APPENDIX E

QUESTIONNAIRES

KAZAKHSTAN DEMOGRAPHIC AND HEALTH SURVEY QUESTIONNAIRE
HOUSEHOLD SCHEDULE

REPUBLIC OF KAZAKHSTAN
INSTITUTE OF NUTRITION

IDENTIFICATION

CITY/TOWN/VILLAGE NAME _____

NAME OF HOUSEHOLD HEAD _____

REGION . . . . . □□

OBLAST . . . . . □□

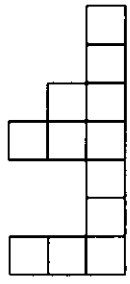
RAION . . . . . □□

CLUSTER NUMBER . . . . . □□□

URBAN/RURAL (urban = 1; rural = 2) . . . . . □

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . . . □
(large city = 1, small city = 2, town = 3, countryside = 4)

HOUSEHOLD NUMBER . . . . . □□□



INTERVIEWER VISIT

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY □□ MONTH □□ YEAR □□ NAME □□ RESULT □
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. 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 _____		

INFORMATION ABOUT HOUSEHOLD MEMBERS AND VISITORS

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			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				ELIGIBILITY
							IF AGE 6 YEARS OR OLDER							
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	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 ATTENDED SCHOOL: What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at that level?**	IF AGE LESS THAN 35 YEARS: Is (NAME) still in school?	Is (NAME'S) natural mother alive?	IF ALIVE: Does (NAME's) natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME'S) natural father alive?	IF ALIVE: Does (NAME's) natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
01			YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS	YES NO 1 2	LEVEL GRADE	YES NO 1 2	YES NO DK 1 2 8		YES NO DK 1 2 8		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
06			YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS	YES NO 1 2	LEVEL GRADE	YES NO 1 2	YES NO DK 1 2 8		YES NO DK 1 2 8		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

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

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

* CODES FOR Q.3
RELATIONASHIP 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 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEP CHILD
12 = NOT RELATED
98 = DK

** CODES FOR Q.9
LEVEL OF EDUCATION:

1 = PRIMARY AND SECONDARY
2 = SECONDARY SPECIAL
3 = HIGHER
8 = DK

GRADE
00 = LESS THAN 1 YEAR COMPLETED
98 = DK

*** THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. RECORD 00 IF PARENT NOT MEMBER OF HOUSEHOLD.

No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT . . . . . 11 → 18 PUBLIC TAP . . . . . 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT . . . . . 21 → 18 PUBLIC WELL . . . . . 22 SURFACE WATER SPRING WATER . . . . . 31 RIVER/STREAM . . . . . 32 POND/LAKE . . . . . 33 DAM . . . . . 34 RAINWATER . . . . . 41 → 18 TANKER TRUCK . . . . . 51 BOTTLED WATER . . . . . 61 → 18 OTHER _____ 96 (SPECIFY)	
17	How long does it take to go there, get water, and come back?	MINUTES . . . . . ☐☐☐ ON PREMISES 996	
18	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET . . . . . 11 SHARED FLUSH TOILET . . . . . 12 PIT TOILET/LATRINE TRADITIONAL TYPE . . . . . 21 IMPROVED - VENTILATED . . . . . 22 NO FACILITY (BUSH/FIELD) . . . . . 31 OTHER _____ 96 (SPECIFY)	
19	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE . . . . . 1 2 REFRIGERATOR 1 2	
20	How many rooms in your household are used for sleeping?	ROOMS . . . . . ☐☐	
21	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION	NATURAL FLOOR EARTH/SAND . . . . . 11 TEZEK . . . . . 12 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 STRAW/SAWDUST . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 LINOLEUM OR ASPHALT . . . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
22	Does any member of your household own A bicycle? A motorcycle? A car?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE . . . . . 1 2 CAR 1 2	
23	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE)	LOCAL SALT . . . . . 01 PACKAGED SALT (IODIZED) . . . . . 02 PACKAGED SALT (NOT IODIZED) . . . . . 03 OTHER _____ 96 (SPECIFY)	

INDIVIDUAL WOMAN'S QUESTIONNAIRE

REPUBLIC OF KAZAKHSTAN
INSTITUTE OF NUTRITION

IDENTIFICATION

CITY/TOWN/VILLAGE NAME _____

NAME OF HOUSEHOLD HEAD _____

REGION . . . . . .

OBLAST . . . . . .

RAION . . . . . .

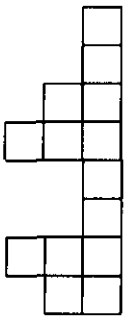
CLUSTER NUMBER . . . . . .

URBAN/RURAL (urban = 1; rural = 2) . . . . . .

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . . . .
(large city = 1, small city = 2, town = 3, countryside = 4)

HOUSEHOLD NUMBER . . . . . .

NAME AND LINE NUMBER OF WOMAN _____



INTERVIEWER VISIT

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NO. VISITS
TIME				

*RESULT CODES:

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

	KAZAKH	RUSSIAN
1. LANGUAGE OF INTERVIEW	1	2
2. NATIVE LANGUAGE OF RESPONDENT	1	2
	YES	NO
3. WHETHER TRANSLATOR USED	1	2

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

Section 1. RESPONDENT'S BACKGROUND

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 a city, in a town, or in a countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE 3	
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 a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH ..... [ ][ ] DON'T KNOW MONTH ..... 98 YEAR ..... [ ][ ] DON'T KNOW YEAR 98	
106	How old were you at your last birthday?	AGE IN COMPLETED YEARS ..... [ ][ ]	
107	Have you ever attended school?	YES ..... 1 NO ..... 2 → 114	

108	What is the highest level of school you attended: primary, secondary, secondary-special, or higher?	PRIMARY/SECONDARY . . . . . 1 → 109 SECONDARY SPECIAL . . . . . 2 HIGHER 3
108A	What did you study?	☐☐ (NAME OF SPECIALITY))
109	How many years/classes/courses did you completed at that level?	☐☐
110	CHECK 106: 34 OR BELOW ☐ 35 OR ABOVE ☐ → 114	
111	Are you currently attending school?	YES . . . . . 1 → 114 NO 2
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 AT WORK . . . . . 04 NEEDED TO EARN MONEY . . . . . 05 HAD ENOUGH SCHOOLING . . . . . 06 DID NOT PASS ENTRANCE EXAMS. . . . . 07 DID NOT LIKE SCHOOL . . . . . 08 SCHOOL IS TOO FAR . . . . . 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98
114	Can you read or understand a letter or newspaper easily, with dificulty, or not at all?	EASILY . . . . . 1 WITH DIFFICULTY. . . . . 2 NOT AT ALL . . . . . 3 → 116

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Do you usually read a newspaper or magazine at least once a week?	YES . . . 1 NO . . . 2	
116	Do you usually listen to the radio every day?	YES . . . 1 NO . . . 2	
117	Do you usually watch television at least once a week?	YES . . . 1 NO . . . 2	
118	What is your religion: Are you Muslim, Christian, another religion or do you not practice any religion?	MUSLIM . . . 1 CHRISTIAN . . . 2 OTHER 6 _____ (SPECIFY) NOT RELIGIOUS . . . 7 DON'T KNOW . . . 8	
119	What is your nationality? Are you Kazakh? Russian? Ukrainian? German? Korean? Other?	KAZAKH . . . 1 RUSSIAN . . . 2 UKRAINIAN . . . 3 GERMAN . . . 4 KOREAN . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . 8	
119A	What language is easiest for you to read: Only Kazakh? Kazakh more than Russian? Both equally? Russian more than Kazakh? Only Russian? Other language?	ONLY KAZAKH . . . 1 MORE KAZAKH THAN RUSSIAN . . . 2 SAME KAZAKH AND RUSSIAN . . . 3 MORE RUSSIAN THAN KAZAKH . . . 4 ONLY RUSSIAN . . . 5 OTHER _____ 6 (SPECIFY)	

119B	What language do you usually speak at home: Only Kazakh? Kazakh more than Russian? Both equally? Russian more than Kazakh? Only Russian? Other language?	ONLY KAZAKH . . . . . 1 MORE KAZAKH THAN RUSSIAN . . . . . 2 SAME KAZAKH AND RUSSIAN . . . . . 3 MORE RUSSIAN THAN KAZAKH . . . . . 4 ONLY RUSSIAN . . . . . 5 OTHER _____ 6 (SPECIFY)
119C	Do you own dacha, or do you have access to a garden from which you obtain fruits and vegetables during the growing seasons?	YES . . . . . 1 NO . . . . . 2 OTHER _____ 6 (SPECIFY)
119D	Do you have any chronic diseases?	YES . . . . . 1 NO . . . . . 2 → 120
119E	What kind of disease do you have?	_____ ☐☐ (NAME OF DISEASE)
120	CHECK INTERVIEWER'S ASSIGNMENT SHEET: THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT ☐ THE WOMAN INTERVIEWED IS A USUAL RESIDENT ☐ → 201	
121	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 a city, town, or the countryside?	CAPITAL CITY, LARGE CITY . . . . . 1 SMALL CITY . . . . . 2 TOWN . . . . . 3 COUNTRYSIDE 4

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	In which oblast is that located?	OBLAST: AKMOLINSKAYA . . . . . 01 AKTIUBINSKAYA . . . . . 02 ALMATINSKAYA . . . . . 03 ATYRAUSKAYA . . . . . 04 EAST-KAZAKHSTANSKAYA . . . . . 05 ZHAMBYLSKAYA . . . . . 06 ZHEZKAZGANSKAYA . . . . . 07 WEST-KAZAKHSTANSKAYA . . . . . 08 KARAGANDINSKAYA . . . . . 09 KZYL-ORDINSKAYA . . . . . 10 KOKSHETAUSKAYA . . . . . 11 KOUSTANAISKAYA . . . . . 12 MANGISTAUSKAYA . . . . . 13 PAVLODARSKAYA . . . . . 14 NORTH-KAZAKHSTANSKAYA . . . . . 15 SEMIPALATINSKAYA . . . . . 16 TALDYKORGANSKAYA . . . . . 17 TOURGAISKAYA . . . . . 18 SOUTH-KAZAKHSTANSKAYA . . . . . 19 THE CITY OF ALMATY . . . . . 20 OTHER _____ 96 SPECIFY	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT . . . . . 11 → 125 PUBLIC TAP . . . . . 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT . . . . . 21 → 125 PUBLIC WELL . . . . . 22 SURFACE WATER SPRING WATER . . . . . 31 RIVER/STREAM . . . . . 32 POND/LAKE . . . . . 33 DAM . . . . . 34 RAINWATER . . . . . 41 → 125 TANKER TRUCK . . . . . 51 BOTTLED WATER . . . . . 61 → 125 OTHER _____ 96 (SPECIFY)	

