

1999 KAZAKHSTAN DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL WOMAN'S QUESTIONNAIRE

REPUBLIC OF KAZAKHSTAN
ACADEMY OF PREVENTIVE MEDICINE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE NAME | <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | |
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| NAME OF HOUSEHOLD HEAD | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | | | | | | |
| LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4) | | | | | | | | | | | | | | | | | | | |
| URBAN/RURAL (URBAN=1, RURAL=2) | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WOMAN _____ | | | | | | | | | | | | | | | | | | | |

| INTERVIEWER VISITS | | | | | | | | | | | | |
|--------------------|-------|-------|-------|---|--|--|--|--|---|---|---|---|
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>9</td><td>9</td><td>9</td></tr></table> | | | | | 1 | 9 | 9 | 9 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1 | 9 | 9 | 9 | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| RESULT* | _____ | _____ | _____ | RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| TIME | _____ | _____ | | | | | | | | | | |

* RESULT CODES:

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

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

| SUPERVISOR | FIELD EDITOR | OFFICE EDITOR | KEYED BY | | | | | | | | |
|---|--------------|---------------|---|--|--|--|--|--|--|--|--|
| NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | |
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| | | | | | | | | | | | |
| DATE _____ | DATE _____ | | | | | | | | | | |

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the Academy of Preventive Medicine of Kazakhstan. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government of Kazakhstan to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.¹

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

Signature of interviewer: _____ Date: _____ 1999

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

| | | | |
|-----|--|---|------|
| 101 | RECORD THE TIME. | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 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 the countryside? | CITY 1 TOWN 2 COUNTRYSIDE 3 | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 106 | How old were you at your last birthday? <i>COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.</i> | AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/> | |
| 107 | Have you ever attended school? | YES 1 NO 2 | →110 |
| 108 | What is the highest level of school you attended: primary, secondary, secondary-special or higher? | PRIMARY/SECONDARY 1 SECONDARY-SPECIAL 2 HIGHER 3 | |
| 109 | What is the highest (grade/form/year) you completed at that level? | GRADE <input type="text"/> <input type="text"/> | |
| 110 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 111 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 112 | Do you watch television almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 113 | 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 | |

| | | | |
|------|---|---|-------|
| 120 | In what month and year was your most recent visit to a doctor for health care? | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 121 | At that visit, was the doctor you saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem? | FAMILY DOCTOR. 1 SPECIALIST 2 OTHER 6 DON'T KNOW 8 | |
| 122 | Was this visit in (MONTH OF VISIT) to the place you usually go to when you are sick or need advice about your health? | YES 1 NO 2 DON'T KNOW 8 | |
| 123 | During the past 12 months has a doctor or nurse visited you at home for a health check? | YES 1 NO 2 DON'T KNOW 8 | ↳ 125 |
| 123A | Who has visited: doctor, or nurse or someone else? | DOCTOR 1 DOCTOR'S ASSISTANT 2 NURSE 3 OTHER 6 DON'T KNOW 8 | ↳ 125 |
| 124 | At that visit, was the doctor you saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem? | FAMILY DOCTOR. 1 SPECIALIST 2 OTHER 6 DON'T KNOW 8 | |
| 125 | During the past 12 months, about how much did you spend out-of-pocket for medical care: less than 1000 tenge, between 1000 and 10000 tenge, more than 10000 tenge or did not spend any money? | NO SPENDING. 1 LESS THAN 1000TENGE. 2 BETWEEN 1000 AND 10 000. 3 MORE THAN 10 000 TENGE. 4 DON'T KNOW 8 | |
| 126 | Are you aware of a new national health reform program which promotes primary health care and particularly family group practices? | YES 1 NO 2 | |
| 127 | Have you heard of illness called tuberculosis? | YES 1 NO 2 | ▶ 138 |

| NO. | QUESTIONS AND FILTERS | CODING |
|------|--|--|
| 127A | Did you know that tuberculosis can be completely cured with proper medication? | YES 1 NO 2 |
| 128 | Have you or has anyone in your family ever had tuberculosis? | YES 1 NO 2 |
| 131 | Other than your family, is there anyone with whom you have frequent contact (neighbors, colleagues, or close friends) who has ever had tuberculosis? | YES 1 NO 2 |
| 132 | What signs or symptoms would lead you think that a person has tuberculosis? | COUGHING A COUGHING WITH SPUTUM B COUGHING MORE THAN 3 WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN A CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS K LETHARGY L OTHER X (SPECIFY) DON'T KNOW Y |
| 133 | What are the symptoms of tuberculosis which would convince you to seek medical assistance? | COUGHING A COUGHING WITH SPUTUM B COUGHING MORE THAN 3 WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN A CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS K LETHARGY L OTHER X (SPECIFY) DON'T KNOW Y |
| 134 | When a person first discovers that he or she has tuberculosis, how should that person be treated initially: hospitalized, treated at home, or both? | HOSPITALIZED 1 TREATED AT HOME 2 INITIALLY HOSPITALIZED FOLLOWED BY HOME TREATMENT 3 OTHER 6 (SPECIFY) DON'T KNOW 8 |

| | | | |
|-----|--|--|-------|
| 135 | How does tuberculosis spread from one person to another? | THROUGH THE AIR WHEN COUGHING 1 OTHER 6 (SPECIFY) DONT KNOW 8 | |
| 136 | Where would you go for help if you thought you or your child had tuberculosis? | PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FGP 13 TB DISPENSARY 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE. HOSPITAL/CLINIC 21 PRIVATE. DOCTOR 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER 96 (SPECIFY) DONT KNOW 98 | |
| 137 | After a family member has completed the hospital treatment for tuberculosis, would you be willing to take him or her at home during further treatment? | YES 1 NO 2 | |
| 138 | Have you ever drank an alcoholic beverage? | YES 1 NO 2 | → 142 |
| 139 | Have you ever been intoxicated from drinking an alcoholic beverage? | YES 1 NO 2 | |
| 140 | In the last 3 months, on how many days did you drink an alcoholic beverage? | NUMBER OF TIMES <input type="text"/> NONE/NEVER 00 | → 142 |
| 141 | In the last 3 months, on how many occasions have you been intoxicated? | NUMBER OF TIMES <input type="text"/> NONE/NEVER 00 | |
| 142 | Have you had any kind of injection in the last 3 months? | YES 1 NO 2 | → 201 |
| 143 | How many times did you have an injection in the last 3 months? | NUMBER OF INJECTIONS <input type="text"/> EVERY DAY 98 | |
| 144 | The last time you had an injection, who was the person who gave you the injection? | HEALTH PROFESSIONAL 1 PHARMACIST 2 TRADITIONAL HEALER 3 FRIEND/RELATIVE 4 SELF 5 OTHER 6 | |

SECTION 2: REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | YES 1 NO 2 | →206 |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1 NO 2 | →204 |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. | SONS AT HOME <input type="text"/> DAUGHTERS AT HOME <input type="text"/> | |
| 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 <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> | |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days? | YES 1 NO 2 | →208 |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD <input type="text"/> GIRLS DEAD <input type="text"/> | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <input type="text"/> | |
| 209 | CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. | | |

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| 209A | <p>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?</p> | TOTAL ABORTIONS <input type="text"/> | |
| 209B | How many miscarriages? | TOTAL MISCARRIAGES <input type="text"/> | |
| 209C | How many stillbirths? | TOTAL STILLBIRTHS <input type="text"/> | |
| 209D | SUM ANSWERS TO 208, 209A, 209B,209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00' | TOTAL PREGNANCIES <input type="text"/> | |
| 210 | <p>CHECK 209D:</p> <p>ONE OR MORE PREGNANCIES <input type="checkbox"/></p> <p>NO PREGNANCIES <input type="checkbox"/></p> | → 228 | |

| 211 Now I want to talk to you about each of your pregnancies, including those which ended in a live birth, an induced abortion, mini abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information | | | | | | | | | | | |
|---|--|--|---|--|------------------------------------|-----------------------------|-----------------------------------|---|----------------------------|--|---|
| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 |
| When did your (last/next-to-last/etc.) pregnancy end? In what month and year? | Did this pregnancy end in a live birth, an induced abortion, mini abortion, a miscarriage, or a stillbirth? | WAS THERE ANY OTHER PREGNANCY BETWEEN THIS AND THE PREVIOUS PREGNANCY? | CHECK 213: RECORD SAME RESPONSE | Was this a single or a multiple birth? | What name was given to this child? | Is (NAME) a boy or girl? | Is (NAME) still alive? | How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETED YEARS | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD | How old was (NAME) when he/she died? If '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS. |
| 01 MONTH [] YEAR [] | LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION 3 MISCARRIAGE 4 STILLBIRTH 5 | | LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ← | SING .. 1 MULT .. 2 | NAME _____ | BOY 1 GIRL 2 | YES ... 1 NO ... 2 ↓ 223 | AGE IN YEARS [] [] | YES 1 NO 2 | LINE NUMBER [] [] ↓ NEXT PREGNANCY | DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY |
| 02 MONTH [] YEAR [] | LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION 3 MISCARRIAGE 4 STILLBIRTH 5 | YES 1 NO 2 | LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ← | SING .. 1 MULT .. 2 | NAME _____ | BOY 1 GIRL 2 | YES ... 1 NO ... 2 ↓ 223 | AGE IN YEARS [] [] | YES 1 NO 2 | LINE NUMBER [] [] ↓ NEXT PREGNANCY | DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY |
| 03 MONTH [] YEAR [] | LIVE BIRTH 1 INDUCED ABORTION 2 MINI ABORTION 3 MISCARRIAGE 4 STILLBIRTH 5 | YES 1 NO 2 | LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ← | SING .. 1 MULT .. 2 | NAME _____ | BOY 1 GIRL 2 | YES ... 1 NO ... 2 ↓ 223 | AGE IN YEARS [] [] | YES 1 NO 2 | LINE NUMBER [] [] ↓ NEXT PREGNANCY | DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY |

