THE TIME.	HOURS..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
	MINUTES..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 414P: NEITHER STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/>	706
702	CHECK 201: CURRENTLY MARRIED/ SEPARATED <input type="checkbox"/>	NOT CURRENTLY MARRIED <input type="checkbox"/>	711
703	Now I have some questions about the future. CHECK 322 AND MARK BOX: NOT PREGNANT OR UNSURE <input type="checkbox"/> Would you like to have a (another) child? PREGNANT <input type="checkbox"/> After the child you are expecting, would you like to have another child?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	709
704	CHECK 322 AND MARK BOX: NOT PREGNANT OR UNSURE <input type="checkbox"/> How long would you like to wait from now before the birth of a (another) child? PREGNANT <input type="checkbox"/> How long would you like to wait after the birth of the child you are expecting before the birth of another child?	DURATION MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER.....996 (SPECIFY) DK.....998	709
705	CHECK 313: IF NO LIVING CHILDREN, CIRCLE '96' How old would you like your youngest child to be before having another child?	WAITING PERIOD MONTHS..... NO LIVING CHILDREN.....96 DK.....98	709
706	Do you regret that you (your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	708

38

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
707	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 HUSBAND WANTS ANOTHER CHILD.....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	711
708	Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have a sterilization?	YES.....1 NO.....2	711
709	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2	
710	Do you think your husband wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
711	CHECK 313 AND MARK BOX: NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? HAS 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?	BOYS..... <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/> TOTAL..... <input type="text"/> <input type="text"/> AS MANY AS POSSIBLE.....94 DEPENDS ON GOD.....95 OTHER ANSWER.....96 (SPECIFY)	

39

SECTION 8. HUSBAND'S BACKGROUND, RESIDENCE AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Did your (last) husband ever attend school? IF "NO": Can he read and write?	YES.....1 NO, LITERATE.....2 NO, ILLITERATE.....3	→804
802	What was the highest level of schooling your husband attended?	PRIMARY.....1 PREPARATORY.....2 SECONDARY.....3 INSTITUTE.....4 UNIVERSITY.....5 HIGHER STUDIES.....6 DK.....8	
803	What was the highest grade your husband completed?	GRADE..... <input type="text"/> DK.....8	
804	What kind of work does (did) your (last) husband mainly do?	<div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 10px;"></div>	
805	CHECK 804: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> ↓ DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		→807
806	Does (did) your husband/partner work mainly on his own land or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	
807	Have you lived in only one or in more than one community since January 1985?	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	→809
808	ENTER (IN COL.7 OF CALENDAR) THE APPROPRIATE CODE FOR CURRENT COMMUNITY BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1985		→810

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
809	<p>In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)?</p> <p>ENTER (IN COL.7 OF CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ("1" CITY, "2" TOWN, AND "3" VILLAGE). CONTINUE PROBING FOR PREVIOUS COMMUNITIES SINCE JANUARY 1985 AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY.</p> <p>ILLUSTRATIVE QUESTIONS</p> <ul style="list-style-type: none"> - Where did you live before.....? - In what month and year did you arrive there? - Is that place in a city, a town, or in a village? 		
810	<p>REFER TO PLACE OF RESIDENCE IN JANUARY 1985:</p> <p>When did you move to this/that place?</p>	<p>LIVED THERE SINCE BIRTH.....96</p> <p>MONTH..... <input type="text"/> <input type="text"/></p> <p>DK MONTH.....98</p> <p>YEAR..... <input type="text"/> <input type="text"/></p> <p>DK YEAR.....98</p>	812
811	<p>Was the place you moved from a city, a town, or a village?</p>	<p>CITY.....1</p> <p>TOWN.....2</p> <p>VILLAGE.....3</p>	
812	<p>I would like to ask you some questions about working.</p> <p>Are you now doing any work other than housekeeping, inside and outside the house, for cash or kind?</p>	<p>YES.....1</p> <p>NO.....2</p>	815
813	<p>Have you ever worked since January 1985?</p>	<p>YES.....1</p> <p>NO.....2</p>	815
814	<p>ENTER "0" IN COLUMN 8 OF CALENDAR IN EACH MONTH FROM JANUARY 1985 TO CURRENT MONTH.</p>		
815	<p>What is (was) your (most recent) occupation?</p> <p>That is, what kind of work do (did) you do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
816	USE CALENDAR TO PROBE FOR ALL PERIODS OF WORK, STARTING WITH CURRENT OR MOST RECENT WORK, BACK TO JANUARY 1985. ILLUSTRATIVE QUESTIONS - When did this job begin (and when did it end)? - What did you do before that? - How long did you work at that time? - Were you paid for this work? - Did you work at home or away from home?		
817	CHECK COLUMN 8 OF CALENDAR: <div style="display: flex; justify-content: space-around;"> <div> WORKED IN JANUARY 1985 <input type="checkbox"/> </div> <div> DID NOT WORK IN JANUARY 1985 <input type="checkbox"/> </div> </div>		819
818	I see that you were working in January 1985. When did you start that job?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	821
819	I see that you were not working in January 1985. Did you ever work prior to January 1985?	YES.....1 NO.....2	821
820	When did your last job prior to 1985 end?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
821	CHECK 312/313/315: HAS CHILD BORN SINCE JANUARY 1985 AND LIVING AT HOME? <div style="display: flex; justify-content: space-around;"> <div> YES <input type="checkbox"/> ↓ </div> <div> NO <input type="checkbox"/> </div> </div>		825
822	CHECK 812: CURRENTLY WORKING? <div style="display: flex; justify-content: space-around;"> <div> YES <input type="checkbox"/> ↓ </div> <div> NO <input type="checkbox"/> </div> </div>		825
823	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	825