124	How long does it take to go there, get water, and come back?	MINUTES ☐☐☐ ON PREMISES 996
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET 11 SHARED FLUSH TOILET 12 PIT TOILET/LATRINE TRADITIONAL TYPE 21 IMPROVED - VENTILATED 22 NO FACILITY (BUSH/FIELD) 31 OTHER _____ (SPECIFY) 96
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 TELEPHONE 1 2 REFRIGERATOR 1 2
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND 11 TEZEK 12 RUDIMENTARY FLOOR WOOD PLANKS 21 STRAW/SAWDUST 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 LINOLEUM OR ASPHALT 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ (SPECIFY) 96
128	Does any member of your household own A bicycle? A motorcycle? A car?	YES NO BICYCLE 1 2 MOTORCYCLE 1 2 CAR 1 2

Section 2. PREGNANCY HISTORY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask you about all the births you have had during your life. Have you ever given birth?	YES . . . 1 NO . . . 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . 1 NO . . . 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'	SONS AT HOME . . . [ ][ ] DAUGHTERS AT HOME . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . 1 NO . . . 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'	SONS ELSEWHERE . . . [ ][ ] DAUGHTERS ELSEWHERE . . . [ ][ ]	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES . . . 1 NO . . . 2	→ 208

207	How many boys have died? How many girls have died?	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]
208	SUM ANSWERS TO 203, 205, 207, AND ENTER TOTAL. IF NONE, RECORD '00'	TOTAL BIRTHS . . . . . [ ][ ]
209	Women sometime have pregnancies which do not result in a live born child. That is, a pregnancy can ended very early by a mini abortion or by an induced abortion, a miscarriage or a stillbirth. In total how many mini abortions, and induced abortions have you had?	TOTAL ABORTIONS . . . . . [ ][ ]
210	How many miscarriages?	TOTAL MISCARRIAGES . . . . . [ ][ ]
211	How many stillbirths?	TOTAL STILLBIRTHS . . . . . [ ][ ]
212	SUM ANSWERS TO 208, 209, 210, 211, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'	TOTAL PREGNANCIES . . . . . [ ][ ]
213	CHECK 212 ONE OR MORE PREGNANCY [ ] NO PREGNANCIES [ ] → 227	

214 Now I want to talk to you about each of your pregnacies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information

215 When did your (last/next-to-last/ etc.) pregnancy end? In what month and year?	216 Did this pregnancy end in a live birth, an induced abortion, a miscarriage, or a stillbirth?	217 FROM YEAR OF LAST/NEXT-TO-THE LAST, ETC. PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 4 OR MORE? TRY TO DETERMINE: IF THERE WAS ANOTHER PREGNANCY BETWEEN THIS AND PREVIOUS PREGNANCY.	218 CHECK 216: RECORD SAME RESPONSE	219 Was this a single or a multiple birth?	220 What name was given to this child?	221 Is (NAME) a boy or girl?	222 Is (NAME) still alive?	223 How old was (NAME) on his/ her last birthday? RECORD AGE IN COMPLETED YEARS	224 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.
01 MONTH ___ YEAR ___	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4	YES . . . 1 NO . . . 2	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4 NEXT PREGNANCY ←	SING . . . 1 MULT . . . 2	NAME _____	BOY . . . 1 GIRL . . . 2	YES . . . 1 NO . . . 2 → 224	AGE IN YEARS ___ → 218	DAYS . . . 1 MONTHS . . . 2 YEARS . . . 3 ___
02 MONTH ___ YEAR ___	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4	YES . . . 1 NO . . . 2	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4 NEXT PREGNANCY ←	SING . . . 1 MULT . . . 2	NAME _____	BOY . . . 1 GIRL . . . 2	YES . . . 1 NO . . . 2 → 224	AGE IN YEARS ___ → 218	DAYS . . . 1 MONTHS . . . 2 YEARS . . . 3 ___
03 MONTH ___ YEAR ___	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4	YES . . . 1 NO . . . 2	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4 NEXT PREGNANCY ←	SING . . . 1 MULT . . . 2	NAME _____	BOY . . . 1 GIRL . . . 2	YES . . . 1 NO . . . 2 → 224	AGE IN YEARS ___ → 218	DAYS . . . 1 MONTHS . . . 2 YEARS . . . 3 ___
04 MONTH ___ YEAR ___	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4	YES . . . 1 NO . . . 2	LIVE BIRTH . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . 3 STILLBIRTH . . . 4 NEXT PREGNANCY ←	SING . . . 1 MULT . . . 2	NAME _____	BOY . . . 1 GIRL . . . 2	YES . . . 1 NO . . . 2 → 224	AGE IN YEARS ___ → 218	DAYS . . . 1 MONTHS . . . 2 YEARS . . . 3 ___

05 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3
06 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3
07 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3
08 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3

09 MONTH YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . 2 YEARS 3
10 MONTH YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . 2 YEARS 3
11 MONTH YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . 2 YEARS 3
12 MONTH YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . 1 NO . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . 2 YEARS 3

13 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3
14 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3
15 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3
16 MONTH . . . YEAR	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH 4	YES . . . . . 1 NO 2	LIVE BIRTH . . . . . 1 INDUCED ABORTION . 2 MISCARRIAGE . . . . . 3 STILLBIRTH . . . . . 4 NEXT PREGNANCY	SING . . . . . 1 MULT 2	NAME	BOY . . . . . 1 GIRL 2	YES . . . . . 1 NO . . . . . 2 → 224	AGE IN YEARS 218	DAYS . . . . . 1 MONTHS . . . . . 2 YEARS 3

225 CAMPARE 212 WITH TOTAL PREGNANCIES IN PREGNANCY HISTORY IN QUESTION 215:

NUMBERS ARE THE SAME ☐ ↓

NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: Q215 FOR EACH PREGNANCY YEAR OF PREGNANCY ENDED IS RECORDED.

Q223 FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

Q224 FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐☐☐

226 CHECK 215 AND ENTER THE NUMBER OF PREGNANCIES ENDED SINCE JANUARY 1992.
IF NONE, RECORD '0'. ☐☐

No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
227	Are you pregnant now?	YES . . . 1 NO . . . 2 UNSURE . . . 8 → 230	
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS	MONTHS . . . [ ][ ]	
229	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN . . . 1 LATER . . . 2 NOT AT ALL . . . 3	
230	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	
231	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant then other times?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8 → 301	
232	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 _____ (SPECIFY) . . . 96 DON'T KNOW . . . 98	

Section 3. OUTCOME OF PREGNANCIES

301 CHECK 226

ONE OR MORE PREGNANCY SINCE JANUARY 1992 ☐ ↓

NO PREGNANCY SINCE JANUARY 1992 ☐ → (SKIP TO 458)

302 ENTER THE LINE NUMBER FOR EACH PREGNANCY ENDED SINCE JANUARY 1992 IN THE TABLE. (IF THERE ARE MORE THAN FOUR PREGNANCIES, USE ADDITIONAL QUESTIONNAIRE)

Now I would like to ask you some questions about the pregnancies you have had in the last three years.

		LAST PREGNANCY	NEXT-TO-THE-LAST PREGNANCY	SECOND FROM LAST PREGNANCY	THIRD FROM LAST PREGNANCY
303	LINE NUMBER FROM Q. 215	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
304	SEE Q. 216 AND 220: OUTCOME OF PREGNANCY OR THE NAME OF CHILD	OUTCOME OR NAME	OUTCOME OR NAME	OUTCOME OR NAME	OUTCOME OR NAME
305	At the time you became pregnant (with NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN 1 (SKIP TO 306A) ← LATER 2 NO MORE 3 (SKIP TO 306) ←	THEN 1 (SKIP TO 306A) ← LATER 2 NO MORE 3 (SKIP TO 306) ←	THEN 1 (SKIP TO 306A) ← LATER 2 NO MORE 3 (SKIP TO 306) ←	THEN 1 (SKIP TO 306A) ← LATER 2 NO MORE 3 (SKIP TO 306) ←
305A	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	MONTHS 1 ☐☐ YEARS 2 DON'T KNOW 998	MONTHS 1 ☐☐ YEARS 2 DON'T KNOW 998
306	At the time you became pregnant, were you using a method of contraception? Which method?	YES 1 NO 2 ☐☐	YES 1 NO 2 ☐☐	YES 1 NO 2 ☐☐	YES 1 NO 2 ☐☐
306A	CHECK 304: OUTCOME OF PREGNANCY	INDUCED ABORTION ☐ →316 MISCARRIAGE ☐ →325 STILLBIRTH ☐ LIVE BIRTH ☐ ↓	INDUCED ABORTION ☐ →316 MISCARRIAGE ☐ →325 STILLBIRTH ☐ LIVE BIRTH ☐ ↓	INDUCED ABORTION ☐ →316 MISCARRIAGE ☐ →325 STILLBIRTH ☐ LIVE BIRTH ☐ ↓	INDUCED ABORTION ☐ →316 MISCARRIAGE ☐ →325 STILLBIRTH ☐ LIVE BIRTH ☐ ↓