| | | | | | | | | | | | |
|--|---|---------------------------|---|------------------------|---------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------|--|--|
| 04 MONTH <input type="text"/> YEAR <input type="text"/> | LIVE BIRTH 1 INDUCED ABORTION 2 MIINI ABORTION 3 MISCARRIAGE 4 STILLBIRTH 5 | YES 1 NO 2 | LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ← | SING .. 1 MULT .. 2 | NAME _____ | BOY 1 GIRL 2 | YES ... 1 NO 2 ↓ 223 | AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY | DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY |
| 05 MONTH <input type="text"/> YEAR <input type="text"/> | LIVE BIRTH 1 INDUCED ABORTION 2 MIINI ABORTION 3 MISCARRIAGE 4 STILLBIRTH 5 | YES 1 NO 2 | LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ← | SING .. 1 MULT .. 2 | NAME _____ | BOY 1 GIRL 2 | YES ... 1 NO 2 ↓ 223 | AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY | DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY |
| 06 MONTH <input type="text"/> YEAR <input type="text"/> | LIVE BIRTH 1 INDUCED ABORTION 2 MIINI ABORTION 3 MISCARRIAGE 4 STILLBIRTH 5 | YES 1 NO 2 | LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ← | SING .. 1 MULT .. 2 | NAME _____ | BOY 1 GIRL 2 | YES ... 1 NO 2 ↓ 223 | AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY | DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY |
| 07 MONTH <input type="text"/> YEAR <input type="text"/> | LIVE BIRTH 1 INDUCED ABORTION 2 MIINI ABORTION 3 MISCARRIAGE 4 STILLBIRTH 5 | YES 1 NO 2 | LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ← | SING .. 1 MULT .. 2 | NAME _____ | BOY 1 GIRL 2 | YES ... 1 NO 2 ↓ 223 | AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY | DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY |

| | | | | | | | | | | | |
|---|--|--------------------------------------|--|------------------------------------|--------------------------|--|--|---|--------------------------------------|---|---|
| <p>08</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING .. 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |
| <p>09</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING .. 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |
| <p>10</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING .. 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |
| <p>11</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING .. 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |

| | | | | | | | | | | | |
|---|--|--------------------------------------|--|-------------------------------------|--------------------------|--|--|---|--------------------------------------|---|---|
| <p>12</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING ... 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |
| <p>13</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING ... 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |
| <p>14</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING ... 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |
| <p>15</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING ... 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |
| <p>16</p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | <p>LIVE BIRTH 1</p> <p>INDUCED ABORTION 2</p> <p>MIINI ABORTION 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p> | <p>YES 1</p> <p>NO 2</p> | <p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>MISCARRIAGE 3</p> <p>STILLBIRTH 4</p> <p>NEXT PREGNANCY ←</p> | <p>SING ... 1</p> <p>MULT ... 2</p> | <p>NAME</p> <p>_____</p> | <p>BOY 1</p> <p>GIRL 2</p> | <p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>223</p> | <p>AGE IN YEARS</p> <p><input type="text"/></p> | <p>YES 1</p> <p>NO 2</p> | <p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p> | <p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p> |

| | |
|-----|--|
| 225 | <p>COMPARE 209D WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH PREGNANCY: YEAR OF PREGNANCY ENDED IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> |
| 226 | <p>CHECK 212 AND 213, AND ENTER THE NUMBER OF BIRTHS IN JANUARY 1994 OR LATER. IF NONE, RECORD '0'.</p> |
| 227 | <p>FOR EACH PREGNANCY THAT ENDED IN JANUARY 1994 OR LATER IN COLUMN 1 OF THE CALENDAR ENTER THE CODE OF THE PREGNANCY OUTCOME IN THE MONTH OF PREGNANCY ENDED:</p> <ul style="list-style-type: none"> • 'B' FOR LIVE BIRTHS, • 'S' FOR STILLBIRTH , • 'M' FOR MISCARRIAGE, • 'D' INDUCED ABORT BY D&C, • 'V' INDUCED ABORT BY VACUUM ASPIRATION. <p>THEN ASK THE NUMBER OF MONTHS THAT EACH PREGNANCY LASTED. RECORD "P" IN EACH OF THE PRECEDING MONTHS OF CALENDAR ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FINALLY, FOR EACH BIRTH WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE..</p> <p>FOR EACH ABORTION ASK: WHERE ABORTION WAS PERFORMED AND IN COLUMN 5 ENTER THE CODE FOR THE FACILITY.</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|-------|
| 228 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | →231 |
| 229 | 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 <input type="text"/> | |
| 229A | During this pregnancy, were you given or did you buy any iron tablets for prevention and treatment of anemia? SHOW TABLET. | YES 1 NO 2 DON'T KNOW 8 | →229C |
| 229B | During the whole pregnancy, for how many days did you take the tablets? | NUMBER DAYS <input type="text"/> DONT KNOW 998 | |
| 229C | Are you currently taking the tablets | YES 1 NO 2 | |
| 230 | At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 LATER 2 NOT AT ALL 3 | |
| 231 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | |
| 232 | From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations? | YES 1 NO 2 DON'T KNOW 8 | →301 |
| 233 | Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods? | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALF WAY BETWEEN PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | |

SECTION 3. 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 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302. | | |
|---|---|---|
| 301 | Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? | 302 Have you ever used (METHOD)? |
| 01 | FEMALE STERILIZATION Women can have an operation to avoid having any more children. YES 1 NO 2 ▾ | Have you ever had an operation to avoid having any more children? YES 1 NO 2 |
| 02 | MALE STERILIZATION Men can have an operation to avoid having any more children. YES 1 NO 2 ▾ | Have you ever had a partner who had an operation to avoid having children? YES 1 NO 2 |
| 03 | PILL Women can take a pill to avoid pregnancy. YES 1 NO 2 ▾ | YES 1 NO 2 |
| 04 | IUD Women can have a loop or coil placed inside them by a doctor or a nurse. YES 1 NO 2 ▾ | YES 1 NO 2 |
| 05 | INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months. YES 1 NO 2 ▾ | YES 1 NO 2 |
| 06 | IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years. YES 1 NO 2 ▾ | YES 1 NO 2 |
| 07 | CONDOM Men can put a rubber sheath on their penis before sexual intercourse. YES 1 NO 2 ▾ | YES 1 NO 2 |
| 08 | FEMALE CONDOM. Women can place a rubber sheath in their vagina before intercourse YES 1 NO 2 ▾ | YES 1 NO 2 |
| 09 | DIAPHRAGM. Women can place a diaphragm in their vagina before intercourse. YES 1 NO 2 ▾ | YES 1 NO 2 |

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| 10 | FOAM AND GELLY. Women can place a suppository, jelly or cream in their vagina before intercourse. | YES 1 NO 2 ↘ | YES 1 NO 2 |
| 11 | LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after a birth. | YES 1 NO 2 ↘ | YES 1 NO 2 |
| 12 | RHYTHM OR 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. | YES 1 NO 2 ↘ | YES 1 NO 2 |
| 13 | WITHDRAWAL Men can be careful and pull out before climax. | YES 1 NO 2 ↘ | YES 1 NO 2 |
| 14 | EMERGENCY CONTRACEPTION Women can take pills the day after sexual intercourse to avoid becoming pregnant. | YES 1 NO 2 ↘ | YES 1 NO 2 |
| 15 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 ↘ | YES 1 NO 2 YES 1 NO 2 |
| 303 | CHECK 302: NOT A SINGLE "YES"(NEVER USED) <input type="checkbox"/> | AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> | →307 |
| 304 | Have I ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | →306 |
| 305 | ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. | | →327 |
| 306 | What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY). | | |
| 307 | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'. | NUMBER OF CHILDREN <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|-----------------------------------|
| 308 | CHECK 302 (01): WOMAN STERILIZED <input type="checkbox"/> | WOMAN NOT STERILIZED <input type="checkbox"/> | → 309 |
| 308A | Was the sterilization done with purpose of medical indications or family planning ? | MEDICAL INDICATIONS 1 FAMILY PLANNING 2 DON'T KNOW 8 | → 311A |
| 309 | CHECK 228: NOT PREGNANT OR UNSURE <input type="checkbox"/> | PREGNANT <input type="checkbox"/> | → 319 |
| 310 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 319 |
| 311 | Which method are you using? | FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY) | → 313 → 318 → 312C → 318 |
| 311A | CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD. | | |
| 312 | May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN | PACKAGE SEEN 1 BRAND NAME _____ <input type="checkbox"/> PACKAGE NOT SEEN 2 | → 312B |

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| 312A | <p>Do you know the brand name of the pills you are now using?</p> <p>RECORD NAME OF BRAND.</p> | <p>BRAND NAME _____ <input type="text"/></p> <p>DON'T KNOW 98</p> | |
| 312B | <p>How much does one packet of pills cost you?</p> | <p>COST <input type="text"/></p> <p>FREE 9996</p> <p>DON'T KNOW 9998</p> | <p>→318</p> |
| 312C | <p>May I see the package of condoms you are now using?</p> <p>RECORD NAME OF BRAND IF PACKAGE IS SEEN</p> | <p>PACKAGE SEEN 1</p> <p>BRAND NAME _____ <input type="text"/></p> <p>PACKAGE NOT SEEN 2</p> | <p>→312E</p> |
| 312D | <p>Do you know the brand name of the condoms you are now using?</p> <p>RECORD NAME OF BRAND.</p> | <p>BRAND NAME _____ <input type="text"/></p> <p>DON'T KNOW 98</p> | |
| 312E | <p>How much does one packet of condoms cost you?</p> | <p>COST <input type="text"/></p> <p>FREE 9996</p> <p>DON'T KNOW 9998</p> | <p>→318</p> |