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
824	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER.....09 (SPECIFY)									
825	RECORD THE TIME.	HOURS..... <table border="1" data-bbox="1257 493 1332 541"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1" data-bbox="1257 541 1332 590"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

SECTION 9. WEIGHT AND LENGTH

901	CHECK 319:	
	ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1985	NO LIVING CHILDREN BORN SINCE JANUARY 1985
	<input type="checkbox"/>	<input type="checkbox"/> → END

INTERVIEWER: IN 902-904, RECORD THE LINE NUMBERS, NAMES, AND BIRTH DATES OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1985 STARTING WITH THE YOUNGEST CHILD. RECORD WEIGHT AND LENGTH IN 905 AND 906.

	1 YOUNGEST LIVING CHILD	2 NEXT-TO-YOUNGEST LIVING CHILD	3 SECOND-TO-YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.309	<input type="text"/>	<input type="text"/>	<input type="text"/>
903 NAME FROM Q.309	(NAME) <input type="text"/>	(NAME) <input type="text"/>	(NAME) <input type="text"/>
904 DATE OF BIRTH FROM Q.312 AND ASK FOR DAY	DAY..... MONTH.... YEAR..... <input type="text"/>	DAY..... MONTH.... YEAR..... <input type="text"/>	DAY..... MONTH.... YEAR..... <input type="text"/>
905 WEIGHT (in kg.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
906 LENGTH (in cm.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
907 METHOD OF MEASURE- MENT	STANDING.....1 LYING.....2	STANDING.....1 LYING.....2	STANDING.....1 LYING.....2

44A

	1 YOUNGEST LIVING CHILD	2 NEXT-TO- YOUNGEST LIVING CHILD	3 SECOND-TO- YOUNGEST LIVING CHILD
908			
A. Arm fat (in mm.)	FAT <input type="text"/> <input type="text"/>	FAT <input type="text"/> <input type="text"/>	FAT <input type="text"/> <input type="text"/>
B. Arm cir- cumference (in cm.)	ARM <input type="text"/> <input type="text"/>	ARM <input type="text"/> <input type="text"/>	ARM <input type="text"/> <input type="text"/>
C. Head cir- cumference (in cm.)	HEAD <input type="text"/> <input type="text"/>	HEAD <input type="text"/> <input type="text"/>	HEAD <input type="text"/> <input type="text"/>
909			
DATE	DAY..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/>
CHILD	MONTH.... <input type="text"/> <input type="text"/>	MONTH.... <input type="text"/> <input type="text"/>	MONTH.... <input type="text"/> <input type="text"/>
WEIGHED	YEAR..... <input type="text"/> <input type="text"/>	YEAR..... <input type="text"/> <input type="text"/>	YEAR..... <input type="text"/> <input type="text"/>
AND			
MEASURED			
910			
RESULT	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)
911			
NAME OF MEASURER: _____	<input type="text"/> <input type="text"/>	NAME OF ASSISTANT: _____	<input type="text"/> <input type="text"/>

44B

SERVICE AVAILABILITY QUESTIONNAIRE

CONFIDENTIAL

JORDAN

DEPARTMENT OF STATISTICS

IDENTIFICATION	
1. GOVERNORATE.....	
2. DISTRICT.....	
3. LOCALITY.....	
4. STRATUM NUMBER.....	
5. ULTIMATE AREA BLOCK.....	
6. CLUSTER NUMBER.....	

CLUSTER VISIT START DATE _____

DAY

MONTH

--	--

--	--

CLUSTER VISIT END DATE _____

DAY

MONTH

--	--

--	--

INTERVIEWER NAME _____

CODE

--	--

SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
-----	-----------	-------------------	---------

QUESTIONS 101 TO 103 ARE TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.

101	TYPE OF LOCALITY* (in which cluster is found/nearest to cluster)	AMMAN/IRBID/ZARQA.....1 OTHER URBAN.....2 RURAL.....3	} → 104
102	What is the name of the nearest urban center?	_____ <input type="text"/> <input type="text"/>	
103	How far is it in kilometers to the nearest urban center?	KILOMETER TO THE NEAREST URBAN CENTER..... <input type="text"/> <input type="text"/>	

THE REMAINING QUESTIONS IN SECTIONS ONE AND TWO ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.