		LAST PREGNANCY OUTCOME OR NAME _____	NEXT-TO-THE-LAST PREGNANCY OUTCOME OR NAME _____	NEXT-TO-NEXT-TO THE LAST PREGN. OUTCOME OR NAME _____	NEXT-TO-NEXT-TO-NEXT-TO LAST PREG. OUTCOME OR NAME _____
307	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 PERSONS PROVIDED ANTENATAL CARE. RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR . . . A NURSE/MIDWIFE . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . C RELATIVE/FRIEND . . . D OTHER _____ (SPECIFY) X NO ONE . . . Y (SKIP TO 312) ←	HEALTH PROFESSIONAL DOCTOR . . . A NURSE/MIDWIFE . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . C RELATIVE/FRIEND . . . D OTHER _____ (SPECIFY) X NO ONE . . . Y (SKIP TO 312) ←	HEALTH PROFESSIONAL DOCTOR . . . A NURSE/MIDWIFE . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . C RELATIVE/FRIEND . . . D OTHER _____ (SPECIFY) X NO ONE . . . Y (SKIP TO 312) ←	HEALTH PROFESSIONAL DOCTOR . . . A NURSE/MIDWIFE . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . C RELATIVE/FRIEND . . . D OTHER _____ (SPECIFY) X NO ONE . . . Y (SKIP TO 312) ←
308	How many months pregnant were you when you first received antenatal care?	MONTHS . . . [ ][ ] DON'T KNOW . . . 98	MONTHS . . . [ ][ ] DON'T KNOW . . . 98	MONTHS . . . [ ][ ] DON'T KNOW . . . 98	MONTHS . . . [ ][ ] DON'T KNOW . . . 98
309	How many times did you receive antenatal care during this pregnancy?	NUMBER . . . [ ][ ] DON'T KNOW . . . 98	NUMBER . . . [ ][ ] DON'T KNOW . . . 98	NUMBER . . . [ ][ ] DON'T KNOW . . . 98	NUMBER . . . [ ][ ] DON'T KNOW . . . 98
312	Where did the (birth of NAME/stillbirth) take place?	HOME RESPONDENT'S HOME . . . 11 OTHER HOME . . . 12 HEALTH FACILITY OBGYN HOSPITAL . . . 21 HOSPITAL . . . 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) . . . 23 OTHER HEALTH FACILITY _____ (SPECIFY) 26 OTHER _____ (SPECIFY) 96	HOME RESPONDENT'S HOME . . . 11 OTHER HOME . . . 12 HEALTH FACILITY OBGYN HOSPITAL . . . 21 HOSPITAL . . . 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) . . . 23 OTHER HEALTH FACILITY _____ (SPECIFY) 26 OTHER _____ (SPECIFY) 96	HOME RESPONDENT'S HOME . . . 11 OTHER HOME . . . 12 HEALTH FACILITY OBGYN HOSPITAL . . . 21 HOSPITAL . . . 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) . . . 23 OTHER HEALTH FACILITY _____ (SPECIFY) 26 OTHER _____ (SPECIFY) 96	HOME RESPONDENT'S HOME . . . 11 OTHER HOME . . . 12 HEALTH FACILITY OBGYN HOSPITAL . . . 21 HOSPITAL . . . 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) . . . 23 OTHER HEALTH FACILITY _____ (SPECIFY) 26 OTHER _____ (SPECIFY) 96

313	Who assisted with the (delivery of NAME/stillbirth)? Anyone else? PROBE FOR THE TYPE OF PERSON. RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . . . C REALTIVE/FRIEND . . . . . D OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PROFESSIONAL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . . . C REALTIVE/FRIEND . . . . . D OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PROFESSIONAL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . . . C REALTIVE/FRIEND . . . . . D OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PROFESSIONAL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B NONMEDICAL PERSONS TRADITIONAL MIDWIFE . . . . . C REALTIVE/FRIEND . . . . . D OTHER _____ X (SPECIFY) NO ONE . . . . . Y
314	At the time of the (birth of (NAME)/stillbirth), did you have any of the following problems:	YES NO	YES NO	YES NO	YES NO
	Long labor, that is, did your regular contractions last more than 18 hours?	LONG LABOR 1 2	LONG LABOR 1 2	LONG LABOR 1 2	LONG LABOR 1 2
	Excessive bleeding that was so much that you feared it was life threatening?	BLEEDING 1 2	BLEEDING 1 2	BLEEDING 1 2	BLEEDING 1 2
	A high fever with bad smelling vaginal discharge?	FEVER/BAD SMELLING 1 2	FEVER/BAD SMELLING 1 2	FEVER/BAD SMELLING 1 2	FEVER/BAD SMELLING 1 2
	Convulsions not caused by fever?	CONVULSIONS 1 2	CONVULSIONS 1 2	CONVULSIONS 1 2	CONVULSIONS 1 2
	Early rupture of amniotic fluid sac?	EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2	EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2	EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2	EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2

		LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-THE-LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-NEXT-TO THE LAST PREGN. OUTCOME OR NAME	NEXT-TO-NEXT-TO-NEXT-TO LAST PREG. OUTCOME OR NAME
315	Was the (birth of (NAME)/stillbirth) by caesarian section?	YES . . . . . 1 NO . . . . . 2 → 325	YES . . . . . 1 NO . . . . . 2 → 325	YES . . . . . 1 NO . . . . . 2 → 325	YES . . . . . 1 NO . . . . . 2 → 325
316	Where was the induced abortion performed?	PUBLIC SECTOR HOSPITAL . . . . . 11 POLYCLINIC . . . . . 12 AMBULATORY . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE CLINIC . . . . . 21 PRIVATE DOCTOR . . . . . 22 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) PRIVATE PERSON (NON MEDICAL) . 31 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . . . 11 POLYCLINIC . . . . . 12 AMBULATORY . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE CLINIC . . . . . 21 PRIVATE DOCTOR . . . . . 22 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) PRIVATE PERSON (NON MEDICAL) . 31 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . . . 11 POLYCLINIC . . . . . 12 AMBULATORY . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE CLINIC . . . . . 21 PRIVATE DOCTOR . . . . . 22 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) PRIVATE PERSON (NON MEDICAL) . 31 OTHER _____ 96 (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . . . 11 POLYCLINIC . . . . . 12 AMBULATORY . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE SECTOR PRIVATE CLINIC . . . . . 21 PRIVATE DOCTOR . . . . . 22 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) PRIVATE PERSON (NON MEDICAL) . 31 OTHER _____ 96 (SPECIFY)
317	Can you tell me what procedure was used to terminate the pregnancy?	D & C . . . . . 1 ASPIRATION . . . . . 2 CAESARIAN SECTION . . . . . 3 TRADITIONAL METHOD . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	D & C . . . . . 1 ASPIRATION . . . . . 2 CAESARIAN SECTION . . . . . 3 TRADITIONAL METHOD . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	D & C . . . . . 1 ASPIRATION . . . . . 2 CAESARIAN SECTION . . . . . 3 TRADITIONAL METHOD . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	D & C . . . . . 1 ASPIRATION . . . . . 2 CAESARIAN SECTION . . . . . 3 TRADITIONAL METHOD . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8

318	Who helped you to perform that procedure? RECORD ALL PERSONS ASSISTING.	DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B TRADITIONAL MIDWIFE. . . . . C OTHER PERSON _____ X (SPECIFY) NO ONE . . . . . Y	DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B TRADITIONAL MIDWIFE. . . . . C OTHER PERSON _____ X (SPECIFY) NO ONE . . . . . Y	DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B TRADITIONAL MIDWIFE. . . . . C OTHER PERSON _____ X (SPECIFY) NO ONE . . . . . Y	DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B TRADITIONAL MIDWIFE. . . . . C OTHER PERSON _____ X (SPECIFY) NO ONE . . . . . Y
319	Sometimes, a woman has health problems after an induced abortion. Did you have any health problems afterwards?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 325 ←	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 325 ←	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 325 ←	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 325 ←
320	What health problems did you have: pelvic pain? sterility? infection? lack of menstruation? bleeding? other? RECORD ALL REPORTED.	PELVIC PAIN . . . . . A STERILITY . . . . . B INFECTION . . . . . C LACK OF MENSTRUATION . . . . . D BLEEDING . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	PELVIC PAIN . . . . . A STERILITY . . . . . B INFECTION . . . . . C LACK OF MENSTRUATION . . . . . D BLEEDING . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	PELVIC PAIN . . . . . A STERILITY . . . . . B INFECTION . . . . . C LACK OF MENSTRUATION . . . . . D BLEEDING . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	PELVIC PAIN . . . . . A STERILITY . . . . . B INFECTION . . . . . C LACK OF MENSTRUATION . . . . . D BLEEDING . . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
321	Did you seek care because of these complications?	YES . . . . . 1 NO . . . . . 2 325 ←	YES . . . . . 1 NO . . . . . 2 325 ←	YES . . . . . 1 NO . . . . . 2 325 ←	YES . . . . . 1 NO . . . . . 2 325 ←