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| <p>313</p> | <p>Where did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, POLYCLINIC, FGP OR WOMEN'S CONSULTING CENTER, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>POLYCLINIC 12</p> <p>FGP 13</p> <p>WOMEN'S CONSULTING CENTER 14</p> <p>OTHER PUBLIC 16</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 21</p> <p>PRV. DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW 98</p> | | | | | | | |
| <p>314</p> | <p>Before the sterilization operation, were (you/your husband/your partner) told that you would not be able to have any (more) children?</p> | <p>YES 1</p> <p>NO 2</p> | | | | | | | |
| <p>316</p> | <p>In what month and year was the sterilization performed?</p> | <p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | 1 | 9 | | | |
| | | | | | | | | | |
| 1 | 9 | | | | | | | | |
| <p>317</p> | <p>CHECK 316:</p> <p>STERILIZED BEFORE JANUARY 1994</p> <p style="text-align: right;">↓ <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1994</p> <p>THEN SKIP TO → 320</p> | <p>STERILIZED IN JANUARY 1994 OR LATER</p> <p style="text-align: right;">↓ <input type="checkbox"/></p> <p>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.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO → 319</p> | | | | | | | |

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| 318 | <p>ENTER METHOD CODE FROM 311 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. IF CURRENT METHOD STARTED IN JANUARY 1994 OR LATER, ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN THE SAME MONTH THAT USE OF CURRENT METHOD BEGAN.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • When did you start using this method continuously? • How long have you been using this method continuously? • When you started using this method, where did you obtain it? |
| 319 | <p><i>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.</i></p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1994. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1:</p> <ul style="list-style-type: none"> • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then? <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2:</p> <ul style="list-style-type: none"> • Where did you obtain the method when you started using it? • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]? <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 3:</p> <ul style="list-style-type: none"> • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> • 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. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--|
| 320 | CHECK 311/311A: CIRCLE METHOD CODE: | NOT ASKED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER METHOD 96 | →327 →325 →325 →324 →324 →324 →324 →325 →325 →325 |
| 321 | CHECK COLUMN 1 OF CALENDAR FOR LENGTH OF USE OF CURRENT METHOD: STARTED USING AFTER JANUARY 1994 <input type="checkbox"/> | STARTED USING IN JANUARY 1994 OR BEFORE <input type="checkbox"/> | →325 |
| 322 | You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) on (DATE). At that time, were you told about side effects or problems you might have with the method? | YES 1 NO 2 | →324 |
| 323 | Were you told what to do if you experienced side effects? | YES 1 NO 2 | |
| 324 | When you were given the (CURRENT METHOD), were you told about other methods of family planning which you could use? | YES 1 NO 2 | |
| 325 | CHECK 311/311A: CIRCLE METHOD CODE: | NOT ASKED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER METHOD 96 | →327 →401 →401 →329 →329 →329 →329 |

| | | | |
|-----|---|--|--------------|
| 326 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, POLYCLINIC, FGP, OR WOMEN'S CONSULTING CENTER, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>POLYCLINIC 12</p> <p>FGP 13</p> <p>WOMEN'S CONSULTING CENTER 14</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRV. DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | <p>→ 329</p> |
| 327 | <p>Do you know of a place where you can obtain a method of family planning?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 329</p> |
| 328 | <p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, POLYCLINIC, FGP, OR WOMEN'S CONSULTING CENTER, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>POLYCLINIC 12</p> <p>FGP 13</p> <p>WOMEN'S CONSULTING CENTER 14</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRV. DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 329 | In the last 12 months, were you visited by a field worker who talked to you about family planning? | YES 1 NO 2 | |
| 330 | In the last 12 months, have you attended a health facility for care for yourself (or your children)? | YES 1 NO 2 | → 333 |
| 331 | Did any staff member at the health facility speak to you about family planning methods? | YES 1 NO 2 | |
| 333 | CHECK 301 KNOWS IUD <input type="checkbox"/> DOESN'T KNOWS IUD <input type="checkbox"/> | | → 338 |
| 334 | Women see advantages and disadvantages of different methods of birth control. Please tell me whether you think that each of these methods of birth control is a problem is not a problem | | |
| | Let's begin with the IUD. How easy is to get an IUD? Is it to problem to get it? | PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8 | |
| 335 | Do you think that the IUD is a reliable method of contraception ? | RELIABLE 1 NO RELIABLE 2 DON'T KNOW 8 | |
| 336 | Are any health problems or side effects with the IUD that would make you reluctant to use it? | PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8 | |
| 337 | Is the monetary cost to having an IUD inserted a problem for you? | PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8 | |
| 338 | CHECK 301AND 302 KNOWS PILLS <input type="checkbox"/> DOESN'T KNOWS PILLS <input type="checkbox"/> | | → 346 |
| 339 | Could you tell me the brand name of any contraceptive pills? RECORD NAME OF BRAND | _____ DON'T KNOW 98 | |

| | | | |
|-----|--|---|---------------------------------|
| 340 | <p>To be protected from getting pregnant does a woman need to take pills</p> <p>Every day Once in a week Once in a month?</p> | <p>EVERY DAY 1 ONCE IN A WEEK 2 ONCE IN A MONTH 3 OTHER 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> | |
| 341 | <p>How easy is it to get pills? Is it a problem to get them ?</p> | <p>PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8</p> | |
| 342 | <p>Do you think that pills are a reliable method of contraception ?</p> | <p>RELIABLE 1 NO RELIABLE 2 DON'T KNOW 8</p> | |
| 343 | <p>Are any health problems or side effects with pills that would make you reluctant to use them ?</p> | <p>PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8</p> | |
| 344 | <p>Is the monetary cost of pills a problem for you?</p> | <p>PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8</p> | |
| 346 | <p>Now let's talk about induced abortion during the first few weeks or months of pregnancy which as you know is one of the methods of controlling fertility.</p> | | <p>}-348</p> |
| | <p>If a woman decided to have an abortion, how easy would it be for her to get one ? Would it be easy or difficult?</p> | <p>DIFFICULT 1 EASY 2 DON'T KNOW 8</p> | |
| 347 | <p>What would be the main difficulty ?</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><input type="checkbox"/></p> |
| 348 | <p>Do you think that there are health problems or side effects with induced abortion?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | |
| 349 | <p>Is there any monetary cost to having an abortion that would be a problem?</p> | <p>PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|---|----------|----------------------|--------------------|----------|----------|---|---|---|---------------------------|---|---|---|------------|---|---|---|----------|---|---|---|-----------------------|---|---|---|----------------|---|---|---|------------|---|---|---|---------|---|---|---|--|
| 350 | Do you approve or disapprove of a woman having an abortion ? | APPROVE 1 DISAPPROVE 2 DEPENDS ON SITUATION 3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 351 | Would you have an abortion if you unintentionally become pregnant sometimes in the future ? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 352 | Would you prefer to use a method in the future or rely on abortion, or do neither ? | PREFER TO USE A METHOD 1 RELY ON ABORTION 2 PREFER TO DO NEITHER 3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 353 | (SHOW RED APPLE LOGO) Have you ever seen this symbol? | YES 1 NO 2 | → 357 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 354 | What does this symbol mean? | FAMILY PLANNING A REPRODUCTIVE HEALTH B CONDOMS/PILLS/FAMILY PLANNING METHODS C WOMEN'S ISSUES D HEALTH CLINICS E PRIVATE HEALTH CLINICS F OTHER HEALTH RELATED G OTHER NOT RELATED TO HEALTH H DON'T KNOW Z | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 355 | Where have you seen this logo? AFTER RECORDING SPONTANEOUS RESPONSE, PROBE FOR EACH LOCATION NOT SPONTANEOUSLY MENTIONED | <table border="0"> <thead> <tr> <th></th> <th>SPONTANEOUS RESPONSE</th> <th>PROBED RECOGNITION</th> <th>NOT SEEN</th> </tr> </thead> <tbody> <tr> <td>Pharmacy</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Women's consulting center</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Polyclinic</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Hospital</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Family Group Practice</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Private clinic</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Posters</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | | SPONTANEOUS RESPONSE | PROBED RECOGNITION | NOT SEEN | Pharmacy | 1 | 2 | 3 | Women's consulting center | 1 | 2 | 3 | Polyclinic | 1 | 2 | 3 | Hospital | 1 | 2 | 3 | Family Group Practice | 1 | 2 | 3 | Private clinic | 1 | 2 | 3 | Television | 1 | 2 | 3 | Posters | 1 | 2 | 3 | |
| | SPONTANEOUS RESPONSE | PROBED RECOGNITION | NOT SEEN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pharmacy | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women's consulting center | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polyclinic | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Group Practice | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private clinic | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Television | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Posters | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 357 | Have you ever heard of the Red Apple hotline; this is a phone number you can call to get advice on reproductive health issues? | YES 1 NO 2 | → 401 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-----|---|---------------------------|----------------|
| 358 | Have you ever made a phone call to the Red Apple Hotline? | YES 1 NO 2 | → 360 |
| 359 | Were you satisfied with the information you received when you called the Red Apple Hotline? | YES 1 NO 2 | → 401 → 401 |
| 360 | Have you ever considered making a call to Red Apple Hotline? | YES 1 NO 2 | |

