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THE HASHEMITE KINGDOM OF JORDAN  
Department of Statistics  
National Household Survey Division

-&ddJORDAN POPULATION AND FAMILY HEALTH-&d@

-&dDSURVEY (JPFHS-II), 1996-&d@

-&dHOUSEHOLD QUESTIONNAIRE-&d@

IDENTIFICATION	
1. GOVERNORATE.....	
2. DISTRICT.....	
3. SUBDISTRICT.....	
4. LOCALITY.....	
5. STRATUM NUMBER.....	
6. CENSUS BLOCK NUMBER.....	
7. JPFHS-II CLUSTER NUMBER.....	
8. HOUSEHOLD NUMBER.....	
9. URBAN/RURAL (urban=1, rural=2).....	
10. AMMAN/LARGE CITY/MEDIUM CITY/TOWN/COUNTRYSIDE..... (Amman=1, medium city=2, small city=3, town=4, countryside=5) Amman almost 1,000,000; Medium city (Zarga, Russaifa, Irbid, Salt, Madaba) 50,000 - 500,0000 Small city 20,000 - 49,999; Town 5,000 - 19,999 Countryside < 5,000	
11. NAME OF HOUSEHOLD HEAD.....	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR 1 9 9 7
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (specify)				TOTAL IN HOUSEHOLD TOTAL ELIGIBLE WOMEN LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE

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

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION		
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF AGE 5 YEARS OR OLDER	
								IF ATTENDED SCHOOL	
								What is the highest level of school (NAME) attended?	IF AGE LESS THAN 25 YEARS
								What is the highest grade (NAME) completed at that level?*	Is (NAME) still in school?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			YES NO	YES NO	M F	IN YEARS	YES NO	GRADE LEVEL	YES NO
01			1 2	1 2	1 2		1 2		1 2
02			1 2	1 2	1 2		1 2		1 2
03			1 2	1 2	1 2		1 2		1 2
04			1 2	1 2	1 2		1 2		1 2
05			1 2	1 2	1 2		1 2		1 2
06			1 2	1 2	1 2		1 2		1 2
07			1 2	1 2	1 2		1 2		1 2
08			1 2	1 2	1 2		1 2		1 2
09			1 2	1 2	1 2		1 2		1 2
10			1 2	1 2	1 2		1 2		1 2
11			1 2	1 2	1 2		1 2		1 2
12			1 2	1 2	1 2		1 2		1 2
13			1 2	1 2	1 2		1 2		1 2
14			1 2	1 2	1 2		1 2		1 2

TICK HERE IF CONTINUATION SHEET USED

☐

ENTER THE TOTAL NUMBER OF ELIGIBLE:

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed?
- 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?
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

## HOUSEHOLD SCHEDULE

PARENTAL SURVIVORSHIP AND RESIDENCE ***				MARITAL STATUS IF AGE 15 YEARS OR OLDER	ELIGIBILITY			
Is (NAME)'s natural mother alive?		IF ALIVE Does (NAME)'s natural mother live in this house- hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (12)	Is (NAME)'s natural father alive?		IF ALIVE Does (NAME)'s natural father live in this house- hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (14)	What is (NAME) current marital status? 1 SINGLE/SIGNED CONTRACT 2 MARRIED 3 DIVORCED 4 WIDOWED 5 SEPARATED	WOMAN CIRCLE LINE NUMBER OF EVER MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW	HUSBAND CIRCLE LINE NUMBER OF MEN ELIGIBLE FOR INTERVIEW (I.E., MEN WHOSE WIVES ARE ELIGIBLE)
(11)		(12)	(13)		(14)	(15)	(16)	(17)
YES	NO	DK	YES	NO	DK			
1	2	8					01	01
1	2	8					02	02
1	2	8					03	03
1	2	8					04	04
1	2	8					05	05
1	2	8					06	06
1	2	8					07	07
1	2	8					08	08
1	2	8					09	09
1	2	8					10	10
1	2	8					11	11
1	2	8					12	12
1	2	8					13	13
1	2	8					14	14

WOMEN MEN YES ☐ → ENTER EACH IN TABLENO ☐YES ☐ → ENTER EACH IN TABLENO ☐YES ☐ → ENTER EACH IN TABLENO ☐

\* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

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

\*\* CODES FOR Q.9

EDUCATION LEVEL:

01 = ELEMENTARY  
 02 = PREPARATORY  
 03 = BASIC  
 04 = VOCATIONAL SECONDARY  
 05 = ACADEMIC SECONDARY  
 06 = INTERMEDIATE DIPLOMA  
 07 = UNIVERSITY  
 08 = HIGHER STUDIES  
 98 = DON'T KNOW

EDUCATION GRADE:

00 = <1 YEAR COMPLETED  
 98 = DON'T KNOW

\*\*\* Q.11 THROUGH Q.14:

These questions refer to the  
 biological parents of the person.  
 Record 00 if parent not member  
 of household.

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
24	Does any member of your household own:		YES NO	
	A bicycle?	BICYCLE.....	1 2	
	A motorcycle?	MOTORCYCLE.....	1 2	
	A private car?	PRIVATE CAR.....	1 2	
	A commercial car?	COMMERCIAL CAR.....	1 2	
	A pickup?	PICKUP.....	1 2	
	An agricultural tractor?	AGRICULTURAL TRACTOR.....	1 2	
	An other mode of transportation	OTHER MODE OF TRANSPORT....	1 2	
25	What type of salt is usually used for cooking in your household?	PACKAGED SALT (IODIZED).....	1	
		PACKAGED SALT (NOT IODIZED).....	2	
	(ASK TO SEE SALT PACKAGE).	OTHER _____	6	
		(SPECIFY)		

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10. AMMAN/LARGE CITY/MEDIUM CITY/TOWN/COUNTRYSIDE..... (Amman=1, medium city=2, small city=3, town=4, countryside=5) Amman almost 1,000,000; Medium city (Zarqa, Russaifa, Irbid, Salt, Madaba) 50,000 - 500,000 Small city 20,000 - 49,999; Town 5,000 - 19,999 Countryside < 5,000	
11. NAME OF HOUSEHOLD HEAD.....	
12. NAME AND LINE NUMBER OF WOMAN.....	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR 1 9 9 7
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER (specify) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME	NAME		
DATE	DATE		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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, did you live in Amman, in another city, in the countryside, or outside Jordan?	AMMAN.....1 ANOTHER CITY.....2 COUNTRYSIDE/VILLAGE.....3 OUTSIDE JORDAN.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in Amman, in another city, in the countryside, or outside Jordan?	AMMAN.....1 ANOTHER CITY.....2 COUNTRYSIDE/VILLAGE.....3 OUTSIDE JORDAN.....4	
105	In what month and year were you born?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... 1 9 DON'T KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE 105 AND 106, AND CORRECT IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	114
108	What is the highest (grade/form/year) you completed at that level?	GRADE.....	
109	What is the highest level of school you attended: basic, elementary, preparatory, vocational secondary, academic secondary, intermediate diploma, the university or higher studies?	ELEMENTARY.....01 PREPARATORY.....02 BASIC.....03 VOCATIONAL SECONDARY.....04 ACADEMIC SECONDARY.....05 INTERMEDIATE DIPLOMA.....06 UNIVERSITY.....07 HIGHER STUDIES.....08	
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		113
111	Are you currently attending school?	YES.....1 NO.....2	113
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN...03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.07 DID NOT PASS ENTRANCE EXAMS....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10 FREQUENTLY FAILED.....11 OTHER.....96 (SPECIFY) DON'T KNOW.....98	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 108: ELEMENTARY/ BASIC 1-6 <input type="checkbox"/>	ABOVE ELEMENTARY <input type="checkbox"/>	115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116
115	How often do you read a newspaper or a magazine? Would you say: Every day 3-5 times a week Once or twice a week Once a month Few times a year Never Don't know	EVERY DAY.....1 3-5 TIMES A WEEK.....2 ONCE OR TWICE A WEEK.....3 ONCE A MONTH.....4 FEW TIMES A YEAR.....5 NEVER.....6 DON'T KNOW.....8	
116	How often do you listen to the radio? Would you say: Every day or almost every day At least once a week At least once a month Hardly ever Never Other, specify _____ Don't know	EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 HARDLY EVER.....4 NEVER.....5 OTHER.....6 DON'T KNOW.....8	
117	How often do you watch television? Would you say: Every day or almost every day At least once a week At least once a month Hardly ever Never Other, specify _____ Don't know	EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 HARDLY EVER.....4 NEVER.....5 OTHER.....6 DON'T KNOW.....8	
118	What is your religion?	ISLAM.....1 CHRISTIAN.....2 OTHER.....3 (SPECIFY)	
119	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE  THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/>	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>	201
120	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live?  _____ (NAME OF PLACE) Is that Amman, another city, the countryside or outside Jordan?	AMMAN.....1 ANOTHER CITY.....2 COUNTRYSIDE/VILLAGE.....3 OUTSIDE JORDAN.....4	122
121	In which governorate is that located?  _____	GOVERNORATE CODE..... <input type="text"/> <input type="text"/>	