		LAST PREGNANCY OUTCOME OR NAME _____	NEXT-TO-THE-LAST PREGNANCY OUTCOME OR NAME _____	NEXT-TO-NEXT-TO THE LAST PREGN. OUTCOME OR NAME _____	NEXT-TO-NEXT-TO-NEXT-TO LAST PREG. OUTCOME OR NAME _____
322	Where did you seek care? RECORD ALL MENTIONED	PUBLIC SECTOR HOSPITAL . . . . . A POLYCLINIC . . . . . B AMBULATORY . . . . . C MOBILE CLINIC . . . . . D OTHER HEALTH FACILITY _____ E (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE HEALTH FACILITY _____ H (SPECIFY) PRIVATE PERSON (NON MEDICAL). . I OTHER _____ K (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . . . A POLYCLINIC . . . . . B AMBULATORY . . . . . C MOBILE CLINIC . . . . . D OTHER HEALTH FACILITY _____ E (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE HEALTH FACILITY _____ H (SPECIFY) PRIVATE PERSON (NON MEDICAL). . I OTHER _____ K (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . . . A POLYCLINIC . . . . . B AMBULATORY . . . . . C MOBILE CLINIC . . . . . D OTHER HEALTH FACILITY _____ E (SPECIFY) PRIVATE SECTOR PRIVATE CLINIC . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE HEALTH FACILITY _____ H (SPECIFY) PRIVATE PERSON (NON MEDICAL). . J OTHER _____ K (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . . . A POLYCLINIC . . . . . B AMBULATORY . . . . . C MOBILE CLINIC . . . . . D OTHER HEALTH FACILITY _____ E (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE HEALTH FACILITY _____ H (SPECIFY) PRIVATE PERSON (NON MEDICAL). . I OTHER _____ K (SPECIFY)
323	Have you been hospitalized because of these problems?	YES . . . . . 1 NO . . . . . 2 325 ←	YES . . . . . 1 NO . . . . . 2 325 ←	YES . . . . . 1 NO . . . . . 2 325 ←	YES . . . . . 1 NO . . . . . 2 325 ←
324	How many days?	NUMBER . . . . . ☐☐ DON'T KNOW 98	NUMBER . . . . . ☐☐ DON'T KNOW 98	NUMBER . . . . . ☐☐ DON'T KNOW 98	NUMBER . . . . . ☐☐ DON'T KNOW 98
325		GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401

Section 4A. CHILD HEALTH AND NUTRITION PRACTICES

401 CHECK 306A:

ONE OR MORE LIVE BIRTHS SINCE JANUARY 1992 ☐ → (CONTINUE)

NO LIVE BIRTHS SINCE JANUARY 1992 ☐ → (SKIP TO 458)

402 CHECK 303 AND 306A: ENTER THE LINE NUMBER FOR EACH LIVE BIRTH. ASK THE QUESTIONS ABOUT EACH OF THESE BIRTHS BEGINNING WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).

Now I would like to ask you some questions about your children born in the past three years. Let's talk about one child at a time.

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	LINE NUMBER FROM 303	LINE NUMBER ☐☐	LINE NUMBER ☐☐
404	NAME FROM 304	NAME _____	NAME _____
405	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 SMALL 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8
406	Was (NAME) weighed at birth?	YES 1 NO 2 → (SKIP TO 408)	YES 1 NO 2 → (SKIP TO 408)
407	How much did (he/she) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE	GRAMS FROM CARD 1 ☐☐☐☐ GRAMS FROM RECALL 2 ☐☐☐☐ DON'T KNOW 99998	GRAMS FROM CARD 1 ☐☐☐☐ GRAMS FROM RECALL 2 ☐☐☐☐ DON'T KNOW 99998
408	Was the length of (NAME) measured at birth?	YES 1 NO 2 → (SKIP TO 410)	YES 1 NO 2 → (SKIP TO 410)
409	What was length of (NAME) at birth? RECORD LENGTH FROM HEALTH CARD, IF AVAILABLE	CENTIMETERS FROM CARD 1 ☐☐ CENTIMETERS FROM RECALL 2 ☐☐ DON'T KNOW 998	CENTIMETERS FROM CARD 1 ☐☐ CENTIMETERS FROM RECALL 2 ☐☐ DON'T KNOW 998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410	Has your period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 412) ← NO . . . . . 2 (SKIP TO 413) ←	[redacted]
411	Did your period return between the birth of (NAME) and your next pregnancy?	[redacted]	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ←
412	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . . [ ] DON'T KNOW 98	MONTHS . . . . . [ ] DON'T KNOW 98
413	CHECK 227: IS RESPONDENT CURRENTLY PREGNANT?	NOT PREGNANT [ ] PREGNANT OR UNSURE [ ] (SKIP TO 415)	[redacted]
414	Have you resumed sexual realtions since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 416) ←	[redacted]
415	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS . . . . . [ ] DON'T KNOW 98	MONTHS . . . . . [ ] DON'T KNOW 98
416	Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 422) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 422) ←
417	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 [ ] DAYS . . . . . 2 [ ]	IMMEDIATELY . . . . . 000 HOURS . . . . . 1 [ ] DAYS . . . . . 2 [ ]

418	CHECK 222: CHILD ALIVE?	ALIVE ☐ NOT ALIVE ☐ (SKIP TO 420)	ALIVE ☐ NOT ALIVE ☐ (SKIP TO 420)
419	Are you still breastfeeding (NAME)?	YES . . . 1 (SKIP TO 423) NO . . . 2	YES . . . 1 (SKIP TO 423) NO . . . 2
420	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ DON'T KNOW . . . 98
421	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK . . . 01 CHILD ILL/WEAK . . . 02 CHILD DIED . . . 03 NIPPLE 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 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)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
422	CHECK 418 CHILD ALIVE?	ALIVE ☐ → (SKIP TO 425) NOT ALIVE ☐ → (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 433)	ALIVE ☐ → (SKIP TO 425) NOT ALIVE ☐ → (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 433)
423	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 ☐☐	NUMBER OF NIGHTTIME FEEDINGS ☐☐
424	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS ☐☐	NUMBER OF DAYTIME FEEDINGS ☐☐
425	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

426	At any time yesterday or last night, was (NAME) given any of the following?	YES NO DK	YES NO DK
	Water (boiled and not boiled)?	WATER 1 2 8	WATER 1 2 8
	Sugar water?	SWEET WATER 1 2 8	SWEET WATER 1 2 8
	Juice?	JUICE 1 2 8	JUICE 1 2 8
	Tea?	TEA 1 2 8	TEA 1 2 8
	Baby formula?	BABY FORMULA 1 2 8	BABY FORMULA 1 2 8
	Milk products (fresh, powdered, tinned milk)?	MILK 1 2 8	MILK 1 2 8
	Fermented milk (kefir, airan, kumys, yogurt)?	FERMENTED MILK 1 2 8	FERMENTED MILK 1 2 8
	Any other liquids (soups, coca-cola, etc.)?	OTHER LIQUIDS 1 2 8	OTHER LIQUIDS 1 2 8
	Fruits and vegetables?	FRUITS AND VEGETABLES . . 1 2 8	FRUITS AND VEGETABLES . 1 2 8
	Any food made from wheat, rice, maize, such as bread, noodles, pasta, etc.?	PASTA AND FOOD MADE FROM GRAIN . . 1 2 8	PASTA AND FOOD MADE FROM GRAIN . 1 2 8
	Any food made from potatoes, carrots, or tuber?	POTATOE AND TUBER 1 2 8	POTATOE AND TUBER 1 2 8
	Eggs, fish, poultry?	EGG/FISH/POULTRY 1 2 8	EGG/FISH/POULTRY 1 2 8
	Meat (lamb, beef, ham, horse meat, etc.)?	MEAT 1 2 8	MEAT 1 2 8
	Sweets, chocolate, cookies, etc.?	SWEETS 1 2 8	SWEETS 1 2 8
	Any other solid or semi-solid foods?	OTHER SOLID OR SEMI-SOLID FOODS 1 2 8	OTHER SOLID OR SEMI-SOLID FOODS 1 2 8
427	CHECK 426: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE ☐ "NO/DK" TO ALL ☐ (SKIP TO 431))	"YES" TO ONE OR MORE ☐ "NO/DK" TO ALL ☐ (SKIP TO 431))
430	(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 . . . . . ☐ DON'T KNOW 8	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431	On how many days during the last seven days was (NAME) given any of the following?	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS
	Water?	WATER	WATER . . . . .
	Milk and fermented milk products?	MILK	MILK . . . . .
	Any other liquids?	OTHER LIQUIDS	OTHER LIQUIDS . . . . .
	Fruits and vegetables?	FRUITS AND VEGETABLES. . .	FRUITS AND VEGETABLES. . .
	Any food made from wheat, rice, maize, such as bread, noodles, pasta, etc.?	PASTA AND GRAIN	PASTA AND GRAIN . . . . .
	Any food made from potatoes, carrots, or tuber?	POTATOE AND OTHER TUBER.	POTATOE AND OTHER TUBER.
	Eggs, fish, poultry?	EGGS/FISH/POULTRY.	EGGS/FISH/POULTRY. . . . .
	Meat products.?	MEAT.	MEAT. . . . .
	Any other solid or semi-solid foods?	OTHER SOLID OR SEMI-SOLID FOODS	OTHER SOLID OR SEMI-SOLID FOODS
432		GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 433.	GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 433.

Section 4B. IMMUNIZATION AND HEALTH

433	CHECK 403, 404 AND 418: ENTER LINE NUMBER FOR EACH LIVE BIRTH SINCE JANUARY 1992 IN THE TABLE. INDICATE WHETHER THE CHILD IS ALIVE OR NOT ALIVE. ASK THE QUESTIONS ABOUT EACH OF THESE BIRTHS BEGINNING WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).		
434	LINE NUMBER FROM 403	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER . . . . .
435	NAME FROM 404 SURVIVORSHIP STATUS FROM 418	NAME ALIVE ☐ NOT ALIVE ☐ (GO TO Q 435 IN NEXT COLUMN. IF NO MORE BIRTHS, GO TO 458).	NAME ALIVE ☐ NOT ALIVE ☐ (GO TO Q 435 IN NEXT COLUMN. IF NO MORE BIRTHS, GO TO 458).
436	Do you have a card where (NAME'S) vaccinations are written? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 438) YES, NOT SEEN . . . . . 2 (SKIP TO 440) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 438) YES, NOT SEEN . . . . . 2 (SKIP TO 440) NO CARD 3
437	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 440) NO 2	YES . . . . . 1 (SKIP TO 440) NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
438	(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.	DAY MONTH YEAR	DAY MONTH YEAR
	BCG (IMMUNIZATION AGAINST TUBERCULOSIS) — BCG		
	MANTU PROBE (1 : 2000 DILUTION) — MANTU		
	IMMUNIZATION AGAINST POLIOMYELITIS:		
	POLIO 0 (AT THE HOSPITAL) — P0		
	POLIO 1 — P1		
	POLIO 2 — P2		
	POLIO 3 — P3		
	POLIO 4 — P4		
	POLIO 5 — P5		
	IMMUNIZATION AGAINST DIPHTHERIA, PERTUSSIS, TETANUS (DPT); OR AGAINST DIPHTHERIA AND TETANUS (DT) — D1		
	DPT/DT 1 — D2		
	DPT/DT 2 — D3		
	DPT/DT 3 — D4		
	DPT-DT 4 — MEASLES		
	IMMUNIZATION AGAINST MEASLES		
439	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1 - 5, DPT/DT 1 - 4, AND/OR MEASLES VACCINE(S).	YES . . . 1 (PROBE FOR VACCINATIONS, GO BACK TO 438 AND WRITE '66' IN THE CORRESPONDING DAY COLUMN) NO . . . 2 DON'T KNOW . . . 8 (SKIP TO 442)	YES . . . 1 (PROBE FOR VACCINATIONS, GO BACK TO 438 AND WRITE '66' IN THE CORRESPONDING DAY COLUMN) NO . . . 2 DON'T KNOW . . . 8 (SKIP TO 442)