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

| | | | |
|--|---|---|---|
| 401 | <p>CHECK 226:</p> <p>ONE OR MORE BIRTHS IN JAN. 1994 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN JAN. 1994 OR LATER <input type="checkbox"/></p> | → 486 | |
| <p>402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1994 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)</p> | | | |
| 403 | <p>LAST BIRTH</p> <p>LINE NUMBER <input type="text"/></p> | <p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER <input type="text"/></p> | <p>NEXT-TO-NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER <input type="text"/></p> |
| 404 | <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> | <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> | <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> |
| 405 | <p>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you want <u>no (more)</u> children at all?</p> <p>THEN 1 (SKIP TO 407) ←</p> <p>LATER 2</p> <p>NO MORE 3 (SKIP TO 407) ←</p> | <p>THEN 1 (SKIP TO 422) ←</p> <p>LATER 2</p> <p>NO MORE 3 (SKIP TO 422) ←</p> | <p>THEN 1 (SKIP TO 422) ←</p> <p>LATER 2</p> <p>NO MORE 3 (SKIP TO 422) ←</p> |
| 406 | <p>How much longer would you like to have waited?</p> <p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>DON'T KNOW 998</p> | <p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>DON'T KNOW 998</p> <p>ALL CATEGORIES SHOULD (SKIP TO 422) ←</p> | <p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>DON'T KNOW 998</p> <p>ALL CATEGORIES SHOULD (SKIP TO 422) ←</p> |

| | | | |
|-----|---|--|--|
| 407 | <p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p> | <p>HEALTH PROFESSIONAL DOCTOR A DOCTOR'S ASSISTANT B NURSE/MIDWIFE C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT D</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y (SKIP TO 416) ←</p> | |
| 408 | <p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> | <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | |
| 409 | <p>How many times did you receive antenatal care during this pregnancy?</p> | <p>NO. OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | |
| 410 | <p>CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE</p> | <p>ONCE <input type="checkbox"/> ↓ (SKIP TO 412)</p> <p>MORE THAN ONCE OR DON'T KNOW <input type="checkbox"/> ↓</p> | |

| | | | | |
|-----|---|--|--|--|
| 422 | 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 | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 |
| 423 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 425) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 425) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 425) ← DON'T KNOW 8 |
| 424 | How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. | GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998 | GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998 | GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998 |
| 425 | Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. | HEALTH PROFESSIONAL DOCTOR A DOCTOR'S ASSISTANT B NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y | HEALTH PROFESSIONAL DOCTOR A DOCTOR'S ASSISTANT B NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y | HEALTH PROFESSIONAL DOCTOR A DOCTOR'S ASSISTANT B NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH | NEXT-TO-NEXT-TO-LAST BIRTH |
|------|--|---|---|---|
| | | NAME _____ | NAME _____ | NAME _____ |
| 426 | Where did you give birth to (NAME)? | HOME YOUR HOME 11 (SKIP TO 428) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 FAP 23 OTHER PUBLIC 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ (SKIP TO 428) ← | HOME YOUR HOME 11 (SKIP TO 428) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 FAP 23 OTHER PUBLIC 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ (SKIP TO 428) ← | HOME YOUR HOME 11 (SKIP TO 428) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 FAP 23 OTHER PUBLIC 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ (SKIP TO 428) ← |
| 426A | When you delivered (NAME) how many nights did you stay in the hospital? | NIGHTS <input type="text"/> <input type="text"/> | NIGHTS <input type="text"/> <input type="text"/> | NIGHTS <input type="text"/> <input type="text"/> |
| 427 | Was (NAME) delivered by caesarian section? | YES 1 (SKIP TO 433) ← NO 2 | YES 1 (SKIP TO 434) ← NO 2 | YES 1 (SKIP TO 434) ← NO 2 |
| 428 | After (NAME) was born, did anyone check on your health? | YES 1 NO 2 (SKIP TO 433) ← | YES 1 (SKIP TO 434) ← NO 2 | YES 1 (SKIP TO 434) ← NO 2 |
| 429 | How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY. | DAYS AFTER DELIVERY 1 <input type="text"/> <input type="text"/> WEEKS AFTER DELIVERY 2 <input type="text"/> <input type="text"/> DONT KNOW 998 | | |

| | | | | | | | | |
|-----|--|---|--|--|--|--|--|--|
| 430 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PROFESSIONAL DOCTOR 1 DOCTOR'S ASSISTANT 2 NURSE/MIDWIFE 3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 OTHER _____ 6 (SPECIFY) | | | | | | |
| 431 | Where did this first check take place? | HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL/DELIVERY HOSPITAL 21 POLYCLINIC 22 FGP 23 WOMEN'S CONSULTING CENTER 24 FAP 25 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) | | | | | | |
| 433 | Has your period returned since the birth of (NAME)? | YES 1 (SKIP TO 435) ← NO 2 (SKIP TO 436) ← | | | | | | |
| 434 | Did your period return between the birth of (NAME) and your next pregnancy? | | | | | | | |

| | | | | | | | |
|-----|---|---|--|---|---|--|--|
| 444 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> ↓ (SKIP TO 447) | DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451) | ALIVE <input type="checkbox"/> ↓ (SKIP TO 447) | DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451) | ALIVE <input type="checkbox"/> ↓ (SKIP TO 447) | DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451) |
| 445 | 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"/> | NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> | | | |
| 446 | 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"/> | NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> | | | |
| 447 | 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 | YES 1 NO 2 DON'T KNOW 8 | | | |

| | | | | |
|-----|--|--|--|--|
| 450 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451. |
|-----|--|--|--|--|

| 457 | | (1) COPY VACCINATION DATE 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 | | | | DAY MONTH YEAR | | | | | | | | | | | | |
| A | BCG | BCG | | | 1 | | 9 | 9 | BCG | | | 1 | | 9 | 9 | BCG | | | 1 | | 9 | 9 |
| B | POLIO 0 (POLIO GIVEN AT BIRTH) | P0 | | | 1 | | 9 | 9 | P0 | | | 1 | | 9 | 9 | P0 | | | 1 | | 9 | 9 |
| C | POLIO 1 | P1 | | | 1 | | 9 | 9 | P1 | | | 1 | | 9 | 9 | P1 | | | 1 | | 9 | 9 |
| D | POLIO 2 | P2 | | | 1 | | 9 | 9 | P2 | | | 1 | | 9 | 9 | P2 | | | 1 | | 9 | 9 |
| E | POLIO 3 | P3 | | | 1 | | 9 | 9 | P3 | | | 1 | | 9 | 9 | P3 | | | 1 | | 9 | 9 |
| G | DPT 1 | D1 | | | 1 | | 9 | 9 | D1 | | | 1 | | 9 | 9 | D1 | | | 1 | | 9 | 9 |
| H | DPT 2 | D2 | | | 1 | | 9 | 9 | D2 | | | 1 | | 9 | 9 | D2 | | | 1 | | 9 | 9 |
| I | DPT 3 | D3 | | | 1 | | 9 | 9 | D3 | | | 1 | | 9 | 9 | D3 | | | 1 | | 9 | 9 |
| K | DPT 4 | D4 | | | 1 | | 9 | 9 | D4 | | | 1 | | 9 | 9 | D4 | | | 1 | | 9 | 9 |
| L | MEASLES | MEA | | | 1 | | 9 | 9 | MEA | | | 1 | | 9 | 9 | MEA | | | 1 | | 9 | 9 |
| | PARTUSIS | PRT | | | 1 | | 9 | 9 | PRT | | | 1 | | 9 | 9 | PRT | | | 1 | | 9 | 9 |
| | HEPATITIS B (B1) VACCINE | HEP B (B1) | | | 1 | | 9 | 9 | HEP B (B1) | | | 1 | | 9 | 9 | HEP B (B1) | | | 1 | | 9 | 9 |
| | HEPATITIS B (B2) VACCINE | HEP B (B2) | | | 1 | | 9 | 9 | HEP B (B2) | | | 1 | | 9 | 9 | HEP B (B2) | | | 1 | | 9 | 9 |
| | HEPATITIS B (B3) VACCINE | HEP B (B3) | | | 1 | | 9 | 9 | HEP B (B3) | | | 1 | | 9 | 9 | HEP B (B3) | | | 1 | | 9 | 9 |
| 458 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S). | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DONT KNOW 8 | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DONT KNOW 8 | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | |
| 463 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | |
| 464 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | YES 1 NO 2 (SKIP TO 466) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 466) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 466) ← DONT KNOW 8 | | | | | | | | | | | | | | | | | | |

| | | | | |
|------|---|---|---|---|
| 465 | When (NAME) had an illness 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 | YES 1 NO 2 DON'T KNOW 8 |
| | | NAME _____ LAST BIRTH | NAME _____ NEXT-TO-LAST BIRTH | NAME _____ NEXT-TO-NEXT-TO-LAST BIRTH |
| 466 | CHECK 463 AND 464: FEVER OR COUGH? | *YES* IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 472) | *YES* IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 472) | *YES* IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 472) |
| 467 | Did you seek advice or treatment for the illness? | YES 1 NO 2 (SKIP TO 472) ← | YES 1 NO 2 (SKIP TO 472) ← | YES 1 NO 2 (SKIP TO 472) ← |
| 467A | What signs or symptoms led you to seek advice or treatment? | WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING B HAS A FEVER C IS BREATHING FAST D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z | WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING B HAS A FEVER C IS BREATHING FAST D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z | WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING B HAS A FEVER C IS BREATHING FAST D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z |
| 468 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR HOSPITAL A POLYCLINIC B FGP C FAP D PHARMACY E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER _____ X (SPECIFY) | PUBLIC SECTOR HOSPITAL A POLYCLINIC B FGP C FAP D PHARMACY E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER _____ X (SPECIFY) | PUBLIC SECTOR HOSPITAL A POLYCLINIC B FGP C FAP D PHARMACY E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER _____ X (SPECIFY) |