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--&dDSECTION 2. MARRIAGE-&d@

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	
202	What is your marital status now: are you married, divorced, separated or widowed?	MARRIED.....1 DIVORCED.....2 WIDOWED.....3 SEPARATED.....4	→205
203	Does your husband have another wife (other wives) besides you?	YES.....1 NO.....2	→205
204	How many wives does he have besides you?	NUMBER..... <input type="text"/> DON'T KNOW.....8	
205	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	
206	CHECK 205:  <div style="display: flex; justify-content: space-around;"> <div>             MARRIED WITH A MAN ONLY ONCE <input type="checkbox"/>              ↓              In what month and year did you start living with your husband (consummate your marriage)?           </div> <div>             MARRIED WITH A MAN MORE THAN ONCE <input type="checkbox"/>              ↓              Now we will talk about your first husband. In what month and year did you start living with him (consummate your marriage)?           </div> </div>	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....9998	→208
207	How old were you when you started living with him (consummate your marriage)?	AGE..... <input type="text"/> <input type="text"/>	
208	What is (was) the type of relationship between you and your (first) husband?	FIRST COUSIN FROM BOTH FATHER AND MOTHER'SIDE.....01 FIRST COUSIN FROM BOTH MOTHER AND FATHER'SIDE.....02 FIRST COUSIN FROM FATHER'SIDE (IBN AL AMM).....03 FIRST COUSIN FROM MOTHER'SIDE (IBN AL KHAL).....04 FIRST COUSIN FROM FATHER'SIDE (IBN AL AMMA).....05 FIRST COUSIN FROM MOTHER'SIDE (IBN AL KHALA).....06 SECOND COUSIN (FATHER'SIDE).....07 SECOND COUSIN (MOTHER'SIDE).....08 RELATIVE.....09 NO RELATION.....10 DON'T KNOW.....98	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	DETERMINE MONTHS MARRIED SINCE JANUARY 1992. ENTER 'X' IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER '0' FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1992.  FOR WOMEN MARRIED MORE THAN ONCE: PROBE FOR DATE WHEN CURRENT MARRIAGE STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.  FOR WOMEN NOT CURRENTLY MARRIED: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
210	CHECK 202: CURRENTLY <input type="checkbox"/> DIVORCED/ MARRIED/ WIDOWED <input type="checkbox"/> SEPARATED		→301
211	Does your husband live with you in this household or is he staying elsewhere?	LIVES WITH HER.....1 STAYING ELSEWHERE.....2	
212	WRITE THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR HER HUSBAND. IF HE IS NOT LISTED IN THE HOUSEHOLD, WRITE '00'.	<input type="text"/> <input type="text"/>	
213	In the last month were you and your husband living together all the time, or were you apart some of the time, or apart all of the time?	TOGETHER ALL THE TIME.....1 APART SOME OF THE TIME.....2 APART ALL OF THE TIME.....3	→301 →215
214	How many days was he away in the last month?	DAYS..... <input type="text"/> <input type="text"/>	→301

215	Did he ever come to visit you in the last month?	YES.....1
		NO.....2

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-&dDSECTION 3. REPRODUCTION-&d@

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	→306
302	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→304
303	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
304	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→306
305	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
306	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→308
307	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
308	SUM ANSWERS TO 303, 305, AND 307, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	
309	CHECK 308: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?		
	YES <input type="checkbox"/> NO <input type="checkbox"/>	PROBE AND CORRECT 301-308 AS NECESSARY.	
310	CHECK 308: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→327

311 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 312. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

312	313	314	315	316	317	318	319	320	321
What name was given to your (first/next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?
(NAME)									
01	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES..1 NO...2 319	AGE IN YEARS YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3		
02	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES..1 NO...2 319	AGE IN YEARS YES...1 NO...2 (GO TO 320)	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
03	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES..1 NO...2 319	AGE IN YEARS YES...1 NO...2 (GO TO 320)	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
04	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES..1 NO...2 319	AGE IN YEARS YES...1 NO...2 (GO TO 320)	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
05	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES..1 NO...2 319	AGE IN YEARS YES...1 NO...2 (GO TO 320)	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
06	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES..1 NO...2 319	AGE IN YEARS YES...1 NO...2 (GO TO 320)	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
07	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES..1 NO...2 319	AGE IN YEARS YES...1 NO...2 (GO TO 320)	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2

312	313	314	315	316	317	318	319	320	321
What name was given to your next baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?
(NAME)									
08	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES...1 NO...2 319	AGE IN YEARS  319	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES...1 NO...2
09	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES...1 NO...2 319	AGE IN YEARS  319	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (NEXT BIRTH)	YES...1 NO...2
10	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YR 1 9	YES...1 NO...2 319	AGE IN YEARS  319	YES...1 NO...2 (GO TO 320)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO.....2 (GO TO 322)	YES...1 NO...2
322	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?							YES.....1 → GO TO 323 NO.....2 → GO TO 324	
323	Have you had any live births since the birth of (NAME OF LAST BIRTH)?							YES.....1 NO.....2	
324	COMPARE 308 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND PUT A TICK MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.								
325	CHECK 315 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1992. IF NONE, RECORD '0'.								<input type="text"/>
326	FOR EACH BIRTH SINCE JANUARY 1992, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	330
328	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS.....	
329	At the time you became pregnant, did you want to become pregnant -&dthen-@, did you want to wait until -&dLater-@, or did you -&dnot want-@ to have any more children at all?	THEN.....1    LATER.....2    NOT WANT MORE CHILDREN.....3	
330	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	336
331	When did the last such pregnancy end?	MONTH..... YEAR..... 1 9	
332	CHECK 331:  LAST PREGNANCY ENDED SINCE JAN. 1992 LAST PREGNANCY ENDED BEFORE JAN. 1992		336
333	How many months pregnant were you when the last pregnancy ended?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS.....	
334	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	336
335	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1992.  ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
336	When did your last menstrual period start?  (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
337	Between the first day of a woman's period and the first day of her -&dNext-@ period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1    NO.....2 DON'T KNOW.....8	401
338	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04  OTHER.....96 (SPECIFY) DON'T KNOW.....98	



-SECTION 4. CONTRACEPTION-

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.  
CIRCLE CODE 1 IN 401 FOR EACH METHOD MENTIONED SPONTANEOUSLY.  
THEN PROCEED DOWN COLUMN 402, 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 401 OR 402, ASK 403.