440	Did (NAME) ever receive any vaccinations to prevent him(her) from getting diseases?	YES . . . 1 NO . . . 2 → (SKIP TO 442) DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 → (SKIP TO 442) DON'T KNOW . . . 8
441	Please tell me if (NAME) received any of the following vaccinations:		
441A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8
441B	Polio vaccine, that is drops in the mouth?	YES . . . 1 NO . . . 2 → (SKIP TO 441E) DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 → (SKIP TO 441E) DON'T KNOW . . . 8
441C	How many times?	NUMBER OF TIMES . . . ☐	NUMBER OF TIMES . . . ☐
441D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH . . . 1 LATER . . . 2	JUST AFTER BIRTH . . . 1 LATER . . . 2
441E	DPT/DP vaccination, that is, an injection usually given at the same time as polio drops?	YES . . . 1 NO . . . 2 → (SKIP TO 441 G) DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 → (SKIP TO 441 G) DON'T KNOW . . . 8
441F	How many times?	NUMBER OF TIMES . . . ☐	NUMBER OF TIMES . . . ☐
441G	An injection to prevent measles?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
442	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
443	Has (NAME) been ill with cough at any time in the last 2 weeks?	YES . . . 1 NO . . . 2 (SKIP TO 447) ← DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 (SKIP TO 447) ← DON'T KNOW . . . 8
444	When (NAME) was ill with 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
445	Did you seek advice or treatment for the cough?	YES . . . 1 NO . . . 2 (SKIP TO 447) ←	YES . . . 1 NO . . . 2 (SKIP TO 447) ←
446	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL . . . A POLYCLINIC . . . B AMBULATORY . . . C MOBILE CLINIC . . . D SANITARY DOCTOR . . . E OTHER PUBLIC HEALTH FACILITY _____ F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC . . . G PRIVATE PHARMACY . . . H PRIVATE DOCTOR . . . I OTHER PRIVATE HEALTH FACILITY _____ J (SPECIFY) OTHER PRIVATE SHOP . . . K PRIVATE PERSON (NON MEDICAL) L OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . A POLYCLINIC . . . B AMBULATORY . . . C MOBILE CLINIC . . . D SANITARY DOCTOR . . . E OTHER PUBLIC HEALTH FACILITY _____ F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC . . . G PRIVATE PHARMACY . . . H PRIVATE DOCTOR . . . I OTHER PRIVATE HEALTH FACILITY _____ J (SPECIFY) OTHER PRIVATE SHOP . . . K PRIVATE PERSON (NON MEDICAL) L OTHER _____ X (SPECIFY)

447	Has (NAME) had diarrhea in the last two weeks?	YES . . . 1 NO . . . 2 (SKIP TO 457) ← DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 (SKIP TO 457) ← DON'T KNOW . . . 8
448	Was there any blood in the stools?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8
449	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER . . . ☐☐ DON'T KNOW . . . 98	NUMBER . . . ☐☐ DON'T KNOW . . . 98
450	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
451	Was he/she given the same amount 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
452	Was (NAME) given rehydron, fluid made from a special packet to drink?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8
453	Was anything (else) given to treat the diarrhea?	YES . . . 1 NO . . . 2 (SKIP TO 455) ← DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 (SKIP TO 455) ← DON'T KNOW . . . 8
454	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED	RECOMMENDED HOME FLUIDS . . . A PILLS OR SYRUP . . . B INJECTION . . . C (I.V.) INTRAVENOUS . . . D HOME REMEDIES/HERBS . . . E OTHER . . . X _____ (SPECIFY)	RECOMMENDED HOME FLUIDS . . . A PILLS OR SYRUP . . . B INJECTION . . . C (I.V.) INTRAVENOUS . . . D HOME REMEDIES/HERBS . . . E OTHER . . . X _____ (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
455	Did you seek advice or treatment for the diarrhea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 457) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 457) ← DON'T KNOW 8
456	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL . . . . . A POLYCLINIC . . . . . B AMBULATORY . . . . . C MOBILE CLINIC . . . . . D SANITARY DOCTOR . . . . . E OTHER PUBLIC HEALTH FACILITY _____ F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC . . . . . G PRIVATE PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I OTHER PRIVATE HEALTH FACILITY _____ J (SPECIFY) OTHER PRIVATE SHOP . . . . . K PRIVATE PERSON (NON MEDICAL) L OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL . . . . . A POLYCLINIC . . . . . B AMBULATORY . . . . . C MOBILE CLINIC . . . . . D SANITARY DOCTOR . . . . . E OTHER PUBLIC HEALTH FACILITY _____ F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC . . . . . G PRIVATE PHARMACY . . . . . H PRIVATE DOCTOR . . . . . I OTHER PRIVATE HEALTH FACILITY _____ J (SPECIFY) OTHER PRIVATE SHOP . . . . . K PRIVATE PERSON (NON MEDICAL) L OTHER _____ X (SPECIFY)
457		GO BACK TO 435 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 458	GO BACK TO 435 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 458

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
458	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	
459	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	
460	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 STOOL . . . A ANY WATERY STOOL . . . B REPEATED VOMITING . . . C ANY VOMITING . . . D BLOOD IN STOOL . . . E HIGH BODY TEMPERATURE . . . F MARKED THIRST . . . G NOT EATING/NOT DRINKING WELL . . . H GETTING SICKER/VERY SICK . . . I NOT GETTING BETTER . . . J OTHER _____ (SPECIFY) . . . X DON'T KNOW . . . Z	
461	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 HIGH BODY TEMPERATURE . . . D UNABLE TO DRINK . . . E NOT EATING/NOT DRINKING WELL . . . F GETTING SICKER/VERY SICK . . . G NOT GETTING BETTER . . . H OTHER _____ (SPECIFY) . . . X DON'T KNOW . . . Z	
462	CHECK 452, ALL COLUMNS NO CHILD RECEIVED REHYDRON ☐ ANY CHILD RECEIVED REHYDRON ☐ → 501		
463	Have you ever heard of a special product called rehydron you can get for the treatment of diarrhea?	YES . . . 1 NO . . . 2	

Section 5. CONTRACEPTION

Now I would like to talk about contraception - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 501 FOR EACH METHOD MENTIONED SPONTANEOUSLY.

THEN PROCEED DOWN COLUMN 502, READING THE NAME AND DESRCIPTION 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 501 OR 502,ASK 503.

501 Which ways or methods have you heard about?		502 Have you ever heard of (METHOD)?		503 Have you ever used (METHOD)?
	SPONTANEOUS	PROBED		
	YES	YES	NO	
01 PILL. Women can take a pill every day.	1	2	3	YES 1 NO 2
02 IUD Women can have a loop or coil placed inside them by a doctor.	1	2	3	YES 1 NO 2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	YES 1 NO 2
05 DIAPHRAGM, FOAM, JELLY. Women can place a sponge, suppository, diaphragm, jelly inside themsives before intercourse.	1	2	3	YES 1 NO 2

06	CONDOM. Men can use a rubber sheath during sexual intercourse.	1 2 3	YES ..... 1 NO 2
07	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
09	CALENDAR METHOD. Every month that a women 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	WITHDRAWAL. Men can be careful pull out before climax.	1 2 3	YES ..... 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 3 _____ (SPECIFY) _____ (SPECIFY)	YES ..... 1 NO ..... 2 YES ..... 1 NO 2

504 CHECK 503

NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐ → SKIP TO 509

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . 1 NO . . . 2	→ 531
507	What have you used or done? CORRECT 503 AND 504 (AND 502 IF NECESSARY)		
509	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'	NUMBER OF CHILDREN . . .	
510	When you first time began to use contraception, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER . . . 1 DID NOT WANT ANOTHER CHILD . . . 2 OTHER . . . 6 (SPECIFY)	
511	CHECK 503 WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐		→ 514A
512	CHECK 227 NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 532
513	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . 1 NO . . . 2	→ 531