| | | | | |
|-----|---|--|--|--|
| 472 | Has (NAME) had diarrhea in the last 2 weeks? | YES 1 NO 2 (SKIP TO 480) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 480) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 480) ← DONT KNOW 8 |
| 473 | When (NAME) had diarrhea, was he/she given less than usual to drink, about the same amount, or more than usual to drink? | LESS 1 SAME 2 MORE 3 DONT KNOW 8 | LESS 1 SAME 2 MORE 3 DONT KNOW 8 | LESS 1 SAME 2 MORE 3 DONT KNOW 8 |
| 474 | Was he/she given less than usual to eat, about the same amount, or more than usual to eat? | LESS 1 SAME 2 MORE 3 DONT KNOW 8 | LESS 1 SAME 2 MORE 3 DONT KNOW 8 | LESS 1 SAME 2 MORE 3 DONT KNOW 8 |
| 475 | Was he/she given any of the following to drink: A fluid, made from a special packet called REHYDRON? Water? Milk or Infant formula? Soup? Kefir, airan? Coca cola/Pepsi Cola/Sprite/Fanta? Other fluids? | YES NO DK REHYDRON 1 2 8 WATER 1 2 8 MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 KEFIR/AIRAN 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS 1 2 8 | YES NO DK REHYDRON 1 2 8 WATER 1 2 8 MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 KEFIR/AIRAN 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS 1 2 8 | YES NO DK REHYDRON 1 2 8 WATER 1 2 8 MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 KEFIR/AIRAN 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS 1 2 8 |
| 476 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 (SKIP TO 478) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 478) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 478) ← DONT KNOW 8 |
| 477 | What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED | PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/HERBAL MEDICINE D OTHER X (SPECIFY) | PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/HERBAL MEDICINE D OTHER X (SPECIFY) | PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/HERBAL MEDICINE D OTHER X (SPECIFY) |
| 478 | Did you seek advice or treatment for the diarrhea? | YES 1 NO 2 (SKIP TO 480) ← | YES 1 NO 2 (SKIP TO 480) ← | YES 1 NO 2 (SKIP TO 480) ← |

| | | | | |
|--|--|---|--|--|
| <p>479</p> <p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>FGP C</p> <p>FAP D</p> <p>PHARMACY E</p> <p>OTHER PUBLIC F</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT. DOCTOR I</p> <p>OTHER PVT. MEDICAL J</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRAD. PRACTITIONER K</p> <p>OTHER X</p> <p>_____ X</p> <p>(SPECIFY)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>FGP C</p> <p>FAP D</p> <p>PHARMACY E</p> <p>OTHER PUBLIC_ F</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT. DOCTOR I</p> <p>OTHER PVT. MEDICAL J</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRAD. PRACTITIONER K</p> <p>OTHER X</p> <p>_____ X</p> <p>(SPECIFY)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>FGP C</p> <p>FAP D</p> <p>PHARMACY E</p> <p>OTHER PUBLIC F</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT. DOCTOR I</p> <p>OTHER PVT. MEDICAL J</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRAD. PRACTITIONER K</p> <p>OTHER X</p> <p>_____ X</p> <p>(SPECIFY)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>FGP C</p> <p>FAP D</p> <p>PHARMACY E</p> <p>OTHER PUBLIC F</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PVT. DOCTOR I</p> <p>OTHER PVT. MEDICAL J</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRAD. PRACTITIONER K</p> <p>OTHER X</p> <p>_____ X</p> <p>(SPECIFY)</p> |
| <p>480</p> | <p>GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.</p> | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 481 | CHECK 453, ALL COLUMNS: NUMBER OF LIVING CHILDREN BORN SINCE JANUARY 1994 ONE OR MORE <input type="checkbox"/> | NONE <input type="checkbox"/> | →486 |
| 482 | The last time you fed your children, did you wash your hands immediately before feeding them? | YES 1 NO 2 | |
| 483 | The last time you had to clean (your child/one of your children) after (he/she) defecated, did you wash your hands immediately afterwards? | YES 1 NO 2 | |
| 484 | What usually happens with your child(ren)'s stools when they do not use any toilet facility? | ALWAYS USE TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE 02 THROW OUTSIDE THE DWELLING 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 NOT DISPOSED OF 06 OTHER _____ (SPECIFY) 96 | |
| 485 | CHECK 475, ALL COLUMNS: NO CHILD RECEIVED ORS FROM PACKET <input type="checkbox"/> | ANY CHILD RECEIVED ORS FROM PACKET <input type="checkbox"/> | →487 |
| 486 | Have you ever heard of a special product called [REHYDRON] you can get for the treatment of diarrhea? | YES 1 NO 2 | |
| 487 | CHECK 221: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> | HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/> | →491 |
| 488 | When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment? | YES 1 NO 2 DEPENDS 3 | |
| 491 | Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? | YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO D | →501 |
| 492 | In the last 24 hours, how many times did you smoke? | TIMES <input type="text"/> | |

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | |
|-----|---|---|--|-------|
| 501 | Are you currently married or living with a man? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3 | → 505 | |
| 502 | Have you ever been married or lived with a man? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3 | → 504 → 509 | |
| 503 | ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1994 | | → 516 | |
| 504 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | → 509 | |
| 505 | Is your husband/partner living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | | |
| 506 | RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | | <input type="text" value=""/> <input type="text" value=""/> | |
| 509 | Have you been married or lived with a man only once, or more than once? | | ONCE 1 MORE THAN ONCE 2 | |
| 510 | CHECK 509: MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? | MARRIED/LIVED WITH A MAN MORE THAN ONLY ONCE <input type="checkbox"/> Now we will talk about your first husband/partner. In what month and year did you start living with him? | MONTH <input type="text" value=""/> <input type="text" value=""/> DON'T KNOW MONTH 98 YEAR <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/> DON'T KNOW YEAR 9998 | → 512 |
| 511 | How old were you when you started living with him? | | AGE <input type="text" value=""/> <input type="text" value=""/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 512 | <p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1994. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1994.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> | | |
| 513 | <p>CHECK 501:</p> <p>CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT CURRENTLY MARRIED AND NOT CURRENTLY LIVING WITH A MAN <input type="checkbox"/></p> | | →516 |
| 514 | <p>CHECK 311/311A:</p> <p>ANY CODE CIRCLED <input type="checkbox"/></p> <p>NOT ASKED (NO CODE CIRCLED) <input type="checkbox"/></p> | | →516 |
| 515 | <p>You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?</p> | <p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>JOINT DECISION 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p> | |
| 516 | <p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p> | <p>NEVER 00 →526</p> <p>AGE IN YEARS <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p> | |
| 517 | <p>When was the last time you had sexual intercourse?</p> | <p>DAYS AGO 1 <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/></p> | →526 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|--|--|------|--|--|--|--|--|--|--|--|
| 518 | The last time you had sexual intercourse, was a condom used? | YES 1 NO 2 DON'T KNOW/NOT SURE 8 | →519 | | | | | | | | |
| 518A | What was the main reason you used a condom on that occasion? | OWN CONCERN, TO PREVENT STD/HIV 1 OWN CONCERN, TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS ... 4 PARTNER INSISTED 5 DON'T KNOW 6 OTHER _____ 7 | | | | | | | | | |
| 519 | What is your relationship to the man with whom you last had sex? | SPOUSE 1 GIRL FRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 RELATIVE 5 OTHER _____ 6 (SPECIFY) | →521 | | | | | | | | |
| 520 | For how long have you had a sexual relationship with this man? | DAYS 1 <table border="1" data-bbox="1839 951 1898 980"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1839 1000 1898 1029"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1839 1049 1898 1078"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1839 1097 1898 1127"><tr><td></td><td></td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 521 | Have you had sex with anyone else in the last 12 months? | YES 1 NO 2 | →526 | | | | | | | | |
| 522 | The last time you had sexual intercourse with this other man, was a condom used? | YES 1 NO 2 DON'T KNOW/NOT SURE 8 | →523 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|---|--|-------|--|--|--|--|--|--|--|--|
| 522A | What was the main reason you used a condom on that occasion? | OWN CONCERN, TO PREVENT STD/HIV 1 OWN CONCERN, TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS . . 4 PARTNER INSISTED 5 DONT KNOW 6 OTHER _____ 7 (SPECIFY) | | | | | | | | | |
| 523 | What is your relationship to this man? | SPOUSE 1 GIRL FRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 RELATIVE 5 OTHER _____ 6 (SPECIFY) | → 525 | | | | | | | | |
| 524 | For how long have you had a sexual relationship with this man? | DAYS 1 <table border="1" data-bbox="1829 854 1885 898"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1829 902 1885 946"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1829 951 1885 995"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1829 1000 1885 1044"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 525 | Altogether, with how many different men have you had sex in the last 12 months? | NUMBER OF PARTNERS <table border="1" data-bbox="1829 1081 1885 1125"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 526 | Do you know of a place where one can get condoms? | YES 1 NO 2 | → 529 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 527 | <p>Where is that?</p> <p>IF SOURCE IS POLYCLINIC, FGP, FAP, WOMEN'S CONSULTING CENTER (WCC), WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>POLYCLINIC 11</p> <p>FGP 12</p> <p>FAP 13</p> <p>WCC 14</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC 20</p> <p>PHARMACY 21</p> <p>PVT. DOCTOR 22</p> <p>OTHER PVT. MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 30</p> <p>RELIGIOUS ORGANIZATION 31</p> <p>FRIENDS/RELATIVES 32</p> <p>OTHER 36</p> <p>(SPECIFY)</p> | |
| 528 | If you wanted to, could you yourself get a condom? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p> | |
| 529 | Do you know of a place where one can get female condoms? | <p>YES 1</p> <p>NO 2</p> | → 601 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 530 | <p>Where is that?</p> <p>IF SOURCE IS POLYCLINIC, FGP, FAP, WOMEN'S CONSULTING CENTER (WCC), WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>POLYCLINIC 11</p> <p>FGP 12</p> <p>FAP 13</p> <p>WCC 14</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC 20</p> <p>PHARMACY 21</p> <p>PVT. DOCTOR 22</p> <p>OTHER PVT. _____ 26</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 30</p> <p>RELIGIOUS ORGANIZATION 31</p> <p>FRIENDS/RELATIVES 32</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> | |
| 531 | <p>If you wanted to, could you yourself get a female condom?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p> | |