104	What is the major economic activity of the (LOCALITY) inhabitants? (CIRCLE ONE)	AGRICULTURE.....1 TRADING/MARKETING.....2 MANUFACTURING.....3 MINING/QUARRYING.....4 SERVICES.....5 OTHER.....6	
105	Are there organized social groups (for example, cooperatives)?	YES.....1 NO.....2	→ 107
106	What are their programs? (CIRCLE ALL APPLICABLE)	COOPERATIVES.....01 SOCIAL.....02 CULTURAL.....04 RELIGIOUS.....08 VOCATIONAL TRAINING.....16 OTHER.....32	

SECTION 1B. AVAILABILITY OF PUBLIC SERVICES NEAREST TO OR IN THE CLUSTER.

INTERVIEWER: Now I would like to ask you about distances to the nearest of various types of schools and services, how you usually go there and how long it takes to get from here.

SERVICE	107 How far is it to the nearest [SERVICE] in km? [a]	108 What is the most common transport to [SERVICE]? [b]	109 How long does it take to get to [SERVICE]? HOURS MINUTES
A. EDUCATION			
1. Secondary School	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
2. University/Community College	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
3. Vocational School	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
B. GENERAL SERVICES			
1. Post Office	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
2. Daily Market	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
3. Weekly Market	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
4. Cinema	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
5. Bus station	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>
6. Bus stop	<div><div></div><div></div></div> IF '00'	<div></div>	<div><div></div><div></div></div> <div><div></div><div></div></div>

CODES: [a] 97 = 97+
00 = Less than 1/located
in cluster
98 = No known facility

[b] Motorized....1
Cycling.....2
Animal.....3
Walking.....4
Other.....5

COMMENTS:

SECTION 1C. HEALTH AND FAMILY PLANNING PROGRAMS IN THE CLUSTER.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
110	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→ SECTION 2
111	Has the traditional birth attendant had any special training from the MOH or other organization?	YES.....1 NO.....2 DON'T KNOW.....8	
112	Is the area covered by a trained midwife?	YES.....1 NO.....2	
113	Does anyone come to talk to you about family planning in the past one month?	YES.....1 NO.....2	

COMMENTS:

SECTION 2.

FACILITY IDENTIFICATION SECTION

INTERVIEWER: I am going to visit health and family planning facilities throughout Jordan and together we can identify those I am interested in. I plan to visit hospitals, private doctors/private doctor's clinics, health centers, and pharmacies.

What is the name of the nearest hospital providing general health services to this community?

What is the name of the nearest doctor/private doctor's clinic providing general health services to this community?

What is the name of the nearest health center providing general health services to this community?

What is the name of the nearest private pharmacy to this community?

INTERVIEWER: Now I am going to ask some additional questions about the facilities that you just mentioned.

A. HOSPITALS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
A201	NAME OF HOSPITAL (COPY FROM SECTION 2 COVER PAGE).	HOSPITAL NAME _____ _____ NOT APPLICABLE.....98 → B201	
A202	Where is it located?	ADDRESS _____ _____	
A203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM → A206	<input type="text"/> <input type="text"/>
A204	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5	<input type="checkbox"/>
A205	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>
A206	Does (HOSPITAL NAME) provide family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	
A207	How many hospitals in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	<input type="checkbox"/>

COMMENTS:

B. PRIVATE DOCTOR/PRIVATE DOCTOR'S CLINIC

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
B201	NAME OF PRIVATE DOCTOR/CLINIC (COPY FROM SECTION 2 COVER PAGE).	PRIVATE DOCTOR/CLINIC NAME _____ _____ NOT APPLICABLE.....98 → C201	
B202	Where is the practice located?	ADDRESS _____ _____	
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM → B206	<input type="text"/> <input type="text"/>
B204	What is the most common type of transport to the doctor's practice/clinic?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5	<input type="checkbox"/>
B205	How long does it take to get from here to (PRIVATE DOCTOR'S NAME/CLINIC) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
B206	Does this doctor/clinic provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	
B207	How many private doctor practices and private doctor's clinics in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	<input type="checkbox"/>

COMMENTS:

C. HEALTH CENTER

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
C201	NAME OF HEALTH CENTER (COPY FROM SECTION 2 COVER PAGE).	HEALTH CENTER NAME _____ _____ NOT APPLICABLE.....98 → D201	
C202	Where is it located?	ADDRESS _____ _____	
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM → C206	<input type="text"/> <input type="text"/>
C204	What is the most common type of transport to the health center?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5	<input type="text"/>
C205	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
C206	Does this health center provide family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	
C207	How many health centers in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	<input type="text"/>

COMMENTS:

D. PHARMACY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
D201	NAME OF PHARMACY (COPY FROM SECTION 2 COVER PAGE).	PHARMACY NAME _____ NOT APPLICABLE.....98 → 208	
D202	Where is it located?	ADDRESS _____ _____	
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM → D206	<input type="text"/> <input type="text"/>
D204	What is the most common type of transport to the pharmacy?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5	<input type="checkbox"/>
D205	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D206	Does this pharmacy sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	
D207	How many pharmacies in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	<input type="checkbox"/>