401 Which ways or methods have you heard about?	SPONTANEOUS YES	402 Have you ever heard of (METHOD)? PROBED YES NO	403 Have you ever used (METHOD)?
01 <input type="checkbox"/> PILL Women can take a pill every day.	1	2 3	YES.....1 NO.....2
02 <input type="checkbox"/> IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3	YES.....1 NO.....2
03 <input type="checkbox"/> INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2 3	YES.....1 NO.....2
04 <input type="checkbox"/> IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2 3	YES.....1 NO.....2
05 <input type="checkbox"/> DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3	YES.....1 NO.....2
06 <input type="checkbox"/> CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2 3	YES.....1 NO.....2
07 <input type="checkbox"/> FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2 3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08 <input type="checkbox"/> MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2 3	Have you ever had a husband who had an operation to avoid having children? YES.....1 NO.....2
09 <input type="checkbox"/> RHYTHM,PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2 3	YES.....1 NO.....2
10 <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax.	1	2 3	YES.....1 NO.....2
11 <input type="checkbox"/> PROLONGED BREASTFEEDING Women can breastfeed for longer period to avoid getting pregnant.	1	2 3	YES.....1 NO.....2
12 <input type="checkbox"/> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES.....1 NO.....2
	(SPECIFY)		YES.....1 NO.....2
	(SPECIFY)		YES.....1 NO.....2

404 CHECK 403:  
NOT A SINGLE "YES" ☐ AT LEAST ONE "YES" ☐ → SKIP TO 408  
(NEVER USED) (EVER USED)

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
405	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→407
406	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. →433		
407	What have you used or done? CORRECT 403 AND 404 (AND 402 IF NECESSARY).		
408	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....96 (SPECIFY)	
409	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN.....	
410	CHECK 403: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→413A
411	CHECK 327: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→424
412	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→424
413	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....96 (SPECIFY)	→416A →416B →416C →423 →416D →416E →422 →423
413A	CIRCLE '07' FOR FEMALE STERILIZATION.		
414	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN.....1 BRAND NAME..... PACKAGE NOT SEEN.....2	→416
415	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME..... DON'T KNOW.....98	
416	How much does one packet (cycle) of pills cost you?	DINAR PIASTRE COST..... FREE.....99996 DON'T KNOW.....99998	→423

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416A	IUD: How much did the intertion of IUD cost you, including transportation, pap smear and IUD device?		
416B	INJECTIONS: How much did this injection cost you, including transportation and medical check up?		
416C	IMPLANTS: How much did the implants cost you, including transportation and medical checkup?		
416D	CONDOM: How much did a package of three cost you, including transportation?		
		DINAR      PIASTRE COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....99996 DON'T KNOW.....99998	→423
416E	FEMALE STERILIZATION: How much did the operation cost you including transportation and medical check up?	DINAR      PIASTRE COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....99996 DON'T KNOW.....99998	
417	Where did the sterilization take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 UNIVERSITY HOSPITAL.....12 ROYAL MEDICAL SERVICES (ARMED FORCES).....13 OTHER PUBLIC _____ 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 OTHER PRIVATE _____ 26 MEDICAL _____ (SPECIFY) DON'T KNOW.....98	
418	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→420
419	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD..01 PARTNER WANTS ANOTHER CHILD....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER _____ 96 (SPECIFY)	
420	In what month and year was the sterilization performed?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>	
421	CHECK 420: STERILIZED BEFORE <input type="checkbox"/> JANUARY 1992 STERILIZED AFTER <input type="checkbox"/> JANUARY 1992 ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1992. THEN SKIP TO →429A	ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. THEN SKIP TO →424	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER _____ 96 (SPECIFY)	
423	ENTER METHOD CODE FROM 413 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: · When did you start using continuously? · How long have you been using this method continuously?		
424	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.  USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1992. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.  IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR '0' FOR NONUSE. 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?  IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.  ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.  ILLUSTRATIVE QUESTIONS: COLUMN 2: · Why did you stop using the (METHOD)? · Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?  IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: · How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
425	CHECK 413:  CIRCLE METHOD CODE:	NOT USING.....00 PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER METHOD.....96	→431
426A	Did you talk to your husband about (CURRENT METHOD) before starting to use it?	YES.....1 NO.....2	
426B	Did your husband encourage or discourage your use of (CURRENT METHOD) before starting to use it?	ENCOURAGE.....1 DISCOURAGE.....2 NEITHER.....3 DON'T KNOW.....8	
426C	Did you talk to your husband about (CURRENT METHOD) after starting to use it?	YES.....1 NO.....2	
426D	Did your husband encourage or discourage your use of (CURRENT METHOD) after starting to use it?	ENCOURAGE.....1 DISCOURAGE.....2 NEITHER.....3 DON'T KNOW.....8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
431	What is the main reason you are not using a method of contraception to avoid pregnancy?	FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 PREGNANT.....27  OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHER HH MEMBERS OPPOSED.....33 OTHERS OPPOSED.....34 RELIGIOUS PROHIBITION.....35 RUMORS.....36  LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42  METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
432	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2 →434	
433	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 GOVERNMENT MCH.....13 ROYAL MEDICAL SERVICES (ARMED FORCES.....14 OTHER PUBLIC.....16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....22 JORDANIAN ASSOCIATION OF FP AND PROTECTION (JAFPP).....23 UN RELIEF AGENCY HC.....24 OTHER NGOs.....25 OTHER P. MEDICAL.....26 (SPECIFY)  OTHER SOURCE FRIENDS/RELATIVES.....31 OTHER.....36 (SPECIFY)	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	Have you visited a health facility for any reason in the last 12 months?	YES.....1 NO.....2	→436
435	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
436	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES.....1 NO.....2 DON'T KNOW.....8	→501
437	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED.....1 DECREASED.....2 DEPENDS.....3 DON'T KNOW.....8	→501 →439 →439
438	For how many months?	NUMBER OF MONTHS..... DON'T KNOW.....98	
439	CHECK 310:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→501
440	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	→501
441	CHECK 327 AND 410:  NOT PREGNANT OR UNSURE AND NOT STERILIZED <input type="checkbox"/> EITHER PREGNANT OR STERILIZED <input type="checkbox"/>		→501
442	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	