| | | | |
|-----|--|--|--|
| 606 | CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> | →610 | |
| 607 | CHECK 602: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> WANTS A/ANOTHER CHILD <input type="checkbox"/> You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? </div> <div style="text-align: center;"> WANTS NO (MORE) CHILDREN <input type="checkbox"/> You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why? </div> </div> | NOT MARRIED A FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY D SUBFECUND/INFECUND E POSTPARTUM AMENORRHEIC F BREASTFEEDING G FATALISTIC H OPPOSITION TO USE RESPONDENT OPPOSED I HUSBAND OPPOSED J OTHERS OPPOSED K RELIGIOUS PROHIBITION L LACK OF KNOWLEDGE KNOWS NO METHOD M KNOWS NO SOURCE N METHOD-RELATED REASONS HEALTH CONCERNS O FEAR OF SIDE EFFECTS P LACK OF ACCESS/TOO FAR Q COST TOO MUCH R INCONVENIENT TO USE S INTERFERES WITH BODY'S NATURAL PROCESSES T OTHER _____ X (SPECIFY) DON'T KNOW Z | |
| 608 | In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you? | BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 SAYS SHE CAN'T GET PREGNANT 4 | |

| | | | |
|-----|---|---|------|
| 612 | <p>What is the main reason that you think you will not use a method at any time in the future?</p> | <p>NOT CURRENTLY MARRIED 11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</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> | →614 |
| 613 | <p>Would you ever use a method if you were married?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 614 | <p>CHECK 219:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>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 <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | →616 |

| 615 | <p>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> | <p style="text-align: right;">BOYS</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p style="text-align: right;">GIRLS</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p style="text-align: right;">EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> | | | | | | | | | | | | | |
|-----------------------------|---|---|-------|-----|----|-------------|---|---|------------------|---|---|-----------------------------|---|---|--|
| 616 | <p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p> | <p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>DON'T KNOW/UNSURE 8</p> | | | | | | | | | | | | | |
| 617 | <p>In the last few months have you heard about family planning:</p> <p style="padding-left: 40px;">On the radio?</p> <p style="padding-left: 40px;">On the television?</p> <p style="padding-left: 40px;">In a newspaper or magazine?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | RADIO | 1 | 2 | TELEVISION | 1 | 2 | NEWSPAPER OR MAGAZINE | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | |
| TELEVISION | 1 | 2 | | | | | | | | | | | | | |
| NEWSPAPER OR MAGAZINE | 1 | 2 | | | | | | | | | | | | | |
| 619 | <p>In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?</p> | <p>YES 1</p> <p>NO 2</p> | ->621 | | | | | | | | | | | | |
| 620 | <p>With whom?</p> <p>Anyone else?</p> <p style="text-align: center;">RECORD ALL MENTIONED.</p> | <p>HUSBAND/PARTNER A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SISTER(S) D</p> <p>BROTHER(S) E</p> <p>DAUGHTER F</p> <p>SON G</p> <p>MOTHER-IN-LAW H</p> <p>FRIENDS/NEIGHBORS I</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|------|-----|----|----|------------------|---|---|---|--------------------|---|---|---|-------------------|---|---|---|--------------------------|---|---|---|--|
| 621 | <p>CHECK 501:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN UNION <input type="checkbox"/></p> | | →625 | | | | | | | | | | | | | | | | | | | | |
| 622 | <p>Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p> | <p>APPROVES 1</p> <p>DISAPPROVES 2</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | | | | | |
| 623 | <p>How often have you talked to your husband/partner about family planning in the past year?</p> | <p>NEVER 1</p> <p>ONCE OR TWICE 2</p> <p>MORE OFTEN 3</p> | | | | | | | | | | | | | | | | | | | | | |
| 624 | <p>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?</p> | <p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | | | | | |
| 625 | <p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>She is tired or not in the mood?</p> <p>She has recently given birth?</p> <p>She knows he has sex with other women?¹</p> <p>She knows he has the AIDS virus?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>TIRED/MOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RECENT BIRTH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER WOMEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HAS THE AIDS VIRUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | TIRED/MOOD | 1 | 2 | 8 | RECENT BIRTH | 1 | 2 | 8 | OTHER WOMEN | 1 | 2 | 8 | HAS THE AIDS VIRUS | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | |
| TIRED/MOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |
| RECENT BIRTH | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |
| OTHER WOMEN | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |
| HAS THE AIDS VIRUS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | |

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 701 | <p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p> | <p>→703</p> <p>→707</p> | |
| 702 | <p>How old was your husband/partner on his last birthday?</p> | <p>AGE IN COMPLETED YEARS <input type="text"/></p> | |
| 703 | <p>Did your (last) husband/partner ever attend school?</p> | <p>YES 1</p> <p>NO 2</p> | →706 |
| 704 | <p>What was the highest level of school he attended: primary, secondary, secondary-special, or higher?</p> | <p>PRIMARY/SECONDARY 1</p> <p>SECONDARY-SPECIAL 2</p> <p>HIGHER 3</p> <p>DON'T KNOW 8</p> | →706 |
| 705 | <p>What was the highest (grade/form/year) he completed at that level?</p> | <p>GRADE <input type="text"/></p> <p>DON'T KNOW 98</p> | |
| 706 | <p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p> | <p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| 707 | <p>Aside from your own housework, are you currently working?</p> | <p>YES 1</p> <p>NO 2</p> | →710 |
| 708 | <p>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?</p> | <p>YES 1</p> <p>NO 2</p> | →710 |

| | | | |
|-----|---|--|------|
| 709 | Have you done any work in the last 12 months? | YES 1 NO 2 | →719 |
| 710 | What is your occupation, that is, what kind of work do you mainly do? | <input type="checkbox"/> | |
| 711 | CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/> | DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | →713 |
| 712 | Do you work mainly on your own land or on family land, or do you rent land or do you work on someone else's land? | OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 | |
| 713 | 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 | |
| 714 | 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 | |
| 715 | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | →718 |
| 716 | Who mainly decides how the money you earn will be used? | RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 | |

| 717 | On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all? | ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|--|---|-----------------------|------------------|-------------------------|-----------------------|--------------------|---|---|---|----------------------|---|---|---|-------------------|---|---|---|---------------------|---|---|---|------------------|---|---|---|---|---|---|---|---|---|--|
| 718 | Do you usually work at home or away from home? | HOME 1 AWAY 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 719 | Who in your family usually has the final say on the following decisions: Your own health? Large household purchases? Daily household purchases? Visits to family, friends, or relatives? What food should be cooked each day? | RESPONDENT = 1 HUSBAND/PARTNER = 2 RESP. & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> </tr> <tr> <td>1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>4</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table> | | 1 | 2 | 3 | 4 | 5 | 1 | 1 | 2 | 3 | 4 | 5 | 2 | 1 | 2 | 3 | 4 | 5 | 3 | 1 | 2 | 3 | 4 | 5 | 4 | 1 | 2 | 3 | 4 | 5 | |
| | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 720 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT) | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">PRES/ LISTEN.</th> <th style="width: 10%; text-align: center;">PRES/ NOT LISTEN.</th> <th style="width: 10%; text-align: center;">NOT PRS LISTEN.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HUSBAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER MALES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER FEMALES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> | | PRES/ LISTEN. | PRES/ NOT LISTEN. | NOT PRS LISTEN. | CHILDREN <10 | 1 | 2 | 3 | HUSBAND | 1 | 2 | 3 | OTHER MALES | 1 | 2 | 3 | OTHER FEMALES | 1 | 2 | 3 | | | | | | | | | | | |
| | PRES/ LISTEN. | PRES/ NOT LISTEN. | NOT PRS LISTEN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILDREN <10 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER MALES | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER FEMALES | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 721 | Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses sex with him? If she burns the food? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ARGUES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>REFUSES SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BURNS FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | YES | NO | DK | GOES OUT | 1 | 2 | 8 | NEGL. CHILDREN | 1 | 2 | 8 | ARGUES | 1 | 2 | 8 | REFUSES SEX | 1 | 2 | 8 | BURNS FOOD | 1 | 2 | 8 | | | | | | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOES OUT | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEGL. CHILDREN | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARGUES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFUSES SEX | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BURNS FOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 801 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | →818 |
| 802 | 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 |]→810 |
| 803 | What can a person do? Anything else? RECORD ALL MENTIONED. | ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS, BLADES ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z | |
| 804 | Is it possible to avoid AIDS by having only one not infected sexual partner who doesn't have other sexual partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 805 | Is it possible to get AIDS through mosquito bite? | YES 1 NO 2 DON'T KNOW 8 | |

| | | | |
|-----|--|--|------|
| 806 | Is it possible to avoid AIDS using condom during every sexual intercourse? | YES 1 NO 2 DONT KNOW 8 | |
| 807 | Can a person get AIDS through eating together with sick person? | YES 1 NO 2 DONT KNOW 8 | |
| 808 | Is it possible to prevent AIDS by abstain from sexual intercourses at all? | YES 1 NO 2 DONT KNOW 8 | |
| 810 | Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DONT KNOW 8 | |
| 811 | Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS? | YES 1 NO 2 | |
| 812 | Can the virus that causes AIDS be transmitted from a mother to a child? | YES 1 NO 2 DONT KNOW 8 | →814 |
| 813 | When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? During breastfeeding? | YES NO DK 1 2 8 1 2 8 1 2 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 814 | CHECK 501: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> | NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN <input type="checkbox"/> | →815A |