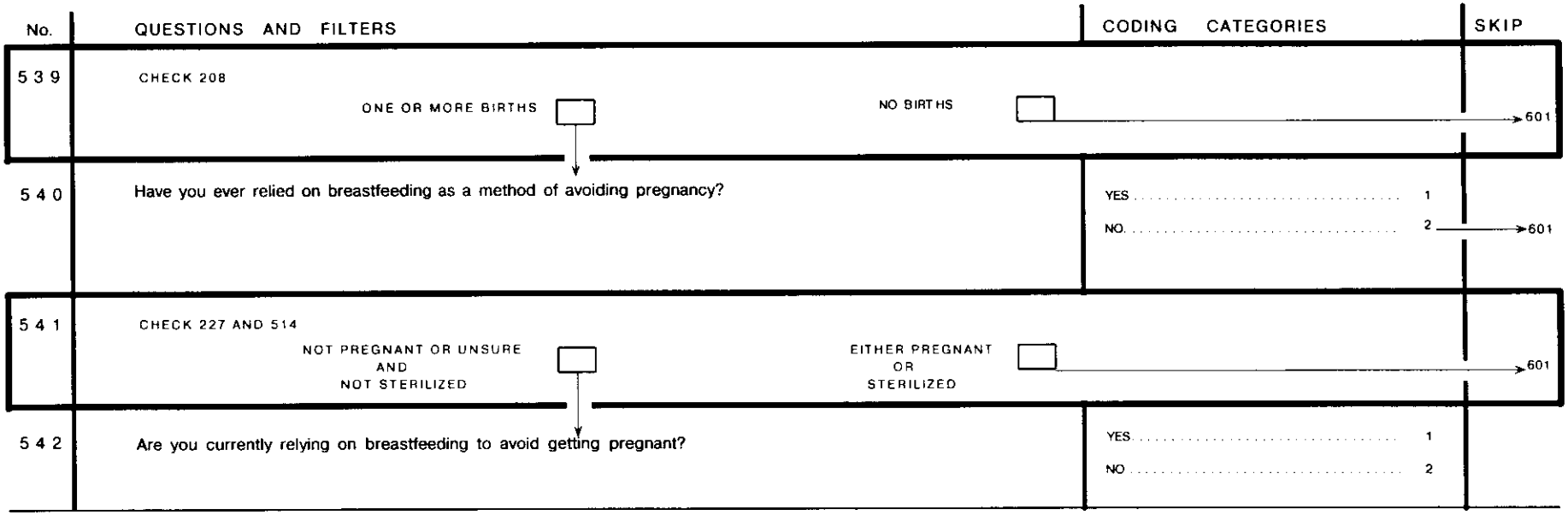
514 514A	Which method are you using? CIRCLE '07 FOR FEMALE STERILIZATION.	PILLS . . . . . 01 IUD . . . . . 02 INJECTIONS . . . . . 03 → 526 DIAPHRAGM/FOAM/JELLY . . . . . 05 CONDOM . . . . . 06 FEMALE STERILIZATION . . . . . 07 → 518 CALENDAR METHOD . . . . . 09 → 523 WITHDRAWAL . . . . . 10 OTHER _____ 96 → 526 (SPECIFY)
515	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN . . . . . 1 BRAND NAME _____ → 517 PACKAGE NOT SEEN 2
516	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME _____ DON'T KNOW 98
517	How much does one packet of pills cost you?	COST . . . . . → 526 FREE . . . . . 9996 DON'T KNOW 9998
518	Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL . . . . . 11 POLYCLINIC . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER PUBLIC HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PRIVATE DOCTOR . . . . . 23 MOBILE CLINIC . . . . . 24 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519	Do you regret that you had the operation not to have any (more) children?	YES . . . 1 NO . . . 2 → 521	
520	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)	
521	In what month and year was the sterilization performed?	MONTH . . . [ ][ ] YEAR . . . [ ][ ] → 527	
523	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 (BILLING METHOD) . . . 03 BASED ON RECTAL TEMPERATURE . . . 04 NO SPECIFIC SYSTEM . . . 05 OTHER _____ 96 (SPECIFY)	
526	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS . . . [ ][ ] 8 YEARS OR LONGER . . . 96	

527	CHECK 514 CIRCLE METHOD CODE:	PILLS ..... 01 IUD ..... 02 INJECTIONS ..... 03 DIAPHRAGM/FOAM/JELLY ..... 05 CONDOM ..... 06 FEMALE STERILIZATION ..... 07 → 529A CALENDAR METHOD ..... 09 WITHDRAWAL ..... 10 → 532 OTHER _____ 96 (SPECIFY)	
528	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL ..... 11 POLYCLINIC ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14 COMMUNITY HEALTH WORKER ..... 15 OTHER PUBLIC HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 PRIVATE PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 MOBILE CLINIC ..... 24 PRIVATE HEALTH WORKER ..... 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCE SHOP ..... 31 RELIGIOUS ORGANIZATION ..... 32 FRIENDS/RELATIVES ..... 33 OTHER _____ 36 (SPECIFY)	
529	Do you know another place where you could have obtained (METHOD) the last time?	YES ..... 1 NO ..... 2 → 534	
529A	At the time of the sterilization operation, did you know another place where you could have received the operation?		

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
530	People select the place where they obtain contraceptives for various reasons. What was the main reason you went to (NAME OF PLACE IN Q.528 OR Q.518) instead of the other place you know about? RECORD RESPONSE AND CIRCLE CODE _____	ACCESS-RELATED REASONS CLOSER TO HOME . . . . . 11 CLOSER TO WORK . . . . . 12 AVAILABILITY OF TRANSPORT . . . . . 13 SERVICE-RELATED REASONS STAFF MORE COMPETENT/FRIENDLY . . . . . 21 CLEANER FACILITY . . . . . 22 OFFERS MORE PRIVACY . . . . . 23 SHORTER WAITING TIME . . . . . 24 LONGER HOURS OF OPERATION . . . . . 25 USE OTHER SERVICES AT THE FACILITY . . . . . 26 LOWER COST/CHEAPER . . . . . 31 WANTED ANONYMITY . . . . . 41 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 534
531	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED . . . . . 11 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 OTHERS OPPOSED . . . . . 33 RELIGIOUS PROHIBITION . . . . . 34 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	

532	Do you know of a place where you can obtain a method of contraception?	YES . . . 1 NO . . . 2 → 534
533	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL . . . 11 POLYCLINIC . . . 12 FAMILY PLANNING CLINIC . . . 13 MOBILE CLINIC . . . 14 COMMUNITY HEALTH WORKER . . . 15 OTHER PUBLIC HEALTH FACILITY _____ (SPECIFY) 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . 21 PRIVATE PHARMACY . . . 22 PRIVATE DOCTOR . . . 23 MOBILE CLINIC . . . 24 PRIVATE HEALTH WORKER . . . 25 OTHER PRIVATE HEALTH FACILITY _____ (SPECIFY) 26 OTHER SOURCE SHOP . . . 31 RELIGIOUS ORGANIZATION . . . 32 FRIENDS/RELATIVES . . . 33 OTHER 36 _____ (SPECIFY)
534	Were you visited by a health worker who discussed the use of contraception during the last 12 months?	YES . . . 1 NO . . . 2
535	Have you visited a health facility for any reason in the last 12 months?	YES . . . 1 NO . . . 2 → 537
536	Did any staff member at the health facility speak to you about contraception?	YES . . . 1 NO . . . 2
537	Do you think that breast feeding can affect a woman's chance of becoming pregnant?	YES . . . 1 NO . . . 2 → 601 DON'T KNOW . . . 8 → 601
538	Do you think that a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED . . . 1 DECREASED . . . 2 DEPENDS . . . 3 DON'T KNOW . . . 8


No.
QUESTIONS AND FILTERS
CODING CATEGORIES
SKIP
539
CHECK 208
ONE OR MORE BIRTHS
NO BIRTHS
601
540
Have you ever relied on breastfeeding as a method of avoiding pregnancy?
YES 1
NO 2
601
541
CHECK 227 AND 514
NOT PREGNANT OR UNSURE AND NOT STERILIZED
EITHER PREGNANT OR STERILIZED
601
542
Are you currently relying on breastfeeding to avoid getting pregnant?
YES 1
NO 2

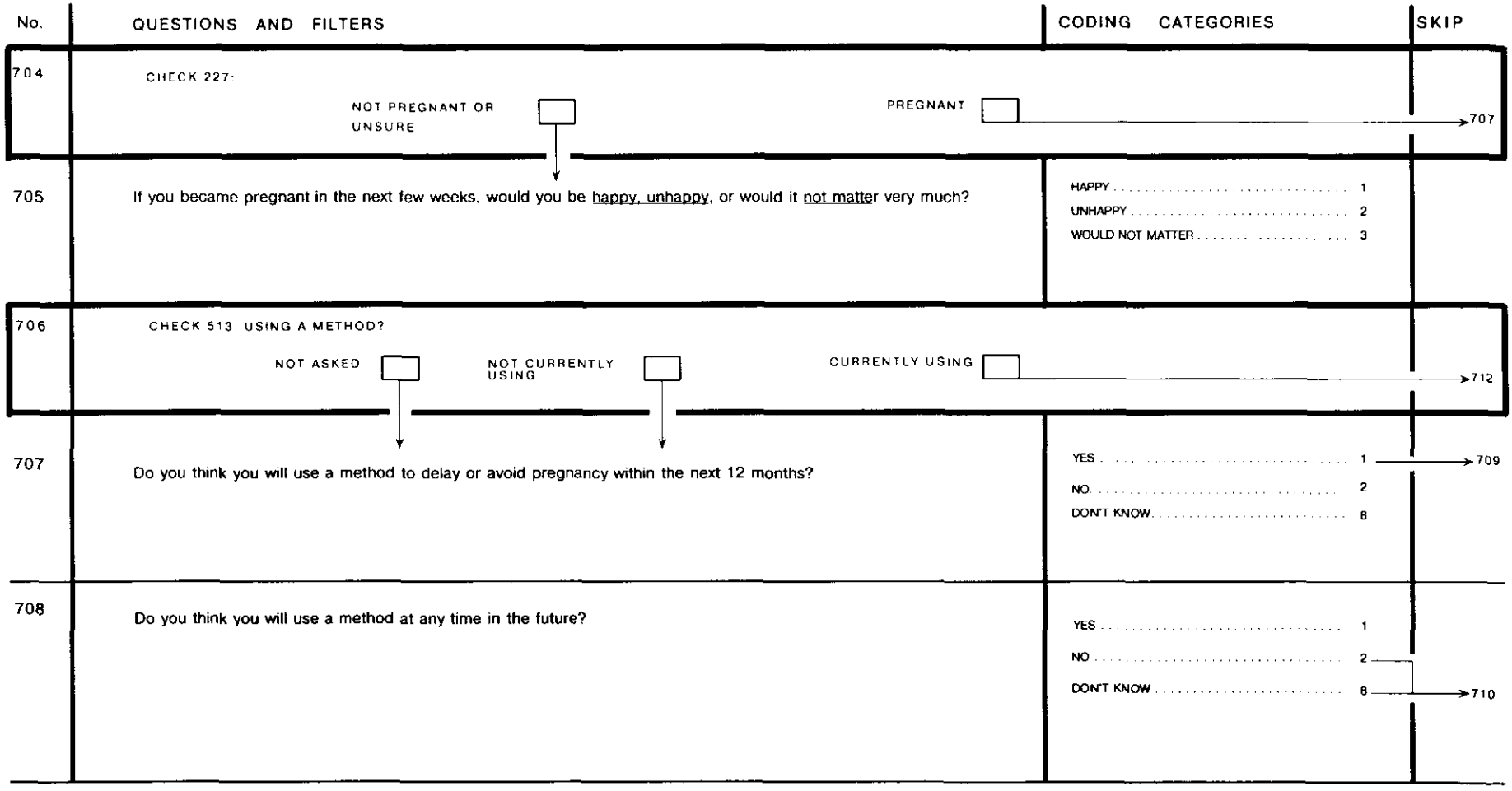
Section 6. MARRIAGE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	PRESENCE OF OTHERS AT THIS POINT.	YES / NO CHILDREN UNDER 10 . . . . . 1 2 HUSBAND/PARTNER . . . . . 1 2 OTHER MALES . . . . . 1 2 OTHER FEMALES 1 2	
602	Are you currently married or living with a man?	CURRENTLY MARRIED . . . . . 1 LIVING WITH A MAN . . . . . 2 → 607 NOT IN UNION 3	
603	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER . . . . . 1 OCCASIONAL SEXUAL PARTNER . . . . . 2 NO SEXUAL PARTNER 3	
604	Have you ever been married or lived with a man?	FORMERLY MARRIED . . . . . 1 LIVED WITH A MAN . . . . . 2 → 611 NO . . . . . 3 → 615	
606	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 → 611 SEPARATED 3	
607	Is your husband/partner living with you now or is he staying elsewhere?	LIVES WITH HER . . . . . 1 STAYING ELSEWHERE 2	
611	Have you been married or lived with a man only once, or more than once?	ONCE . . . . . 1 MORE THAN ONCE 2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	CHECK 611 MARRIED/LIVED WITH A MAN ONLY ONCE ☐ In what month and year did you start living with your husband/partner? MARRIED/LIVED WITH A MAN MORE THAN ONCE ☐ Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐ DON'T KNOW YEAR 98	→ 615
613	How old were you when you started living with him?	AGE . . . . . ☐☐	
615	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some issues of contraception. When was the last time you had sexual intercourse (if ever)?	NEVER 000	→ 712
		DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	
		BEFORE LAST BIRTH 996	
619	How old were you when you first had sexual intercourse?	AGE . . . . . ☐☐	
		FIRST TIME WHEN MARRIED 96	