COMMENTS:

CONTRACEPTIVE METHOD IDENTIFICATION

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
208	What is the name of the nearest facility or provider to this community where birth control pills can be obtained?	NEAREST PILL PROVIDER NAME _____	
209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
210	Would people in the community go to this facility for birth control pills?	YES.....1 NO.....2	→ 212
211	Why would not they go to this facility?	TOO EXPENSIVE.....1 WAIT TOO LONG.....2 STAFF DISCOURTEOUS.....3 MALE STAFF.....4 PILL UNAVAILABLE.....5 OTHER _____ 6 (SPECIFY)	
212	What is the name of the nearest facility or provider to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME _____	
213	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
214	Would people in the community go to this facility for condoms?	YES.....1 NO.....2	→ 216
215	Why would not they go to this facility?	TOO EXPENSIVE.....1 WAIT TOO LONG.....2 STAFF DISCOURTEOUS.....3 MALE STAFF.....4 CONDOM UNAVAILABLE.....5 OTHER _____ 6 (SPECIFY)	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
216	What is the name of the nearest facility or provider to this community where injectables can be obtained?	NEAREST INJECTABLE PROVIDER NAME _____	
217	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
218	Would people in the community go to this facility for injectables?	YES.....1 NO.....2	→ 220
219	Why would not they go to this facility?	TOO EXPENSIVE.....1 WAIT TOO LONG.....2 STAFF DISCOURTEOUS.....3 MALE STAFF.....4 INJECTABLE UNAVAILABLE.....5 OTHER6 (SPECIFY) _____	
220	What is the name of the nearest facility or provider to this community where foaming tablets can be obtained?	NEAREST FOAMING TABLET PROVIDER NAME _____	
221	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
222	Would people in the community go to this facility for foaming tablets?	YES.....1 NO.....2	→ 224
223	Why would not they go to this facility?	TOO EXPENSIVE.....1 WAIT TOO LONG.....2 STAFF DISCOURTEOUS.....3 MALE STAFF.....4 FOAMING TABLETS UNAVAILABLE..5 OTHER6 (SPECIFY) _____	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
224	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	NEAREST IUD PROVIDER NAME _____	
225	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
226	Would people in the community go to this facility to have IUD inserted?	YES.....1 NO.....2	→ 228
227	Why would not they go to this facility?	TOO EXPENSIVE.....1 WAIT TOO LONG.....2 STAFF DISCOURTEOUS.....3 MALE STAFF.....4 IUD UNAVAILABLE.....5 OTHER6 _____ (SPECIFY)	

228. CLUSTER INFORMANTS		
NAME	POSITION/TITLE/OCCUPATION	EDUCATION*
A. _____	_____	<input type="checkbox"/>
B. _____	_____	<input type="checkbox"/>
C. _____	_____	<input type="checkbox"/>
D. _____	_____	<input type="checkbox"/>
229. TOTAL NUMBER OF INFORMANTS IN THE CLUSTER.....		<input type="checkbox"/>

END OF CLUSTER INTERVIEW.

LOG OF FACILITIES TO BE VISITED			
DIRECTIONS: LIST BELOW ALL FACILITIES THAT WERE CITED AS BEING WITHIN 30 KILOMETERS OF THE CLUSTER. GET THIS INFORMATION FROM QUESTION A-D203.			
FACILITY TYPE & NAME:	DISTANCE FROM CLUSTER	ADDRESS:	DATE VISITED:
A. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
B. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
C. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
D. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

*CODES FOR EDUCATION: None/illiterate.....1
None/literate.....2
Primary.....3
Preparatory.....4
Secondary.....5
Higher.....6

SECTION 3. Date: _____ HOSPITAL VISIT Hospital Name: _____

IF THE HOSPITAL IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 300 TO 302 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
 IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