| | | | |
|------|--|--|---------|
| 815 | Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)? | YES 1 NO 2 | |
| 815A | In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers? | ACCEPT. UNACCEPT. DK/NOT SURE 1 2 8 1 2 8 1 2 8 | |
| 816 | If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community? | CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8 | |
| 817 | If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 817b | Should persons with the AIDS virus who works with other persons such as in a shop, office, or farm be allowed to continue their work or not? | CAN CONTINUE WORK 1 SHOULD NOT CONTINUE WORK 2 DK/NOT SURE/DEPENDS 8 | |
| 817c | Should children aged 12-14 be taught about using a condom to avoid AIDS? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 817d | Have you ever been tested to see if you have the AIDS virus? | YES 1 NO 2 | ->817gx |
| 817e | Would you want to be tested for the AIDS virus? | YES 1 NO 2 DONT KNOW/UNSURE 3 | |

| | | | |
|---|--|---|------|
| 817f | Do you know a place where you could go to get an AIDS test? | YES 1 NO 2 | →818 |
| 817g | Where can you go for the test? | PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FGP CLINIC 13 DIAGNOSTIC CENTER 14 VENERIC DISEASE CLINIC 15 OTHER PUBLIC 16 (SPECIFY) | |
| 817gx | Where did you go for the test? | PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIENDS/RELATIVES 33 OTHER 96 (SPECIFY) | |
| 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) | | | |
| 818 | (Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact? | YES 1 NO 2 | →831 |
| 819 | In a man, what signs and symptoms would lead you to think that he has such an infection? | ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING . B FOUL SMELLING DISCHARGE ... C BURNING PAIN ON URINATION . . D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA ... F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE K NO SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z | |
| Any others? | | | |
| RECORD ALL MENTIONED. | | | |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |

| | | | |
|-----|---|---|------|
| 820 | How do you think, what symptoms represent whether a woman is been infected or not? | ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING. B FOUL SMELLING DISCHARGE ... C BURNING PAIN ON URINATION.. D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA ... F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE K NO SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z | |
| 822 | During the last 12 months, have you had a sexually-transmitted disease? | YES 1 NO 2 DON'T KNOW 8 | →831 |
| 823 | Now I would like to ask you some questions about your health in the last 12 months. Sometimes, women experience a genital discharge. During the last 12 months, have you had a genital discharge? | YES 1 NO 2 DON'T KNOW 8 | |
| 824 | Sometimes, women experience a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer? | YES 1 NO 2 DON'T KNOW 8 | |
| 825 | CHECK 822, 823, and 824: <div style="display: flex; justify-content: space-between;"> HAS HAD AN INFECTION HAS NOT HAD AN INFECTION </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> | | →831 |
| 826 | The last time you had (INFECTION FROM 822/823/824), did you seek any kind of advice or treatment? | YES 1 NO 2 | →828 |

| 827 | <p>The last time you had (INFECTION FROM 822/823/824) did you do any of the following? Did you....</p> <p style="padding-left: 40px;">Seek advice from a health worker in a clinic or hospital?</p> <p style="padding-left: 40px;">Seek advice or medicine from a traditional healer?</p> <p style="padding-left: 40px;">Seek advice or buy medicines in a shop or pharmacy?</p> <p style="padding-left: 40px;">Ask for advice from friends or relatives?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">YES</th> <th style="text-align: left; width: 50%;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | YES | NO | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | |
|--------------------------------|---|--|-----------|----|----------|---|--------------------------------|---|------------------------------|---|---|---|--|
| YES | NO | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | |
| 828 | <p>When you had (INFECTION FROM 822/823/824), did you inform the persons with whom you were having sex?</p> | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SOME/ NOT ALL</td> <td style="text-align: right;">3</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | SOME/ NOT ALL | 3 | | | | | |
| YES | 1 | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | |
| SOME/ NOT ALL | 3 | | | | | | | | | | | | |
| 829 | <p>When you had (INFECTION FROM 822/823/824) did you do something to avoid infecting your sexual partner(s)?</p> | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PARTNER ALREADY INFECTED</td> <td style="text-align: right;">3</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | PARTNER ALREADY INFECTED | 3 | <input type="checkbox"/> 831 | | | | |
| YES | 1 | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | |
| PARTNER ALREADY INFECTED | 3 | | | | | | | | | | | | |
| 830 | <p>What did you do to avoid infecting your partner? Did you....</p> <p style="padding-left: 40px;">Stop having sex?</p> <p style="padding-left: 40px;">Used a condom when having sex?</p> <p style="padding-left: 40px;">Take medicine?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">YES</th> <th style="text-align: left; width: 50%;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | YES | NO | 1 | 2 | 1 | 2 | 1 | 2 | | | |
| YES | NO | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | |
| 831 | <p>RECORD THE TIME OF THE END OF THE INTERVIEW</p> | <p>HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SECTION 9. HEIGHT AND WEIGHT

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

| NO. | QUESTIONS AND FILTERS | | CODING CATEGORIES |
|-----|---|--|-------------------|
| 901 | RESPONDENT'S HEIGHT (IN CENTIMETERS) | □□□□□ | |
| 902 | RESPONDENT'S WEIGHT (IN KILOGRAMS) | □□□□□ | |
| 903 | RESULT | MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SPECIFY) | |

| | | | |
|-----|---|--|---|
| 904 | CHECK 215 AND 219: ONE OR MORE LIVING CHILDREN BORN IN JAN. 1994 OR LATER <input type="checkbox"/> | | NO LIVING CHILDREN BORN IN JAN. 1994 OR LATER <input type="checkbox"/> → 1001 |
|-----|---|--|---|

IN 905 AND 906 RECORD THE LINE NUMBER AND NAME OF EACH CHILD BORN SINCE JANUARY 1994 AND STILL ALIVE. IN 907 RECORD THE BIRTH DATE FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1994. IN 908 AND 910 RECORD HEIGHT AND WEIGHT OF THE LIVING CHILDREN.

| | | 1) YOUNGEST LIVING CHILD | 2) NEXT-TO-YOUNGEST LIVING CHILD | 3) NEXT-TO-NEXT-TO-YOUNGEST LIVING CHILD |
|-----|--|-----------------------------------|-----------------------------------|--|
| 905 | LINE NO. FROM 212 | □□ | □□ | □□ |
| 906 | NAME FROM 217 | (NAME) _____ | (NAME) _____ | (NAME) _____ |
| 908 | HEIGHT (IN CENTIMETERS) | □□□□□ | □□□□□ | □□□□□ |
| 909 | WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP? | LYING 1 STANDING 2 | LYING 1 STANDING 2 | LYING 1 STANDING 2 |

| | | | | |
|-----|---|--|--|--|
| 910 | WEIGHT (IN KILOGRAMS) | <div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> | <div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> | <div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> |
| 911 | DATE WEIGHED AND MEASURED | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 912 | RESULT OF WEIGHING AND MEASURING | MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align: center;">(SPECIFY)</div> | MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align: center;">(SPECIFY)</div> | MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align: center;">(SPECIFY)</div> |
| 913 | NAME OF MEASURER : _____ NAME OF ASSISTANT : _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px;"></div> </div> | | | |

SECTION 10. HEMOGLOBIN MEASUREMENT IN THE BLOOD

READ TO THE RESPONDENT THE FOLLOWING INFORMATION ABOUT ANEMIA AND REQUEST HER PARTICIPATION IN THE ANEMIA TESTING PART OF THE SURVEY. IF THE RESPONDENT AGREES TO PARTICIPATE, ASK HER TO SIGN AND DATE THE RESPONDENT CONSENT FORM. THEN RECORD THE OUTCOME OF THIS REQUEST BY CIRCLING THE APPROPRIATE CODE ON THE NEXT PAGE.

ҚАЗАҚСТАННЫҢ
ПРОФИЛАКТИКАЛЫҚ
МЕДИЦИНА
АКАДЕМИЯСЫ



KAZAKHSTAN
ACADEMY
OF PREVENTIVE
MEDICINE

Dear Respondent:

The Academy of Preventive Medicine 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 Committee of Health of The Ministry of health, Education and Sport 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 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 5 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: _____ 1999

| | | | | |
|--|---|---|---|---|
| 1001 | RESPONDENT AGREES TO TESTING OF HERSELF AND/OR HER CHILD(REN) 1 <div style="text-align:center;">↓</div> 1002 | RESPONDENT DOES NOT AGREE TO TESTING 2 <div style="text-align:center;">↓</div> END | | |
| 1002 | RESPONDENT'S HEMOGLOBIN LEVEL (G/DL) | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> | | |
| 1003 | RESULT | MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 <div style="text-align:right;">(SPECIFY)</div> | | |
| 1004 | CHECK 212 AND 219: ONE OR MORE LIVING CHILDREN BORN IN JAN. 1994 OR LATER <input type="checkbox"/> | NO LIVING CHILDREN BORN IN JAN. 1994 OR LATER <input type="checkbox"/> → 1009 | | |
| IN 1005 AND 1006 RECORD THE LINE NUMBER AND NAME OF EACH CHILD BORN IN JANUARY 1994 OR LATER AND STILL ALIVE. IN 1007 RECORD THE HEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN. | | | | |
| | | 1) YOUNGEST LIVING CHILD | 2) NEXT-TO-YOUNGEST LIVING CHILD | 3) NEXT-TO-NEXT-TO-YOUNGEST LIVING CHILD |
| 1005 | LINE NO. FROM 212 | <input style="width:30px; height:20px;" type="text"/> | <input style="width:30px; height:20px;" type="text"/> | <input style="width:30px; height:20px;" type="text"/> |
| 1006 | NAME FROM 217 | (NAME) _____ | (NAME) _____ | (NAME) _____ |
| 1007 | HEMOGLOBIN LEVEL IN THE BLOOD (G/DL) | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> | <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> |
| 1008 | RESULT | MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align:right;">(SPECIFY)</div> | MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align:right;">(SPECIFY)</div> | MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align:right;">(SPECIFY)</div> |