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-(s0p16.67h8.5v0s0b0T-&l8D

-&ddSECTION 5A. PREGNANCY AND BREASTFEEDING-&d@

501	CHECK 325: ONE OR MORE BIRTHS SINCE JAN. 1992	NO BIRTHS SINCE JAN. 1992	(SKIP TO 565)
502	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1992 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some more questions about the health of all your children born in the past five years. (We will talk about one child at a time.)		
503	LINE NUMBER FROM Q312	LAST BIRTH LINE NUMBER.....	NEXT-TO-LAST BIRTH LINE NUMBER.....
504	FROM Q312 AND Q316	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
505	At the time you became pregnant with (NAME), did you want to become pregnant -&dDthen-&d@, did you want to wait until -&dDlater-&d@, or did you want -&dDno (more)-&d@ children at all?	THEN.....1 (SKIP TO 507)..... LATER.....2 NO MORE.....3 (SKIP TO 507).....	THEN.....1 (SKIP TO 507)..... LATER.....2 NO MORE.....3 (SKIP TO 507).....
506	How much longer would you like to have waited?	MONTHS.....1 YEARS.....2 DON'T KNOW.....998	MONTHS.....1 YEARS.....2 DON'T KNOW.....998
507	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 510).....	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 510).....
508	How many months pregnant were you when you first received antenatal care?	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98
509	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... DON'T KNOW.....98	NO. OF TIMES..... DON'T KNOW.....98
510	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 512)..... DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 512)..... DON'T KNOW.....8
511	During this pregnancy, how many times did you get this injection?	TIMES..... DON'T KNOW.....8	TIMES..... DON'T KNOW.....8

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
512	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)
513	Who assisted with the delivery of (NAME)?  Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVE/FRIEND.....D OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVE/FRIEND.....D OTHER _____ X (SPECIFY) NO ONE.....Y
514	Upto 42 days after the birth of (NAME), did you have any of the following problems:	<div style="text-align: right;">YES NO</div> LABOR MORE THAN 12 HOURS...1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2	<div style="text-align: right;">YES NO</div> LABOR MORE THAN 12 HOURS...1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2
515	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
516	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
517	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 519) ←	YES.....1 NO.....2 (SKIP TO 520) ←		
518	How much did (NAME) weigh?  RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998		
519	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 521) ← NO.....2 (SKIP TO 522) ←			
520	Did your period return between the birth of (NAME) and your next pregnancy?			YES.....1 NO.....2 (SKIP TO 524) ←	
521	For how many months after the birth of (NAME) did you -&dNnot-&d@ have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98		
522	CHECK 327:  RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> ↓ (SKIP TO 524)	PREGNANT OR UNSURE <input type="checkbox"/> ↓ (SKIP TO 524)		
523	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 525) ←			
524	For how many days/months after the birth of (NAME) did you -&dNnot-&d@ have  sexual relations?	IF LESS THAN 30 DAYS DAYS.....1 <input type="text"/> <input type="text"/>    MONTHS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	IF LESS THAN 30 DAYS DAYS.....1 <input type="text"/> <input type="text"/>    MONTHS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998		
525	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 531) ←	YES.....1 NO.....2 (SKIP TO 531) ←		
526	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>		
527	CHECK 504:  CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 529)	DEAD <input type="checkbox"/> ↓ (SKIP TO 529)	ALIVE <input type="checkbox"/> ↓ (SKIP TO 529)	DEAD <input type="checkbox"/> ↓ (SKIP TO 529)
528	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 532) ← NO.....2	YES.....1 (SKIP TO 532) ← NO.....2		
529	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98		

		LAST BIRTH	NEXT-TO-LAST BIRTH																																																																																																																																																																
		NAME _____	NAME _____																																																																																																																																																																
530	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP..08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP..08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____ 96 (SPECIFY)																																																																																																																																																																
531	CHECK 504:  CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 534) (GO BACK TO 505 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 540)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 534) (GO BACK TO 505 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 540)																																																																																																																																																																
532	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>																																																																																																																																																																
533	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>																																																																																																																																																																
534	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8																																																																																																																																																																
535	At any time yesterday or last night, was (NAME) given any of the following:	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>Plain water?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Sugar water?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Juice?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Herbal tea?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Anise drink (yansoon)?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Baby formula?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Tinned or powdered milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fresh milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Any other liquids?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Any food made from grain?</td><td></td><td></td><td></td></tr> <tr><td>    GRAIN.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Any food made from tuber such as potato?</td><td></td><td></td><td></td></tr> <tr><td>    TUBER.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Vegetable?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fruit?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Eggs, fish, or poultry?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Meat?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Any other solid or semi-solid foods?</td><td></td><td></td><td></td></tr> <tr><td>    OTHER SOLID/ SEMI-SOLID FOODS..</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	Plain water?	1	2	8	Sugar water?	1	2	8	Juice?	1	2	8	Herbal tea?	1	2	8	Anise drink (yansoon)?	1	2	8	Baby formula?	1	2	8	Tinned or powdered milk?	1	2	8	Fresh milk?	1	2	8	Any other liquids?	1	2	8	Any food made from grain?				GRAIN.....	1	2	8	Any food made from tuber such as potato?				TUBER.....	1	2	8	Vegetable?	1	2	8	Fruit?	1	2	8	Eggs, fish, or poultry?	1	2	8	Meat?	1	2	8	Any other solid or semi-solid foods?				OTHER SOLID/ SEMI-SOLID FOODS..	1	2	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>Plain water?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Sugar water?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Juice?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Herbal tea?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Yansoon (dill)?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Baby formula?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Tinned/powdr'd mlk.</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fresh milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Other liquids?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Food made from grain?</td><td></td><td></td><td></td></tr> <tr><td>    Grain.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Food made from tuber?</td><td></td><td></td><td></td></tr> <tr><td>    Tuber.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Vegetable?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fruit?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Eggs/fish/poultry?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Meat?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Other solid/semi-solid foods?</td><td></td><td></td><td></td></tr> <tr><td>    Other solid/semi-solid foods..</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	Plain water?	1	2	8	Sugar water?	1	2	8	Juice?	1	2	8	Herbal tea?	1	2	8	Yansoon (dill)?	1	2	8	Baby formula?	1	2	8	Tinned/powdr'd mlk.	1	2	8	Fresh milk?	1	2	8	Other liquids?	1	2	8	Food made from grain?				Grain.....	1	2	8	Food made from tuber?				Tuber.....	1	2	8	Vegetable?	1	2	8	Fruit?	1	2	8	Eggs/fish/poultry?	1	2	8	Meat?	1	2	8	Other solid/semi-solid foods?				Other solid/semi-solid foods..	1	2	8
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		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
536	CHECK 535: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/>	"NO/DK" TO ALL <input type="checkbox"/>  (SKIP TO 538)	"YES" TO ONE OR MORE <input type="checkbox"/>	"NO/DK" TO ALL <input type="checkbox"/>  (SKIP TO 538)
537	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/>  DON'T KNOW.....8		NUMBER OF TIMES..... <input type="checkbox"/>  DON'T KNOW.....8	
538	On how many days during the last seven days was (NAME) given any of the following:  Plain water? Any kind of milk (other than breast milk)? Liquids other than plain water or milk? Food made from grain?  Food made from tuber?  Vegetable? Fruit? Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods?  IF DON'T KNOW, RECORD '8'	RECORD THE NUMBER OF DAYS.  PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM GRAIN..... <input type="checkbox"/> FOOD MADE FROM TUBER..... <input type="checkbox"/> VEGETABLE..... <input type="checkbox"/> FRUIT..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>		RECORD THE NUMBER OF DAYS.  PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM GRAIN..... <input type="checkbox"/> FOOD MADE FROM TUBER..... <input type="checkbox"/> VEGETABLE..... <input type="checkbox"/> FRUIT..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>	
539		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 540.		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 540.	