300	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... <input type="text"/> <input type="text"/> NOT FIRST FACILITY VISITED.....98	
301	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
302	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
303	In what year did this hospital open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/>	
304	Under what authority is this hospital operated?	GOVERNMENT/ARMED FORCES.....1 PRIVATE.....2 ASSOCIATION.....3 OTHER.....4	
305	Are there restrictions on clients who can use this facility? IF YES, what restrictions?	YES1 RESTRICTIONS: _____ _____ NO.....2 DON'T KNOW.....8	
306	How many beds does this hospital have?	NUMBER OF BEDS..... <input type="text"/> <input type="text"/> <input type="text"/>	
307	On average, how many patients spend the night at this facility?	NUMBER OF OVER-NIGHT PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	
308	On average, how many outpatients are seen daily at this facility?	NUMBER OF DAILY OUTPATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																		
309	How many regular staff of the following types does the hospital have?	NUMBER OF: GENERAL PRACTITIONERS..... <input type="text"/> <input type="text"/> SPECIALISTS..... <input type="text"/> <input type="text"/> NURSES..... <input type="text"/> <input type="text"/> TRAINED MIDWIVES..... <input type="text"/> <input type="text"/> AUXILLARY STAFF..... <input type="text"/> <input type="text"/>																			
310	What proportion of medical staff (doctors and nurses) have worked at this facility for more than a year?	PROPORTION AT FACILITY FOR <input type="text"/> <input type="text"/> MORE THAN A YEAR																			
311	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	→313																		
312	Has this facility run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2																			
313	What is the method most frequently used for the sterilization of medical instruments?	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM PRESSURE.....3 OTHER.....4 NONE.....5																			
314	Does the facility have the following items in working order:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Blood bank?</td> <td>BLOOD BANK.....1</td> <td>2</td> </tr> <tr> <td>Table for gynecological examination?</td> <td>TABLE-GYN EXAMS.....1</td> <td>2</td> </tr> <tr> <td>Examination light for gynecological examination?</td> <td>LIGHT-GYN EXAMS.....1</td> <td>2</td> </tr> <tr> <td>Microscope?</td> <td>MICROSCOPE.....1</td> <td>2</td> </tr> <tr> <td>AIDS test?</td> <td>AIDS TEST.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Blood bank?	BLOOD BANK.....1	2	Table for gynecological examination?	TABLE-GYN EXAMS.....1	2	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2	Microscope?	MICROSCOPE.....1	2	AIDS test?	AIDS TEST.....1	2	
	YES	NO																			
Blood bank?	BLOOD BANK.....1	2																			
Table for gynecological examination?	TABLE-GYN EXAMS.....1	2																			
Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2																			
Microscope?	MICROSCOPE.....1	2																			
AIDS test?	AIDS TEST.....1	2																			

COMMENTS:

SERVICES AVAILABLE AT THE FACILITY:

Now I would like to ask you about maternal and child health, and family planning services available at this hospital. ASK Q.315 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	315 Is (SERVICE) available?	316 How many days per week is (SERVICE) available?	317 What is the average fee for (SERVICE)? FREE "96" LESS THAN 1JD=00 95JD+= 95	318 On average, what proportion of patients pay for (SERVICE)?	319 On average, how many patients are seen daily for (SERVICE)?	320 In what year was (SERVICE) first offered here?
1 Antenatal care	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
2 Delivery care	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
3 Postnatal care	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
4 Child immunization sessions	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
5 Child growth monitoring sessions	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
6 Oral rehydration therapy	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
7 Family planning	YES....1 NO.....2 321 ←	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
321	Is there a dispensary/pharmacy affiliated with this hospital?	YES.....1 NO.....2	

VACCINATION AVAILABILITY AT THE FACILITY:


Now I would like to ask you about vaccines available at this facility. ASK Q.322 FOR EACH MEDICATION. IF THE VACCINE IS AVAILABLE, ASK Q.323. IF THE VACCINE IS NOT AVAILABLE, CONTINUE WITH THE NEXT VACCINE.

VACCINES	322 Is (VACCINE) available now?	323 At any time in the last 6 months did you run out of (VACCINE)?
1 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
2 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
4 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
5 BCG vaccine	YES.....1 NO.....2 324 ←	YES.....1 NO.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
324	Are ORS packets available now?	YES.....1 NO.....2	→ 326
325	At any time in the last 6 months did you run out of ORS packets?	YES.....1 NO.....2	
326	INTERVIEWER: CHECK 315 FOR ITEM 7. FAMILY PLANNING. IF "YES", COMPLETE 326-334. IF "NO", SKIP 326-334, AND GO TO 335. How many of the following types of staff in this hospital are trained and provide family planning services?	DOCTORS..... <input type="text"/> <input type="text"/> NURSES..... <input type="text"/> <input type="text"/> AUXILIARY STAFF..... <input type="text"/> <input type="text"/>	
327	Are any doctors trained in sterilization procedures? IF "YES", RECORD NUMBER. IF "NONE", WRITE 00.	NUMBER OF DOCTORS..... <input type="text"/> <input type="text"/>	
328	Are any doctors/other staff trained in IUD insertion? IF "YES", RECORD NUMBER. IF "NONE", WRITE 00.	NUMBER OF DOCTORS..... <input type="text"/> <input type="text"/> NUMBER OF OTHER STAFF..... <input type="text"/> <input type="text"/>	
329	On average, how many new clients for family planning are seen monthly?	NEW PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	
330	On average, how many clients visit monthly for resupply?	RESUPPLY PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this hospital. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE HOSPITAL, MOVE ACROSS THE TABLE. IF NOT, MOVE DOWN THE TABLE.