| | | | |
|------|--|--|--|
| 1009 | NAME OF HEMOGLOBIN MEASURER: _____ <input type="checkbox"/> <input type="checkbox"/> | | |
| 1010 | CHECK 1002 AND 1007: NO VALUES BELOW 7 G/DL | <input type="checkbox"/> _____ → | GIVE MOTHER RESULT OF HEMOGLOBIN MEASUREMENT AND END THE INTERVIEW |
| | ONE OR MORE VALUES BELOW 7 G/DL | <input type="checkbox"/> _____ → | GIVE MOTHER RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1011. |
| 1011 | CHECK HOUSEHOLD QUESTIONNAIRE Q5: RESPONDENT IS USUAL RESIDENT <input type="checkbox"/> | RESPONDENT IS VISITOR <input type="checkbox"/> | END |

| | |
|------|--|
| 1012 | <p>Dear Respondent:</p> <p>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.</p> <p>If you agree with this please sign at the bottom of this form.</p> <p>Thank you for your cooperation.</p> <p>I am _____ Last name, First name Middle name</p> <p>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.</p> <p>Signature _____</p> <p>Date " ____ " _____ 1999</p> |
|------|--|

| | | | |
|--|---|---|-----|
| RESPONDENT AGREES TO REFERRAL OF HERSELF AND/OR HER CHILD(REN) | 1 | RESPONDENT DOES NOT AGREE TO REFERRAL | 2 |
| | 1 | | 1 |
| | | | END |

| | |
|------|---|
| 1013 | RECORD NAMES OF WOMEN AND CHILD(REN) WITH HEMOGLOBIN LEVEL LESS THAN 7G/DL ON REFERRAL FORM |
|------|---|

CALENDAR

INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN. INFORMATION TO BE CODED FOR EACH COLUMN

COL 1: BIRTHS, PREGNANCIES, PREGNANCY TERMINATIONS, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- S STILLBIRTH
- M MISCARRIAGE
- D INDUCED ABORTIONS BY D&C
- V INDUCED ABORTION BY VACUUM ASPIRATION

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTIONS
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHEA METHOD
- A PERIODIC ABSTINENCE
- W WITHDRAWAL
- X OTHER _____

(SPECIFY)

COL 2: SOURCE OF CONTRACEPTION

- 1 HOSPITAL
- 2 POLYCLINIC
- 3 WOMEN'S CONSULTING CENTER
- 4 FGP
- 5 FAP
- 6 OTHER PUBLIC
- 7 PVT. HOSPITAL/CLINIC
- 8 PHARMACY
- 9 PRIVATE DOCTOR
- A NON GOVT. MOBILE CLINIC
- B NON GOVT. FIELD WORKER
- C OTHER PRIVATE MEDICAL
- D SHOP
- E CHURCH
- F FRIENDS/RELATIVES
- X OTHER _____

(SPECIFY)

| NAME OF CHILD | DATA | 1 | 2 | 3 | 4 | 5 | DATA |
|---------------|--------|----|---|---|---|---|-----------|
| | 12 DEC | 01 | | | | | 01 12 DEC |
| | 11 NOV | 02 | | | | | 02 11 NOV |
| | 10 OCT | 03 | | | | | 03 10 OCT |
| | 09 SEP | 04 | | | | | 04 09 SEP |
| | 08 AUG | 05 | | | | | 05 08 AUG |
| | 07 JUL | 06 | | | | | 06 07 JUL |
| | 06 JUN | 07 | | | | | 07 06 JUN |
| | 05 MAY | 08 | | | | | 08 05 MAY |
| | 04 APR | 09 | | | | | 09 04 APR |
| | 03 MAR | 10 | | | | | 10 03 MAR |
| | 02 FEB | 11 | | | | | 11 02 FEB |
| | 01 JAN | 12 | | | | | 12 01 JAN |
| ----- | | | | | | | |
| | 12 DEC | 13 | | | | | 13 12 DEC |
| | 11 NOV | 14 | | | | | 14 11 NOV |
| | 10 OCT | 15 | | | | | 15 10 OCT |
| | 09 SEP | 16 | | | | | 16 09 SEP |
| | 08 AUG | 17 | | | | | 17 08 AUG |
| | 07 JUL | 28 | | | | | 28 07 JUL |
| | 06 JUN | 29 | | | | | 29 06 JUN |
| | 05 MAY | 20 | | | | | 20 05 MAY |
| | 04 APR | 21 | | | | | 21 04 APR |
| | 03 MAR | 22 | | | | | 22 03 MAR |
| | 02 FEB | 23 | | | | | 23 02 FEB |
| | 01 JAN | 24 | | | | | 24 01 JAN |
| ----- | | | | | | | |
| | 12 DEC | 25 | | | | | 25 12 DEC |
| | 11 NOV | 26 | | | | | 26 11 NOV |
| | 10 OCT | 27 | | | | | 27 10 OCT |
| | 09 SEP | 28 | | | | | 28 09 SEP |
| | 08 AUG | 29 | | | | | 29 08 AUG |
| | 07 JUL | 30 | | | | | 30 07 JUL |
| | 06 JUN | 31 | | | | | 31 06 JUN |
| | 05 MAY | 32 | | | | | 32 05 MAY |
| | 04 APR | 33 | | | | | 33 04 APR |
| | 03 MAR | 34 | | | | | 34 03 MAR |
| | 02 FEB | 35 | | | | | 35 02 FEB |
| | 01 JAN | 36 | | | | | 36 01 JAN |

| COL 3: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u> | | NAME OF CHILD | DATA | | | | | DATA | | |
|--|--|---------------|----------|----|---|---|---|------|--------|---|
| | | | | 1 | 2 | 3 | 4 | | | 5 |
| 0 | INFREQUENT SEX/HUSBAND AWAY | | 12 DEC | 37 | | | | 37 | 12 DEC | |
| 1 | BECAME PREGNANT WHILE USING | | 11 NOV | 38 | | | | 38 | 11 NOV | |
| 2 | WANTED TO BECOME PREGNANT | | 10 OCT | 39 | | | | 39 | 10 OCT | |
| 3 | HUSBAND DISAPPROVED | | 09 SEP | 40 | | | | 40 | 09 SEP | |
| 4 | WANTED MORE EFFECTIVE METHOD | | 1 08 AUG | 41 | | | | 41 | 08 AUG | 1 |
| 5 | HEALTH CONCERNS | | 9 07 JUL | 42 | | | | 42 | 07 JUL | 9 |
| 6 | SIDE EFFECTS | | 9 06 JUN | 43 | | | | 43 | 06 JUN | 9 |
| 7 | LACK OF ACCESS/TOO FAR | | 6 05 MAY | 44 | | | | 44 | 05 MAY | 6 |
| 8 | COST TOO MUCH | | 04 APR | 45 | | | | 45 | 04 APR | |
| 9 | INCONVENIENT TO USE | | 03 MAR | 46 | | | | 46 | 03 MAR | |
| F | FATALISTIC | | 02 FEB | 47 | | | | 47 | 02 FEB | |
| A | DIFFICULT TO GET PREGNANT/MENOPAUSAL | | 01 JAN | 48 | | | | 48 | 01 JAN | |
| D | MARITAL DISSOLUTION/SEPARATION | | | | | | | | | |
| X | OTHER _____ (SPECIFY) | | | | | | | | | |
| Z | DONT KNOW | | | | | | | | | |
| COL 4: <u>MARRIAGE/UNION</u> | | | | | | | | | | |
| X | IN UNION (MARRIED OR LIVING TOGETHER) | | 12 DEC | 49 | | | | 49 | 12 DEC | |
| 0 | NOT IN UNION | | 11 NOV | 50 | | | | 50 | 11 NOV | |
| | | | 10 OCT | 51 | | | | 51 | 10 OCT | |
| | | | 09 SEP | 52 | | | | 52 | 09 SEP | |
| | | | 1 08 AUG | 53 | | | | 53 | 08 AUG | 1 |
| | | | 9 07 JUL | 54 | | | | 54 | 07 JUL | 9 |
| | | | 9 06 JUN | 55 | | | | 55 | 06 JUN | 9 |
| | | | 5 05 MAY | 56 | | | | 56 | 05 MAY | 5 |
| | | | 04 APR | 57 | | | | 57 | 04 APR | |
| | | | 03 MAR | 58 | | | | 58 | 03 MAR | |
| | | | 02 FEB | 59 | | | | 59 | 02 FEB | |
| | | | 01 JAN | 60 | | | | 60 | 01 JAN | |
| Col 5 <u>PLACE OF ABORTION</u> | | | | | | | | | | |
| 1 | DELIVERY HOSPITAL | | 12 DEC | 61 | | | | 61 | 12 DEC | |
| 2 | GOVERNMENT HOSPITAL | | 11 NOV | 62 | | | | 62 | 11 NOV | |
| 3 | FEE-FOR SERVICE DEPARTMENT OF HOSPITAL | | 10 OCT | 63 | | | | 63 | 10 OCT | |
| 4 | PRIVATE CLINIC | | 09 SEP | 64 | | | | 64 | 09 SEP | |
| 5 | WOMEN'S CONSULTING CENTER | | 1 08 AUG | 65 | | | | 65 | 08 AUG | 1 |
| 6 | FAMILY GROUP PRACTICE | | 9 07 JUL | 66 | | | | 66 | 07 JUL | 9 |
| 7 | OTHER _____ (SPECIFY) | | 9 06 JUN | 67 | | | | 67 | 06 JUN | 9 |
| | | | 4 05 MAY | 68 | | | | 68 | 05 MAY | 4 |
| | | | 04 APR | 69 | | | | 69 | 04 APR | |
| | | | 03 MAR | 70 | | | | 70 | 03 MAR | |
| | | | 02 FEB | 71 | | | | 71 | 02 FEB | |
| | | | 01 JAN | 72 | | | | 72 | 01 JAN | |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____