SECTION 5B. IMMUNIZATION AND HEALTH

540	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1992 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																												
541	LINE NUMBER FROM Q312	LAST BIRTH LINE.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	NEXT-TO-LAST BIRTH LINE.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																																																																																																																																																								
542	FROM Q312 AND Q316	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> ↓  (GO TO 542 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 565.) </div>	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> ↓  (GO TO 542 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 565.) </div>																																																																																																																																																																										
543	Do you have a card where (NAME'S) vaccinations are written down?  IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 545) ← YES, NOT SEEN.....2 (SKIP TO 547) ← NO CARD.....3	YES, SEEN.....1 (SKIP TO 545) ← YES, NOT SEEN.....2 (SKIP TO 547) ← NO CARD.....3																																																																																																																																																																										
544	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 547) ← NO.....2	YES.....1 (SKIP TO 547) ← NO.....2																																																																																																																																																																										
545	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>Polio 1</td><td></td><td></td><td></td></tr> <tr><td>Polio 2</td><td></td><td></td><td></td></tr> <tr><td>Polio 3</td><td></td><td></td><td></td></tr> <tr><td>Polio 4</td><td></td><td></td><td></td></tr> <tr><td>Polio 5</td><td></td><td></td><td></td></tr> <tr><td>Polio booster 1</td><td></td><td></td><td></td></tr> <tr><td>Polio booster 2</td><td></td><td></td><td></td></tr> <tr><td>Polio booster 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td></tr> <tr><td>DPT booster 1</td><td></td><td></td><td></td></tr> <tr><td>DPT booster 2</td><td></td><td></td><td></td></tr> <tr><td>DPT booster 3</td><td></td><td></td><td></td></tr> <tr><td>Measles 1</td><td></td><td></td><td></td></tr> <tr><td>Measles 2</td><td></td><td></td><td></td></tr> <tr><td>Hepatitis 1</td><td></td><td></td><td></td></tr> <tr><td>Hepatitis 2</td><td></td><td></td><td></td></tr> <tr><td>Hepatitis 3</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				Polio 1				Polio 2				Polio 3				Polio 4				Polio 5				Polio booster 1				Polio booster 2				Polio booster 3				DPT 1				DPT 2				DPT 3				DPT booster 1				DPT booster 2				DPT booster 3				Measles 1				Measles 2				Hepatitis 1				Hepatitis 2				Hepatitis 3				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</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>P4....</td><td></td><td></td><td></td></tr> <tr><td>P5....</td><td></td><td></td><td></td></tr> <tr><td>PB1....</td><td></td><td></td><td></td></tr> <tr><td>PB2....</td><td></td><td></td><td></td></tr> <tr><td>PB3....</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>DB1....</td><td></td><td></td><td></td></tr> <tr><td>DB2....</td><td></td><td></td><td></td></tr> <tr><td>DB3....</td><td></td><td></td><td></td></tr> <tr><td>MEA1....</td><td></td><td></td><td></td></tr> <tr><td>MEA2....</td><td></td><td></td><td></td></tr> <tr><td>B1....</td><td></td><td></td><td></td></tr> <tr><td>B2....</td><td></td><td></td><td></td></tr> <tr><td>B3....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				P1....				P2....				P3....				P4....				P5....				PB1....				PB2....				PB3....				D1....				D2....				D3....				DB1....				DB2....				DB3....				MEA1....				MEA2....				B1....				B2....				B3....					
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
546	Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-5, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 545) NO.....2 DON'T KNOW.....8 (SKIP TO 549) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 545) NO.....2 DON'T KNOW.....8 (SKIP TO 549) ←
547	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 549) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 549) ← DON'T KNOW.....8
548	Please tell me if (NAME) received any of the following vaccinations:		
548A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
548B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 548E) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 548E) ← DON'T KNOW.....8
548C	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
548D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
548E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 548G) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 548G) ← DON'T KNOW.....8
548F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
548G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
549a	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
549b	Has (NAME) been ill with measles?	YES.....1 NO.....2 (SKIP TO 550) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 550) ← DON'T KNOW.....8
549c	How old was (NAME) when s/he had measles?	AGE..... <input type="text"/> <input type="text"/>	AGE..... <input type="text"/> <input type="text"/>
550	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 554) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 554) ← DON'T KNOW.....8
551	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
552	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 554) ←	YES.....1 NO.....2 (SKIP TO 554) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
553	Where did you seek advice or treatment? Anywhere else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A ROYAL MEDICAL SERVICES ARMED FORCES.....B GOVT. HEALTH CENTER...C GOVT. HEALTH POST.....D MOBILE CLINIC.....E COMM. HEALTH WORKER...F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J MOBILE CLINIC.....K COMM. HEALTH WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP.....N TRAD. PRACTITIONER...O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A ROYAL MEDICAL SERVICES ARMED FORCES.....B GOVT. HEALTH CENTER...C GOVT. HEALTH POST.....D MOBILE CLINIC.....E COMM. HEALTH WORKER...F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J MOBILE CLINIC.....K COMM. HEALTH WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP.....N TRAD. PRACTITIONER...O OTHER _____ X (SPECIFY)
554	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 564) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 564) ← DON'T KNOW.....8
555	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
556	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
557	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
557A	CHECK 528: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 558)	
557B	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 564) ←	
557C	Did you increase the number of feeds or reduce them, or did you stop completely?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3	
558	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8



		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
559	When (NAME) had diarrhea, was he/she given any of the following to drink:	<div style="text-align: right;">YES NO DK</div> FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR...1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8	<div style="text-align: right;">YES NO DK</div> FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR...1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8
560	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 562) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 562) ← DON'T KNOW.....8
561	What was given to treat the diarrhea?	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)
562	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 564) ←	YES.....1 NO.....2 (SKIP TO 564) ←
563	Where did you seek advice or treatment?	PUBLIC SECTOR GOVT. HOSPITAL.....A ROYAL MEDICAL SERVICES ARMED FORCES.....B GOVT. HEALTH CENTER...C GOVT. HEALTH POST.....D MOBILE CLINIC.....E COMM. HEALTH WORKER...F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J MOBILE CLINIC.....K COMM. HEALTH WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP.....N TRAD. PRACTITIONER....O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A ROYAL MEDICAL SERVICES ARMED FORCES.....B GOVT. HEALTH CENTER...C GOVT. HEALTH POST.....D MOBILE CLINIC.....E COMM. HEALTH WORKER...F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...H PHARMACY.....I PRIVATE DOCTOR.....J MOBILE CLINIC.....K COMM. HEALTH WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP.....N TRAD. PRACTITIONER....O OTHER _____ X (SPECIFY)
564		GO BACK TO 542 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 565.	GO BACK TO 542 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 565.

--&l00--&all  
 -(s0p16.67h8.5v0s0b0T-&l8D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
565	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
566	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
567	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?  RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL...H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J  OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
568	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?  RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL...F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H  OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
569	CHECK 559, ALL COLUMNS:  NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/>		601
570	Have you ever heard of a special product called Aquacell or Paralait you can get for the treatment of diarrhea?	YES.....1 NO.....2	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 413:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		611
602	CHECK 327:  NOT PREGNANT OR UNSURE <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?  PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT....3 UNDECIDED/DON'T KNOW.....8	606 604
603	CHECK 327:  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"/> After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 OTHER (SPECIFY) 996 DON'T KNOW.....998	606
604	CHECK 327:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		607
605	If you became pregnant in the next few weeks, would you be -&dHappy-&d, -&dUnhappy-&d, or would it -&dNot matter-&d very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	2
606	CHECK 412: USING A METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		611
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	609
608	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DON'T KNOW.....8	610
609	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER (SPECIFY) 96 UNSURE.....98	611