METHOD	331 Is (METHOD) available?	332 How many days per week is (METHOD) available?	333 Have you run out of (METHOD) in the last 6 months?	334 In what year did you first offer (METHOD)?
01 Pill	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
02 IUD	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
03 Injection	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
04 Condom	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
05 Foaming tablets/ foam/jelly	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
06 Female sterilization	YES.....1 NO.....2	<input type="checkbox"/>		19 <input type="text"/> <input type="text"/>
07 Other methods Specify _____	YES.....1 NO.....2 335	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>

335	What is your position or title here?	_____
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QUESTIONS 336 AND 337 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

336	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2
337	ADDITIONAL COMMENTS: _____ _____ _____	

SECTION 4. Date: _____

PRIVATE DOCTOR/ PRIVATE DOCTOR'S CLINIC VISIT
(NON-GOVERNMENTAL)

Clinic Name: _____

IF THE CLINIC IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 400 TO 402 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

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400	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... <table border="1"><tr><td></td><td></td></tr></table> NOT FIRST FACILITY VISITED.....98			
401	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3			
402	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3			

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO			
403	In what year did this clinic open?	YEAR OPENED.....19 <table border="1"><tr><td></td><td></td></tr></table>				
404	Under what authority is this clinic operated?	PRIVATE.....1 ASSOCIATION.....2 OTHER.....3				
405	Are there restrictions on clients who can use this facility? IF YES, what restrictions?	YES1 RESTRICTIONS: _____ _____ NO.....2 DON'T KNOW.....8				
408	On average, how many outpatients are seen daily at this facility?	NUMBER OF DAILY OUTPATIENTS..... <table border="1"><tr><td></td><td></td><td></td></tr></table>				

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																		
409	How many regular staff of the following types does the clinic have?	NUMBER OF: GENERAL PRACTITIONERS..... <input type="text"/> <input type="text"/> SPECIALISTS..... <input type="text"/> <input type="text"/> NURSES..... <input type="text"/> <input type="text"/> TRAINED MIDWIVES..... <input type="text"/> <input type="text"/> AUXILIARY STAFF..... <input type="text"/> <input type="text"/>																			
411	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	→413																		
412	Has this facility run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2																			
413	What is the method most frequently used for the sterilization of medical instruments?	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM PRESSURE.....3 OTHER.....4 NONE.....5																			
414	Does the facility have the following items in working order:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Blood bank?</td> <td>BLOOD BANK.....1</td> <td>2</td> </tr> <tr> <td>Table for gynecological examination?</td> <td>TABLE-GYN EXAMS.....1</td> <td>2</td> </tr> <tr> <td>Examination light for gynecological examination?</td> <td>LIGHT-GYN EXAMS.....1</td> <td>2</td> </tr> <tr> <td>Microscope?</td> <td>MICROSCOPE.....1</td> <td>2</td> </tr> <tr> <td>AIDS test?</td> <td>AIDS TEST.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Blood bank?	BLOOD BANK.....1	2	Table for gynecological examination?	TABLE-GYN EXAMS.....1	2	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2	Microscope?	MICROSCOPE.....1	2	AIDS test?	AIDS TEST.....1	2	
	YES	NO																			
Blood bank?	BLOOD BANK.....1	2																			
Table for gynecological examination?	TABLE-GYN EXAMS.....1	2																			
Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2																			
Microscope?	MICROSCOPE.....1	2																			
AIDS test?	AIDS TEST.....1	2																			

COMMENTS:

SERVICES AVAILABLE AT THE FACILITY:

Now I would like to ask you about maternal and child health, and family planning services available at this clinic. ASK Q.415 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	415 Is (SERVICE) available?	416 How many days per week is (SERVICE) available?	417 What is the average fee for (SERVICE)? FREE "96" LESS THAN 1JD=00 95JD+= 95	418 On average, what proportion of patients pay for (SERVICE)?	419 On average, how many patients are seen daily for (SERVICE)?	420 In what year was (SERVICE) first offered here?
1 Antenatal care	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
3 Postnatal care	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
4 Child immunization sessions	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
5 Child growth monitoring sessions	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
6 Oral rehydration therapy	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
7 Family planning	YES....1 NO.....2 422←	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>

[a] 0 = Whenever a patient requests the service.

VACCINATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about vaccines available at this facility. ASK Q.422 FOR EACH MEDICATION. IF THE VACCINE IS AVAILABLE, ASK Q.423. IF THE VACCINE IS NOT AVAILABLE, CONTINUE WITH THE NEXT VACCINE.

VACCINES	422 Is (VACCINE) available now?	423 At any time in the last 6 months did you run out of (VACCINE)?
1 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
2 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
4 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
5 BCG vaccine	YES.....1 NO.....2 424←	YES.....1 NO.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
424	Are ORS packets available now?	YES.....1 NO.....2	→ 426
425	At any time in the last 6 months did you run out of ORS packets?	YES.....1 NO.....2	
426	INTERVIEWER: CHECK 415 FOR ITEM 7. FAMILY PLANNING. IF "YES", COMPLETE 426-434. IF "NO", SKIP 426-434, AND GO TO 435. How many of the following types of staff in this clinic are trained and provide family planning services?	DOCTORS..... <input type="text"/> <input type="text"/> NURSES..... <input type="text"/> <input type="text"/> AUXILIARY STAFF..... <input type="text"/> <input type="text"/>	
427	Are any doctors trained in sterilization procedures? IF "YES", RECORD NUMBER. IF "NONE", WRITE 00.	NUMBER OF DOCTORS..... <input type="text"/> <input type="text"/>	
428	Are any doctors/other staff trained in IUD insertion? IF "YES", RECORD NUMBER. IF "NONE", WRITE 00.	NUMBER OF DOCTORS..... <input type="text"/> <input type="text"/> NUMBER OF OTHER STAFF..... <input type="text"/> <input type="text"/>	
429	On average, how many new clients for family planning are seen monthly?	NEW PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	
430	On average, how many clients visit monthly for resupply?	RESUPPLY PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this clinic. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE CLINIC, MOVE ACROSS THE TABLE. IF NOT, MOVE DOWN THE TABLE.