Section 7. FERTILITY PREFERENCES

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 514 WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐		→ 712
702	CHECK 227 NOT PREGNANT OR UNSURE ☐ Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? PREGNANT ☐ Now I have some questions about the future. After the child you are expecting, would like to have another child or would you prefer not to have more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 706 → 704
703	CHECK 227 NOT PREGNANT OR UNSURE ☐ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT . . . . . 994 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 706


No.
QUESTIONS AND FILTERS
CODING CATEGORIES
SKIP
704
CHECK 227:
NOT PREGNANT OR UNSURE
PREGNANT
707
705
If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?
HAPPY 1
UNHAPPY 2
WOULD NOT MATTER 3
706
CHECK 513: USING A METHOD?
NOT ASKED
NOT CURRENTLY USING
CURRENTLY USING
712
707
Do you think you will use a method to delay or avoid pregnancy within the next 12 months?
YES 1
709
NO 2
DON'T KNOW 8
708
Do you think you will use a method at any time in the future?
YES 1
NO 2
DON'T KNOW 8
710

709	Which method would you prefer to use?	PILLS ... 01 IUD ... 02 INJECTIONS ... 03 DIAPHRAGM/FOAM/JELLY ... 05 CONDOM ... 06 FEMALE STERILIZATION ... 07 CALENDAR METHOD ... 09 WITHDRAWAL ... 10 OTHER _____ 96 (SPECIFY) UNSURE ... 98 → 712
710	What is the main reason that you think you will never use a method?	NOT MARRIED ... 11 FERTILITY-RELATED REASONS INFREQUENT SEX ... 22 MENOPAUSAL/HYSTERECTOMY ... 23 SUBFECUND/INFECUND ... 24 WANTS (MORE)CHILDREN ... 26 OPPOSITION TO USE RESPONDENT OPPOSED ... 31 HUSBAND OPPOSED ... 32 OTHERS OPPOSED ... 33 RELIGIOUS PROHIBITION ... 34 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 → 712

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Would you ever use a method if you were married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712	CHECK 222 HAS LIVING CHILDREN ☐ → 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? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 714
713	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?	BOYS NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY) GIRLS NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY) EITHER NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	

714	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE . . . . . 1 DISAPPROVE . . . . . 2 NO OPINION 3
715	Is it acceptable or not acceptable to you for information on contraception to be provided: On the radio? On the television?	ACCEP-TABLE / NOT ACCEP-TABLE / DK RADIO . . . . . 1 2 8 TELEVISION 1 2 8
716	In the last few months have you heard about contraception: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES / NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . . . 1 2 POSTER . . . . . 1 2 LEAFLETTERS OR BROCHURES . . 1 2
718	In the last few months have you discussed contraception with your friends, neighbors, or relatives?	YES . . . . . 1 NO . . . . . 2 → 722
719	With whom? Anyone else? RECORD ALL MENTIONED	HUSBAND/PARTNER . . . . . A MOTHER . . . . . B FATHER . . . . . C SISTER(S) . . . . . D BROTHER(S) . . . . . E DAUGHTER . . . . . F MOTHER-IN-LAW . . . . . G FRIENDS/NEIGHBORS . . . . . H OTHER _____ (SPECIFY) X

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	CHECK 602 CURRENTLY MARRIED ☐ LIVING WITH A MAN ☐ NOT IN UNION ☐ → 801		
721	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on contraception. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES . . . 1 DISAPPROVES . . . 2 DON'T KNOW . . . 8	
722	How often have you talked to your husband/partner about contraception in the past year?	NEVER . . . 1 ONCE OR TWICE . . . 2 MORE OFTEN . . . 3	
723	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . 1 MORE CHILDREN . . . 2 FEWER CHILDREN . . . 3 DON'T KNOW . . . 8	

Section 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 602 AND 604 CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER IN UNION ☐		→ 803 → 809
802	How old was your husband/partner on his last birthday?	AGE ☐☐	
803	Did your (last) husband/partner ever attend school, technikum, or institute?	YES . . . 1 NO . . . 2	→ 806
804	What was the highest level of school he attended?	PRIMARY/SECONDARY . . . 1 SECONDARY-SPECIAL . . . 2 HIGHER . . . 3 DON'T KNOW . . . 8	→ 806
805	How many years/classes/courses he completed at that level?	YEARS ☐☐ DON'T KNOW . . . 98	
806	What is (was) your (last)husband/partner's occupation? That is, what kind of work does (did) he mainly do?	_____ ☐☐ _____	
807	CHECK 806 WORKS (WORKED) IN AGRICULTURE ☐ DOES(DID) NOT WORK IN AGRICULTURE ☐		→ 809
808	(Does/did) your husband/partner work mainly on the state land or on his own land, or on family land, or (does/did) he rent land?	STATE LAND . . . 1 OWN LAND . . . 2 FAMILY LAND . . . 3 RENTED LAND . . . 4	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Aside from your own housework, are you currently working? IF NOT: Are you on maternity leave?	YES . . . 1 NO . . . 2 MATERNITY LEAVE . . . 3	→812 →812
810	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small busiess 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	→812
811	Have you done any work in the last 12 months?	YES . . . 1 NO . . . 2	→826
812	What is your occupation, that is, what kind of work do you mainly do?	_____ [ ][ ] _____ _____	
813	CHECK 812 WORKS IN AGRICULTURE [ ] DOES NOT WORK IN AGRICULTURE [ ]		→815
814	Do you work mainly on the state land or on your own land, or on family land, or do you rent land?	STATE LAND . . . 1 OWN LAND . . . 2 FAMILY LAND . . . 3 RENTED LAND . . . 4	

815	Are you public servant, or do you work on state enterprise, a prvate firm or enterprise owned by yourself, your husband, member of your family, or by someone else, or are you self-employed?	GOVERNMENT/STATE ENTERPRISE . . . . . 1 FAMILY/OWN BUSINESS . . . . . 2 PRIVATE FIRM/PERSON . . . . . 3 SELF-EMPLOYED 4
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while (episodically)?	THROUGHOUT THE YEAR. . . . . 1 → 818 SEASONALLY . . . . . 2 ONCE IN A WHILE (EPISODICALLY) . . . . . 3 → 819
817	During the last 12 months, how many months did you work?	NUMBER OF MONTHS . . . . . [ ][ ]
818	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS . . . . . [ ] → 820
819	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS . . . . . [ ][ ][ ]
820	Do you earn cash for your work? PROBE: DO YOU MAKE MONEY FOR WORKING?	YES . . . . . 1 NO . . . . . 2 → 823

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	CHECK 602 CURRENTLY MARRIED/ LIVING WITH A MAN ☐ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, someone else,or you and someone else jointly? NOT MARRIED, NOT LIVING WITH A MAN ☐ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES . . . . . 1 HUSBAND/PARTNER DECIDES . . . . . 2 JOINTLY WITH HUSBAND/PARTNER . . . . . 3 SOMEONE ELSE DECIDES . . . . . 4 JOINTLY WITH SOMEONE ELSE 5	
823	Do you usually work at home or away from home?	HOME . . . . . 1 AWAY 2	
824	CHECK 223: IS THERE A CHILD WHO IS AGE 5 OR LESS? YES ☐ NO ☐ → 826		
824A	Does (NAME OF YOUNGEST CHILD) live with you?	YES . . . . . 1 NO . . . . . 2 → 826	
825	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT . . . . . 01 HUSBAND/PARTNER . . . . . 02 OLDER FEMALE CHILD . . . . . 03 OLDER MALE CHILD . . . . . 04 OTHER RELATIVES . . . . . 05 NEIGHBORS . . . . . 06 FRIENDS . . . . . 07 BABY SITTER . . . . . 08 CHILD IS IN CHILDCARE . . . . . 10 HAS NOT WORKED SINCE LAST BIRTH . . . . . 95 OTHER _____ 96 (SPECIFY)	
826	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

ANTHROPOMETRY AND HEMOGLOBIN MEASUREMENT IN THE BLOOD

Section 9. HEIGHT AND WEIGHT

IN 901 AND 902 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT.