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason that you think you will never use a method?	<p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX.....22</p> <p>MENOPAUSAL/HYSTERECTOMY.....23</p> <p>SUBFECUND/INFECOND.....24</p> <p>WANTS MORE CHILDREN.....26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....31</p> <p>HUSBAND OPPOSED.....32</p> <p>OTHER HH MEMBERS OPPOSED.....33</p> <p>OTHERS OPPOSED.....34</p> <p>RELIGIOUS PROHIBITION.....35</p> <p>RUMORS.....36</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....41</p> <p>KNOWS NO SOURCE.....42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....51</p> <p>FEAR OF SIDE EFFECTS.....52</p> <p>LACK OF ACCESS/TOO FAR.....53</p> <p>COST TOO MUCH.....54</p> <p>INCONVENIENT TO USE.....55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....56</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p>	611
611	<p>CHECK 316:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER.....</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	613
612	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<p>BOYS</p> <p>NUMBER.....</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>GIRLS</p> <p>NUMBER.....</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>EITHER</p> <p>NUMBER.....</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																						
613	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3																																																							
614	Is it acceptable or not acceptable to you for information on family planning to be provided:  On the radio? On the television?	<table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DON'T KNOW	RADIO.....1	1	2	8	TELEVISION.....1	1	2	8																																											
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615	In the last six months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From lectures	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LECTURES.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....1	1	2	TELEVISION.....1	1	2	NEWSPAPER OR MAGAZINE.....1	1	2	POSTER.....1	1	2	LEAFLETS OR BROCHURES.....1	1	2	LECTURES.....1	1	2																																		
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616	From what sources do you receive information about family planning? (CIRCLE ALL RESPONSES MENTIONED) (PROBE: Any others?)  Government health worker Private doctor or nurse JAFPP staff Husband Friends/relatives  Radio Television Print materials (newspapers, posters, etc.) School, library or other academic source Community or public meetings Lectures? Other, Specify Don't know	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>NO SOURCE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTERPERSONNEL</td> <td></td> <td></td> </tr> <tr> <td>GOV'T HEALTH WORKER.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>PRIVATE DOCTOR OR NURSE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>JAFPP STAFF.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEDIA</td> <td></td> <td></td> </tr> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TV.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>PRINT MATERIALS.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>SCHOOL, LIBRARY/ACADEMIC.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY/PUBLIC MEETING.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LECTURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	NO SOURCE.....1	1	2	INTERPERSONNEL			GOV'T HEALTH WORKER.....1	1	2	PRIVATE DOCTOR OR NURSE.....1	1	2	JAFPP STAFF.....1	1	2	HUSBAND.....1	1	2	FRIENDS/RELATIVES.....1	1	2	MEDIA			RADIO.....1	1	2	TV.....1	1	2	PRINT MATERIALS.....1	1	2	SCHOOL, LIBRARY/ACADEMIC.....1	1	2	COMMUNITY/PUBLIC MEETING.....1	1	2	LECTURES	1	2	OTHER	1	2	(SPECIFY)			DON'T KNOW.....1	1	2	
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617	CHECK 613:  YES, APPROVE <input type="checkbox"/> F P  NO, DISAPPROVE <input type="checkbox"/> FP		622																																																						
617A	Where or from whom would you prefer to get information about family planning? (CIRCLE ONLY ONE ANSWER)  Government health worker Private doctor or nurse JAFPP staff Husband Other relatives Friends  Radio Television Print materials (newspapers, posters, etc.) School, library or other academic source Community or public meetings Lectures? Other, Specify Don't know	<table border="1"> <tbody> <tr> <td>INTERPERSONNEL</td> <td></td> </tr> <tr> <td>GOVER'T HEALTH WORKER.....01</td> <td>01</td> </tr> <tr> <td>PRIVATE DOCTOR OR NURSE.....02</td> <td>02</td> </tr> <tr> <td>JAFPP STAFF.....03</td> <td>03</td> </tr> <tr> <td>HUSBAND.....04</td> <td>04</td> </tr> <tr> <td>OTHER RELATIVES.....05</td> <td>05</td> </tr> <tr> <td>FRIENDS.....06</td> <td>06</td> </tr> <tr> <td>MEDIA</td> <td></td> </tr> <tr> <td>RADIO.....07</td> <td>07</td> </tr> <tr> <td>TV.....08</td> <td>08</td> </tr> <tr> <td>PRINT MATERIALS.....09</td> <td>09</td> </tr> <tr> <td>SCHOOL, LIBRARY/ACADEMIC.....10</td> <td>10</td> </tr> <tr> <td>COMMUNITY/PUBLIC MEETING.....11</td> <td>11</td> </tr> <tr> <td>LECTURES</td> <td>12</td> </tr> <tr> <td>OTHER</td> <td>96</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW.....98</td> <td>98</td> </tr> </tbody> </table>	INTERPERSONNEL		GOVER'T HEALTH WORKER.....01	01	PRIVATE DOCTOR OR NURSE.....02	02	JAFPP STAFF.....03	03	HUSBAND.....04	04	OTHER RELATIVES.....05	05	FRIENDS.....06	06	MEDIA		RADIO.....07	07	TV.....08	08	PRINT MATERIALS.....09	09	SCHOOL, LIBRARY/ACADEMIC.....10	10	COMMUNITY/PUBLIC MEETING.....11	11	LECTURES	12	OTHER	96	(SPECIFY)		DON'T KNOW.....98	98																					
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→621
619	With whom?  Anyone else?  RECORD ALL MENTIONED.	HUSBAND.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H  OTHER _____ X (SPECIFY)	
619A	Have you tried to encourage or persuade anyone to use family planning?	YES.....1 NO.....2	
620	CHECK 202: YES, <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/> NO, NOT MARRIED <input type="checkbox"/>		→701
621	Spouses do not always agree on everything. Now I want to ask you about your husband's views on family planning.  Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2 DON'T KNOW.....8	
621A	In your opinion, who should make the decision whether to use a family planning method, your husband, you, or you and your husband?	HUSBAND.....1 WOMAN.....2 BOTH TOGETHER.....3 DON'T KNOW.....8	
621B	In your family, who does make the decision whether to use a family planning method, your husband, you or you and your husband?	HUSBAND.....1 WOMAN.....2 BOTH TOGETHER.....3 DON'T KNOW.....8	
622	How often have you talked to your husband about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3 NOT APPLICABLE.....4	→622B →622B
622A	Who usually starts the discussion about family planning, you or your husband?	WOMAN.....1 HUSBAND.....2 BOTH EQUALLY.....3 OTHER _____ 4 (SPECIFY)	
622B	Do you approve or disapprove the following statements:  A. RELIGION: According to my religion family planning is permitted.  B. MOTHER'S HEALTH: Using family planning methods helps a mother regain her strength before having her next baby.  C. ECONOMICS: Having a small family will improve one's standard of living.  D. RELATIONSHIP TO PARTNERS: The use of family planning will bring the relationship of a couple closer.  E. CHILDREN'S HEALTH: Spacing out births protects the health of children	SA A D SD DK NR  A. RELIGION.....1 2 3 4 8 9  B. MOTHER'S.....1 2 3 4 8 9 HEALTH  C. ECONOMICS.....1 2 3 4 8 9  D. RELATIONSHIP..1 2 3 4 8 9 TO PARTNERS  E. CHILDREN'S....1 2 3 4 8 9 HEALTH	

SA = Strongly Approve, A = Approve; D = Disapprove, SD = Strongly Disapprove, DK = Don't Know  
NR = No Response