METHOD	431 Is (METHOD) available?	432 How many days per week is (METHOD) available? [a]	433 Have you run out of (METHOD) in the last 6 months?	434 In what year did you first offer (METHOD)?
01 Pill	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
02 IUD	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
03 Injection	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
04 Condom	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
05 Foaming tablets/foam/jelly	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
07 Other methods Specify _____	YES.....1 NO.....2 435	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>

[a] 0 = Whenever method is requested.

435	What is your position or title here?	_____
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QUESTIONS 436 AND 437 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

436	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2
437	ADDITIONAL COMMENTS: _____ _____ _____	

SECTION 5. Date: _____

HEALTH CENTER VISIT

Health Center Name: _____

IF THE HEALTH CENTER IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 500 TO 502 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
 IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

500	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... NOT FIRST FACILITY VISITED.....98	
501	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
502	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
503	In what year did this health center open?	YEAR OPENED.....19 	
504	Under what authority is this health center operated?	GOVERNMENT/ARMED FORCES.....1 PRIVATE.....2 ASSOCIATION.....3 OTHER.....4	
505	Are there restrictions on clients who can use this facility? IF YES, what restrictions?	YES1 RESTRICTIONS: _____ _____ NO.....2 DON'T KNOW.....8	
506	How many beds does this health center have?	NUMBER OF BEDS..... 	
507	On average, how many patients spend the night at this facility?	NUMBER OF OVER-NIGHT PATIENTS..... 	
508	On average, how many outpatients are seen daily at this facility?	NUMBER OF DAILY OUTPATIENTS..... 	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																		
509	How many regular staff of the following types does the health center have?	NUMBER OF: GENERAL PRACTITIONERS..... <input type="text"/> <input type="text"/> SPECIALISTS..... <input type="text"/> <input type="text"/> NURSES..... <input type="text"/> <input type="text"/> TRAINED MIDWIVES..... <input type="text"/> <input type="text"/> AUXILIARY STAFF..... <input type="text"/> <input type="text"/>																			
510	What proportion of medical staff (doctors and nurses) have worked at this facility for more than a year?	PROPORTION AT FACILITY FOR MORE THAN A YEAR <input type="text"/> <input type="text"/>																			
511	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	→513																		
512	Has this facility run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2																			
513	What is the method most frequently used for the sterilization of medical instruments?	ELECTRIC STERILIZER.....1 AUTOCLAVE.....2 STEAM PRESSURE.....3 OTHER.....4 NONE.....5																			
514	Does the facility have the following items in working order:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Blood bank?</td> <td>BLOOD BANK.....1</td> <td>2</td> </tr> <tr> <td>Table for gynecological examination?</td> <td>TABLE-GYN EXAMS.....1</td> <td>2</td> </tr> <tr> <td>Examination light for gynecological examination?</td> <td>LIGHT-GYN EXAMS.....1</td> <td>2</td> </tr> <tr> <td>Microscope?</td> <td>MICROSCOPE.....1</td> <td>2</td> </tr> <tr> <td>AIDS test?</td> <td>AIDS TEST.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Blood bank?	BLOOD BANK.....1	2	Table for gynecological examination?	TABLE-GYN EXAMS.....1	2	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2	Microscope?	MICROSCOPE.....1	2	AIDS test?	AIDS TEST.....1	2	
	YES	NO																			
Blood bank?	BLOOD BANK.....1	2																			
Table for gynecological examination?	TABLE-GYN EXAMS.....1	2																			
Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2																			
Microscope?	MICROSCOPE.....1	2																			
AIDS test?	AIDS TEST.....1	2																			

COMMENTS:

SERVICES AVAILABLE AT THE FACILITY:

Now I would like to ask you about maternal and child health services available at this health center. ASK Q.515 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	515 Is (SERVICE) available?	516 How many days per week is (SERVICE) available?	517 What is the average fee for (SERVICE)? FREE "96" LESS THAN 1JD=00 95JD+= 95	518 On average, what proportion of patients pay for (SERVICE)?	519 On average, how many patients are seen daily for (SERVICE)?	520 In what year was (SERVICE) first offered here?
1 Antenatal care	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
3 Postnatal care	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
4 Child immunization sessions	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
5 Child growth monitoring sessions	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
6 Oral rehydration therapy	YES....1 NO.....2	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>
7 Family planning	YES....1 NO.....2 521 ←	<input type="checkbox"/>	JD <input type="text"/>	<input type="text"/> %	<input type="text"/>	19 <input type="text"/>

(a) 0 = Whenever a patient requests the service.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
521	Is there a dispensary/pharmacy affiliated with this clinic?	YES.....1 NO.....2	

VACCINATION AVAILABILITY AT THE FACILITY:

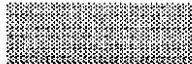
Now I would like to ask you about vaccines available at this facility. ASK Q.522 FOR EACH MEDICATION. IF THE VACCINE IS AVAILABLE, ASK Q.523. IF THE VACCINE IS NOT AVAILABLE, CONTINUE WITH THE NEXT VACCINE.