901	RESPONDENT'S HEIGHT (IN CENTIMETERS)	☐☐☐.☐	
902	RESPONDENT'S WEIGHT (IN KILOGRAMS)	☐☐☐.☐	
903	RESULT	MEASURED . . . . . 1 NOT MEASURED . . . . . 2 REFUSED . . . . . 3 OTHER _____ 6 (SPECIFY)	
904	CHECK 435 ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1992 ☐ NO LIVING CHILDREN BORN SINCE JANUARY 1992 ☐ → 1001		

IN 905 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1992 AND STILL ALIVE. IN 906 AND 907 RECORD THE NAME AND BIRTH DATE OF THE LIVING CHILDREN. IN 909 AND 911 RECORD HEIGHT AND WEIGHT OF THE LIVING CHILDREN. IF THERE ARE MORE THAN TWO LIVING CHILDREN BORN SINCE JANUARY 1992 USE ADDITIONAL FORMS.

		[1] YOUNGEST LIVING CHILD	[2] NEXT-TO-YOUNGEST LIVING CHILD
905	LINE NUMBER FROM 434	☐☐	☐☐
906	NAME FROM 435	(NAME) _____	(NAME) _____
907	DATE OF BIRTH FROM 215, AND ASK FOR DAY OF BIRTH	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐

908	BCG SCAR ON TOP OF SHOULDER	NO SCAR . . . . . 1 SCAR 1 - 4 mm . . . . . 2 SCAR 5 mm AND MORE 3	NO SCAR . . . . . 1 SCAR 1 - 4 mm . . . . . 2 SCAR 5 mm AND MORE 3
909	HEIGHT (IN CENTIMETERS)	☐☐☐.☐	☐☐☐.☐
910	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING . . . . . 1 STANDING 2	LYING . . . . . 1 STANDING 2
911	WEIGHT (IN KILOGRAMS)	☐☐.☐	☐☐.☐
912	DATE WEIGHED AND MEASURED	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐
913	RESULT	MEASURED . . . . . 1 CHILD IS SICK . . . . . 2 CHILD NOT PRESENT . . . . . 3 CHILD REFUSED . . . . . 4 MOTHER REFUSED . . . . . 5 OTHER _____ 6 (SPECIFY)	MEASURED . . . . . 1 CHILD IS SICK . . . . . 2 CHILD NOT PRESENT . . . . . 3 CHILD REFUSED . . . . . 4 MOTHER REFUSED . . . . . 5 OTHER _____ 6 (SPECIFY)

914 NAME OF MEASURER: _____ ☐☐ NAME OF ASSISTANT: _____ ☐☐

Қазақстан Республикасының
Ұлттық Ғылым Академиясы
ТАҒАМТАНУ ИНСТИТУТЫ

Национальная Академия наук
Республики Казахстан
ИНСТИТУТ ПИТАНИЯ

Центр Сотрудничающий со Всемирной Организацией Здравоохранения

№ _____ " " _____ 199___

Dear Respondent:

The Institute of Nutrition is conducting Demographic and Health Survey in Kazakhstan. As part of this program we study the prevalence of anemia among the women and their children. We ask you to participate in this program, which will assist the Ministry of Health of Kazakhstan to develop the specific measures to prevent and treat anemia.

Anemia is a disease, which is characterized by a low count of red blood cells. It results from poor nutrition and can be especially damaging to the health of pregnant and breastfeeding women.

Today, it is possible to rapidly (within a few minutes) diagnose this disease. A low level of hemoglobin (less than 11 g/dl) can be determined by a Hemocue machine on the basis of a single drop of blood.

If you decide to participate in this program, we will ask you to provide a drop of blood from your finger for the analysis. Also, if you have a child of age 3 or less, please let our nurse to obtain drop of blood from him. The procedure will be done by sterile instruments. The blood will be analysed using the new sophisticated American equipment, Hemocue. The result of analysis will be available to you right after the blood is taken and assessed by Hemocue. We will also keep the results confidential.

If you decide to participate in this program, please sign at the bottom of this form that you agree to provide a drop of blood from your child.

If you decide not to participate, it is your right, and we will respect your choice.

I am _____
Last name, First name Middle name

agree to donate a drop of blood for the purpose of anemia diagnosis. I also allow a drop of blood to be taken from my child(children) for the purposes of anemia diagnosis.

Signature _____

Date _____ _____

480008 Республика Казахстан, г. Алматы, ул. Ключкова 66. Тел. (3272)429-203, факс. (3272)420-720
Расчетный счет 000608602 в Алматинском облуправлении Национального банка (Казахстан), код 190501109, МФО 61803

Section 10. HEMOGLOBIN MEASUREMENT IN THE BLOOD

ALL INTERVIEWED WOMEN ARE ELIGIBLE FOR HEMOGLOBIN MEASUREMENT. IN 1001 RECORD RESPONDENT'S HEMOGLOBIN LEVEL.

1001	RESPONDENT'S HEMOGLOBIN LEVEL (G/DL)	☐☐.☐	
1002	RESULT	MEASURED ..... 1 NOT MEASURED ..... 2 REFUSED ..... 3 OTHER _____ 6 (SPECIFY)	
1003	CHECK 435 ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1992 ☐ NO LIVING CHILDREN BORN SINCE JANUARY 1992 ☐ → 1009		

IN 1004 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1992 AND STILL ALIVE. IN 1005 RECORD THE NAMES OF THE LIVING CHILDREN. IN 1006 RECORD THE HEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN.
IF THERE ARE MORE THAN TWO LIVING CHILDREN BORN SINCE JANUARY 1992 USE ADDITIONAL FORMS.

		[1] YOUNGEST LIVING CHILD	[2] NEXT-TO-YOUNGEST LIVING CHILD
1004	LINE NUMBER FROM 434	☐☐	☐☐
1005	NAME FROM 435	(NAME) _____	(NAME) _____
1006	HEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	☐☐.☐	☐☐.☐

1007	RESULT	MEASURED . . . . . 1 CHILD IS SICK . . . . . 2 CHILD NOT PRESENT . . . . . 3 CHILD REFUSED . . . . . 4 MOTHER REFUSED . . . . . 5 OTHER _____ 6 (SPECIFY)	MEASURED . . . . . 1 CHILD IS SICK . . . . . 2 CHILD NOT PRESENT . . . . . 3 CHILD REFUSED . . . . . 4 MOTHER REFUSED . . . . . 5 OTHER _____ 6 (SPECIFY)
1008	NAME OF MEASURER _____ ☐☐	NAME OF ASSISTANT _____ ☐☐	
1009	CHECK 1001 AND 1006 NO VALUES BELOW 7 G/DL ☐	ONE OR MORE VALUE BELOW 7 G/DL ☐ → CONSENT FORM NO 2	

RECORD THE RESULTS OF HEMOGLOBIN MEASUREMENT, TEAR OFF HERE AND PRESENT THIS PORTION TO THE RESPONDENT

INSTITUTE OF NUTRITION

RESULTS OF HEMOGLOBIN MEASUREMENT IN THE BLOOD

Date _____ _____ 1995

Name / Hemoglobin level in the blood (G/DL)	Respondent ☐☐.☐ You have	Last child ☐☐.☐ Your child has	Next-to-youngest child ☐☐.☐ Your child has
WHO CLASSIFICATION OF ANEMIA			
Normal level — Hb level above 11 G/DL	Normal level	Normal level	Normal level
Mild anemia — Hb (10-11G/DL)	Mild anemia	Mild anemia	Mild anemia
Moderate anemia — Hb (7-10 G/DL)	Moderate anemia	Moderate anemia	Moderate anemia
Severe anemia — Hb (less than 7 G/DL)	Severe anemia	Severe anemia	Severe anemia

In case of severe anemia (Hb level less than 7 G/DL), we recommend you to immediately contact your doctor.

If you have any question about hemoglobin measurement procedure, please call us at (3272)429-111, or write to:
Department of the National Nutrition Policy,
Institute of Nutrition, 66 Klotchkov St., Almaty,
Kazakstan, 480008

Қазақстан Республикасының
Ұлттық Ғылым Академиясы
ТАҒАМТАНУ ИНСТИТУТЫ

Национальная Академия наук
Республики Казахстан
ИНСТИТУТ ПИТАНИЯ

Центр Сотрудничающий со Всемирной Организацией Здравоохранения

№ _____ " " _____ 199___

Dear Respondent:

We detected the low level of hemoglobin in your (your child's) blood. This indicates that you (your child) have developed severe anemia, which is serious health problem. We would like to inform about this the doctor at health care facility in your area. That would help you to meet appropriate further diagnosis and treatment of your (your child's) condition.

If you agree with this please sign at the bottom of this form.

Thank you for your cooperation.

I am_____
Last name, First Name, Middle Name

agree that the information about the level of hemoglobin in my (my child's) blood will be disclosed to the doctor at the local health care facility.

Signature

Date "_____"_____1995

480008 Республика Казахстан, г. Алматы, ул. Клочкова 66. Тел. (3272)429-203, факс. (3272)420-720
Расчетный счет 000608602 в Алматинском облуправлении Национального банка (Казахстан), код 190501109, МФО 61803

COMMENTS

Comments about Respondent: _____

_____

_____

Comments on Specific Questions: _____

_____

Any Other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

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Name of Supervisor: _____ Date _____

EDITOR'S OBSERVATIONS

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Name of Editor _____ Date _____