W 31

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
622C	Do you think that the following people would approve or disapprove of you using a family planning method? (READ LIST)	YES NO DK NA				
	Husband	HUSBAND.....	1	2	8	9
	Mother	MOTHER.....	1	2	8	9
	Father	FATHER.....	1	2	8	9
	Mother-in-law	MOTHER-IN-LAW.....	1	2	8	9
	Father-in-law	FATHER-IN-LAW.....	1	2	8	9
	Your child	YOUR CHILD.....	1	2	8	9
	Your friend	YOUR FRIEND.....	1	2	8	9
	Health care worker	HEALTH CARE WORKER.....	1	2	8	9
	Your religious leader	YOUR RELIGIOUS LEADER.....	1	2	8	9
	Local community leaders	COMMUNITY LEADERS.....	1	2	8	9
	Other, specify	OTHER.....	1	2	8	9
	Other, specify	OTHER.....	1	2	8	9
623	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....	1			
		MORE CHILDREN.....	2			
		FEWER CHILDREN.....	3			
		DON'T KNOW.....	8			

NO.	SECTION 7. HUSBAND'S BACKGROUND, WOMAN'S WORK AND RESIDENCE-QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 202: CURRENTLY <input type="checkbox"/> FORMERLY <input type="checkbox"/> MARRIED MARRIED/SEPARATED		703
702	How old was your husband on his last birthday?	AGE..... <input type="text"/>	
703	Did your (last) husband ever attend school?	YES.....1 NO.....2	706
704	What was the highest level of school he attended: basic, elementary, preparatory, vocational secondary, academic secondary, intermediate diploma, the university or higher studies?	ELEMENTARY.....01 PREPARATORY.....02 BASIC.....03 VOCATIONAL SECONDARY.....04 SECONDARY.....05 INTERMEDIATE DIPLOMA.....06 UNIVERSITY.....07 HIGHER STUDIES.....08 DON'T KNOW.....98	706
705	What was the highest (grade/form/year) he completed at that level?	GRADE..... <input type="text"/> DON'T KNOW.....98	
706	What is (was) your (last) husband's occupation? That is, what kind of work does (did) he mainly do?	<input type="text"/>	
707	CHECK 706: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK <input type="checkbox"/> IN AGRICULTURE		709
708	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
709	Aside from your own housework, are you currently working?	YES.....1 NO.....2	712
710	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	712
711	Have you done any work in the last 12 months?	YES.....1 NO.....2	726
712	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/>	
713	CHECK 712: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		715
714	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
715	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3																									
716	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	→718 →719																								
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <input type="text"/>																									
718	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... <input type="text"/>	→720																								
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... <input type="text"/>																									
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	→723																								
721	How much do you usually earn for this work?  PROBE: Is this by the day, by the week, or by the month?	<table border="1"> <thead> <tr> <th></th> <th>DINAR</th> <th>PIASTRE</th> </tr> </thead> <tbody> <tr> <td>PER HOUR...1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PER DAY....2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PER WEEK...3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PER MONTH...4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PER YEAR...5</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>OTHER.....</td> <td colspan="2">999996</td> </tr> <tr> <td></td> <td colspan="2">(SPECIFY)</td> </tr> </tbody> </table>		DINAR	PIASTRE	PER HOUR...1	<input type="text"/>	<input type="text"/>	PER DAY....2	<input type="text"/>	<input type="text"/>	PER WEEK...3	<input type="text"/>	<input type="text"/>	PER MONTH...4	<input type="text"/>	<input type="text"/>	PER YEAR...5	<input type="text"/>	<input type="text"/>	OTHER.....	999996			(SPECIFY)		
	DINAR	PIASTRE																									
PER HOUR...1	<input type="text"/>	<input type="text"/>																									
PER DAY....2	<input type="text"/>	<input type="text"/>																									
PER WEEK...3	<input type="text"/>	<input type="text"/>																									
PER MONTH...4	<input type="text"/>	<input type="text"/>																									
PER YEAR...5	<input type="text"/>	<input type="text"/>																									
OTHER.....	999996																										
	(SPECIFY)																										
722	CHECK 202:  YES, CURRENTLY MARRIED <input type="checkbox"/>  NO, NOT MARRIED <input type="checkbox"/>  Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else?  Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5																									
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2																									
724	CHECK 316 AND 318: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→726																								
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER.....96 (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Have you lived in only one community or in more than one community since January 1992?	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	→728
727	IN COLUMN 4 OF CALENDAR, ENTER THE APPROPRIATE CODE FOR CURRENT COMMUNITY, ( '1' AMMAN, '2' ANOTHER CITY, '3' COUNTRYSIDE/VILLAGE, '4' OUTSIDE JORDAN ). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1992.  THEN SKIP TO _____		→801
728	In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)?  IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE MONTH AND YEAR OF THE MOVE. IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY, ( '1' AMMAN, '2' ANOTHER CITY, '3' COUNTRYSIDE/VILLAGE, '4' OUTSIDE JORDAN ). CONTINUE PROBING FOR PREVIOUS COMMUNITIES, AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY.  ILLUSTRATIVE QUESTIONS: · Where did you live before.....? · In what month and year did you arrive there? · Is that place in Amman, a medium city, a small city, a town, or in the countryside?		

-&dSECTION 8. AIDS-&d

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→901
802	From which sources of information have you learned most about AIDS?  Any other sources?  RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E LECTURES.....F MOSQUES/CHURCHES.....G SCHOOLS/TEACHERS.....H COMMUNITY MEETINGS.....I FRIENDS/RELATIVES.....J WORK PLACE.....K  OTHER.....X (SPECIFY)	
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	→807
804	What can a person do?  Any other ways?  RECORD ALL MENTIONED.	SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K  OTHER.....W (SPECIFY)  OTHER.....X (SPECIFY) DON'T KNOW.....Z	
805	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8	
806	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DON'T KNOW.....8	
807	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	

## SECTION 9. MATERNAL MORTALITY

901 Now I would like to ask you some questions about your brothers and sisters, that is, all of the children who were born to your natural mother, including those who are living with you, those living elsewhere, and those who have died. How many children did your mother give birth to, including yourself?

NUMBER OF BIRTHS  
TO NATURAL MOTHER

IF '01'

OR ONLY CHILD

→915

902 How many of these births did your mother have before you were born?

NUMBER OF PRECEDING BIRTHS.....

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
903 What was the name given to your oldest (next oldest) brother or sister?	.....	.....	.....	.....	.....	.....	.....
904 Is (NAME) male or female	MALE.....1 FEMALE....2	MALE....1 FEMALE..2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2	MALE.....1 FEMALE....2
905 Is (NAME) still alive?	YES.....1 NO.....2 TO 907< DK.....8 TO (2)<	YES.....1 NO.....2 TO 907< DK.....8 TO (3)<	YES.....1 NO.....2 TO 907< DK.....8 TO (4)<	YES.....1 NO.....2 TO 907< DK.....8 TO (5)<	YES.....1 NO.....2 TO 907< DK.....8 TO (6)<	YES.....1 NO.....2 TO 907< DK.....8 TO (7)<	YES.....1 NO.....2 TO 907< DK.....8 TO (8)<
906 How old is (NAME)?	<input type="text"/> GO TO (2)	<input type="text"/> GO TO (3)	<input type="text"/> GO TO (4)	<input type="text"/> GO TO (5)	<input type="text"/> GO TO (6)	<input type="text"/> GO TO (7)	<input type="text"/> GO TO (8)
907 In what year did (NAME) die?	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>
908 How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 15 YEARS GO TO (2)	<input type="text"/> IF MALE OR DIED BEFORE 15 YEARS GO TO (3)	<input type="text"/> IF MALE OR DIED BEFORE 15 YEARS GO TO (4)	<input type="text"/> IF MALE OR DIED BEFORE 15 YEARS GO TO (5)	<input type="text"/> IF MALE OR DIED BEFORE 15 YEARS GO TO (6)	<input type="text"/> IF MALE OR DIED BEFORE 15 YEARS GO TO (7)	<input type="text"/> IF MALE OR DIED BEFORE 15 YEARS GO TO (8)
909 Had (NAME) ever been married?	YES.....1 NO.....2 TO (2)<	YES.....1 NO.....2 TO (3)<	YES.....1 NO.....2 TO (4)<	YES.....1 NO.....2 TO (5)<	YES.....1 NO.....2 TO (6)<	YES.....1 NO.....2 TO (7)<	YES.....1 NO.....2 TO (8)<
910 Was (NAME) pregnant when she died?	YES.....1 TO 913< NO.....2	YES.....2 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2
911 Did (NAME) die during childbirth?	YES.....1 TO 913< NO.....2	YES.....2 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2
912 Did (NAME) die within two months after the end of a pregnancy or birth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
913 Did (NAME) die due to complications of pregnancy or delivery?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
914 How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