VACCINES	522 Is (VACCINE) available now?	523 At any time in the last 6 months did you run out of (VACCINE)?
1 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
2 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
4 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
5 BCG vaccine	YES.....1 NO.....2 524 ←	YES.....1 NO.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
524	Are ORS packets available now?	YES.....1 NO.....2	→ 526
525	At any time in the last 6 months did you run out of ORS packets?	YES.....1 NO.....2	
526	INTERVIEWER: CHECK 515 FOR ITEM 7. FAMILY PLANNING. IF "YES", COMPLETE 526-534. IF "NO", SKIP 526-534, AND GO TO 535. How many of the following types of staff in this health center are trained and provide family planning services?	DOCTORS..... <input type="text"/> <input type="text"/> NURSES..... <input type="text"/> <input type="text"/> AUXILLARY STAFF..... <input type="text"/> <input type="text"/>	
527	Are any doctors trained in sterilization procedures? IF "YES", RECORD NUMBER. IF "NONE", WRITE 00.	NUMBER OF DOCTORS..... <input type="text"/> <input type="text"/>	
528	Are any doctors/other staff trained in IUD insertion? IF "YES", RECORD NUMBER. IF "NONE", WRITE 00.	NUMBER OF DOCTORS..... <input type="text"/> <input type="text"/> NUMBER OF OTHER STAFF..... <input type="text"/> <input type="text"/>	
529	On average, how many new clients for family planning are seen monthly?	NEW PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	
530	On average, how many clients visit monthly for resupply?	RESUPPLY PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	

CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this clinic. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE CLINIC, MOVE ACROSS THE TABLE. IF NOT, MOVE DOWN THE TABLE.

METHOD*	532 Is (METHOD) available?	533 How many days per week is (METHOD) available? [a]	534 Have you run out of (METHOD) in the last 6 months?	535 In what year did you first offer (METHOD)?
01 Pill	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
02 IUD	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
03 Injection	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
04 Condom	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
05 Foaming tablets/ foam/jelly	YES.....1 NO.....2	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>
06 Female sterilization	YES.....1 NO.....2	<input type="checkbox"/>		19 <input type="text"/> <input type="text"/>
07 Other methods Specify _____	YES.....1 NO.....2 535e	<input type="checkbox"/>	YES.....1 NO.....2	19 <input type="text"/> <input type="text"/>

[a] 0 = Whenever method is requested.

535	What is your position or title here?	_____
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QUESTIONS 536 AND 537 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

536	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2
537	ADDITIONAL COMMENTS: _____ _____ _____	

SECTION 6. Date: _____

PHARMACY VISIT

Pharmacy Name: _____

IF THE PHARMACY IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 600 TO 602 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD CLUSTER NUMBER HERE:
 IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

600	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... NOT FIRST FACILITY VISITED.....98	
601	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	
602	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3	

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
603	How many hours per week is the pharmacy open?	HOURS PER WEEK..... 	
604	How many days per week is the pharmacy open?	DAYS PER WEEK..... 	
605	Is there a trained pharmacist available?	YES.....1 NO.....2	
606	In what year did the pharmacy open?	YEAR OPENED.....19 	

MEDICATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about medications available at this facility. ASK Q.608 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, CONTINUE ACROSS THE TABLE. IF THE MEDICATION IS NOT AVAILABLE, ASK ABOUT THE NEXT MEDICATION.

MEDICATION	607 Is (MEDICATION) available now?	608 At any time in the last 6 months did you run out of (MEDICATION)?	609 Do you carry a social marketing brand of (MEDICATION)?
1 Chloroquine	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
2 Quinine/Fansidar	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
3 Penicillin	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
4 Iron-folate tablets	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
5 ORS packets	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
610	Does this pharmacy carry family planning methods?	YES.....1 NO.....2	→ 614

CONTRACEPTIVE METHOD AVAILABILITY

Now I would like to ask you about which family planning methods are available at this pharmacy. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE PHARMACY, MOVE ACROSS THE TABLE. IF THIS METHOD IS NOT AVAILABLE, MOVE DOWN THE TABLE.

METHOD	611 Is (METHOD) available?	612 At any time in the last 6 months did you run out of (METHOD)?	613 Are you a distributor of this (METHOD)?
01 Pill	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
02 IUD	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
03 Condom	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
04 Foaming tablets/ foam/jelly	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
05 Other methods Specify _____	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
614	What is your position or title here?		

QUESTIONS 615 AND 616 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

615	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
616	ADDITIONAL COMMENTS:		