-&dSECTION 10. HEIGHT AND WEIGHT-&d@

1001	CHECK 315: ONE OR MORE BIRTHS SINCE JAN. 1992	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1992	<input type="checkbox"/>	END
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IN 1002 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE.  
 IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN  
 SINCE JANUARY 1992. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN.  
 (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1992 SHOULD BE WEIGHED AND MEASURED EVEN  
 IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1992,  
 USE ADDITIONAL QUESTIONNAIRES).

		[1]	RESPONDENT	[2]	YOUNGEST LIVING CHILD	[3]	NEXT-TO- YOUNGEST LIVING CHILD
1002	LINE NO. FROM Q.312						
1003	NAME FROM Q.312 FOR CHILDREN		(NAME)		(NAME)		(NAME)
1004	DATE OF BIRTH FROM Q.315, AND ASK FOR DAY OF BIRTH				DAY..... MONTH..... YEAR.. 1 9		DAY..... MONTH..... YEAR.. 1 9
1005	BCG SCAR ON TOP OF LEFT SHOULDER				SCAR SEEN.....1 NO SCAR.....2		SCAR SEEN.....1 NO SCAR.....2
1006	HEIGHT (in centimeters)						
1007	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?				LYING.....1 STANDING.....2		LYING.....1 STANDING.....2
1008	WEIGHT (in kilograms)						
1009	DATE WEIGHED AND MEASURED		DAY..... MONTH..... YEAR.. 1 9		DAY..... MONTH..... YEAR.. 1 9		DAY..... MONTH..... YEAR.. 1 9
1010	RESULT		MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 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)
1011	NAME OF MEASURER:				NAME OF ASSISTANT:		

-&dDINTERVIEWER'S OBSERVATIONS-&d@

Comments  
about Respondent:

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Comments on  
Specific Questions:

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---

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Any Other Comments:

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-&dDSUPERVISOR'S OBSERVATIONS-&d@

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

-&dDEDITOR'S OBSERVATIONS-&d@

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Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_

W 41

-(s0p16.67h8.5v0s0b0T-&l16D

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

FOR COLUMNS 1, 3, AND 4, ALL MONTHS

SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

B BIRTHS

P PREGNANCIES

T TERMINATIONS

0 NO METHOD

1 PILL

2 IUD

3 INJECTIONS

4 IMPLANTS

5 DIAPHRAGM/FOAM/JELLY

6 CONDOM

7 FEMALE STERILIZATION

8 MALE STERILIZATION

9 PERIODIC ABSTINENCE

A WITHDRAWAL

Y PROLONGED BREASTFEEDING

X OTHER \_\_\_\_\_

(SPECIFY)

COL.2: Discontinuation of Contraceptive Use

0 INFREQUENT SEX/HUSBAND AWAY

1 BECAME PREGNANT WHILE USING

2 WANTED TO BECOME PREGNANT

3 HUSBAND DISAPPROVED

4 WANTED MORE EFFECTIVE METHOD

5 HEALTH CONCERNS

6 SIDE EFFECTS

7 LACK OF ACCESS/TOO FAR

8 COST TOO MUCH

9 INCONVENIENT TO USE

F FATALISTIC

A DIFFICULT TO GET PREGNANT/MENOPAUSE

D MARITAL DISSOLUTION/SEPARATION

X OTHER \_\_\_\_\_

(SPECIFY)

Z DON'T KNOW

			1	2	3	4		
12	DEC	01					01	DEC
11	NOV	02					02	NOV
10	OCT	03					03	OCT
09	SEP	04					04	SEP
1	08	AUG	05				05	AUG 1
9	07	JUL	06				06	JUL 9
9	06	JUN	07				07	JUN 9
7	05	MAY	08				08	MAY 7
	04	APR	09				09	APR
	03	MAR	10				10	MAR
	02	FEB	11				11	FEB
	01	JAN	12				12	JAN

12	DEC	13					13	DEC
11	NOV	14					14	NOV
10	OCT	15					15	OCT
09	SEP	16					16	SEP
1	08	AUG	17				17	AUG 1
9	07	JUL	18				18	JUL 9
9	06	JUN	19				19	JUN 9
6	05	MAY	20				20	MAY 6
	04	APR	21				21	APR
	03	MAR	22				22	MAR
	02	FEB	23				23	FEB
	01	JAN	24				24	JAN

12	DEC	25					25	DEC
11	NOV	26					26	NOV
10	OCT	27					27	OCT
09	SEP	28					28	SEP
1	08	AUG	29				29	AUG 1
9	07	JUL	30				30	JUL 9
9	06	JUN	31				31	JUN 9
5	05	MAY	32				32	MAY 5
	04	APR	33				33	APR
	03	MAR	34				34	MAR
	02	FEB	35				35	FEB
	01	JAN	36				36	JAN

12	DEC	37					37	DEC
11	NOV	38					38	NOV
10	OCT	39					39	OCT
09	SEP	40					40	SEP
1	08	AUG	41				41	AUG 2
9	07	JUL	42				42	JUL 9
9	06	JUN	43				43	JUN 9
4	05	MAY	44				44	MAY 4
	04	APR	45				45	APR
	03	MAR	46				46	MAR



COL.3: Marriage

X MARRIED

0 NOT MARRIED

02 FEB	47					47 FEB
01 JAN	48					48 JAN

COL.4: Moves and Types of Communities

X CHANGE OF COMMUNITY

1 AMMAN

2 ANOTHER CITY

3 COUNTRYSIDE/VILLAGE

4 OUTSIDE JORDAN

12 DEC	49					49 DEC
11 NOV	50					50 NOV
10 OCT	51					51 OCT
09 SEP	52					52 SEP
1 08 AUG	53					53 AUG 1
9 07 JUL	54					54 JUL 9
9 06 JUN	55					55 JUN 9
3 05 MAY	56					56 MAY 3
04 APR	57					57 APR
03 MAR	58					58 MAR
02 FEB	59					59 FEB
01 JAN	60					60 JAN

12 DEC	61					61 DEC
11 NOV	62					62 NOV
10 OCT	63					63 OCT
09 SEP	64					64 SEP
1 08 AUG	65					65 AUG 1
9 07 JUL	66					66 JUL 9
9 06 JUN	67					67 JUN 9
2 05 MAY	68					68 MAY 2
04 APR	69					69 APR
03 MAR	70					70 MAR
02 FEB	71					71 FEB
01 JAN	72					72 JAN

