

1999 KAZAKHSTAN DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL WOMAN'S QUESTIONNAIRE

REPUBLIC OF KAZAKHSTAN
ACADEMY OF PREVENTIVE MEDICINE

IDENTIFICATION	
PLACE NAME	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>
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 <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NO. OF VISITS
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 _____	NAME _____		
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 <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
		MINUTES <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	
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 <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> 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? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	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	

NO.	QUESTIONS AND FILTERS		CODING
114	What is your nationality? Are you Kazakh? Russian? Ukrainian? German? Korean? Other?	KAZAKH 1 RUSSIAN 2 UKRAINIAN 3 GERMAN 4 KOREAN 5 OTHER 6 (SPECIFY) DON'T KNOW 8	
115	The next questions are about places people go for their health problems. Is there a place that you usually go to when you are sick or need advice about your health?	YES 1 NO 2 OTHER 6 DON'T KNOW 8	→ 118 → 119 → 119
116	What kind of place is it - a Family Group Practice, a Polyclinic, a Women Counseling Center, FAP, Hospital, or some other place? _____ (RECORD NAME OF FACILITY)	FGP 1 POLYCLINIC 2 WCC 3 FAP 4 HOSPITAL 5 OTHER 6 DON'T KNOW 8	
117	Do you have a choice of changing place you usually go to for health care?	YES 1 NO 2 DON'T KNOW 8	→ 119
118	What is the reason why you do not have a usual source of care?	NO SOURCE IS AVAILABLE 1 NO REASON TO HAVE BECAUSE SELDOM OR NEVER SICK 2 RECENTLY MOVED INTO THE AREA 3 OTHER 6 DON'T KNOW 8	
119	During the past 12 months did you visit a doctor because of an illness or for preventive health care, including visits for prenatal care?	YES 1 NO 2 DON'T KNOW 8	→ 123

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"/> 1 <input type="text"/> 9 <input type="text"/> 9 <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 1000 TENGE. 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	► 134
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) DON'T 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) DON'T 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										

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.</p> <p>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 <input type="text"/> YEAR <input type="text"/>	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 <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY
02 MONTH <input type="text"/> YEAR <input type="text"/>	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 <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY
03 MONTH <input type="text"/> YEAR <input type="text"/>	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 <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> ↓ 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

08 MONTH <input type="text"/> YEAR <input type="text"/>	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 <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY
09 MONTH <input type="text"/> YEAR <input type="text"/>	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 <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY
10 MONTH <input type="text"/> YEAR <input type="text"/>	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 <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY
11 MONTH <input type="text"/> YEAR <input type="text"/>	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 <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY

12 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
13 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
14 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
15 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
16 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

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"/> DON'T 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

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 you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF 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="text"/> PACKAGE NOT SEEN 2	→ 312B

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

313	<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>							
314	<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>							
316	<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></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>9</td><td></td><td></td></tr></table></p>			1	9			
1	9								
317	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>CHECK 316:</p> <p>STERILIZED BEFORE JANUARY 1994</p> <p style="text-align: right;">↓ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></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> </td> <td style="width: 50%; vertical-align: top;"> <p>STERILIZED IN JANUARY 1994 OR LATER</p> <p style="text-align: right;">↓ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></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> </td> </tr> </table>			<p>CHECK 316:</p> <p>STERILIZED BEFORE JANUARY 1994</p> <p style="text-align: right;">↓ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></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;">↓ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></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>		
<p>CHECK 316:</p> <p>STERILIZED BEFORE JANUARY 1994</p> <p style="text-align: right;">↓ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></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;">↓ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></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>						

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</p> <p>MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</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>	→ 329
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</p> <p>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	<input type="text"/> <input type="text"/> DON'T KNOW 98	

340	To be protected from getting pregnant does a woman need to take pills Every day Once in a week Once in a month?	EVERY DAY 1 ONCE IN A WEEK 2 ONCE IN A MONTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
341	How easy is it to get pills? Is it a problem to get them ?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8	
342	Do you think that pills are a reliable method of contraception ?	RELIABLE 1 NO RELIABLE 2 DON'T KNOW 8	
343	Are any health problems or side effects with pills that would make you reluctant to use them ?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8	
344	Is the monetary cost of pills a problem for you?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8	
346	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.		
	If a woman decided to have an abortion, how easy would it be for her to get one ? Would it be easy or difficult?	DIFFICULT 1 EASY 2 DON'T KNOW 8	} 348
347	What would be the main difficulty ?	_____ _____ _____	
348	Do you think that there are health problems or side effects with induced abortion?	YES 1 NO 2 DON'T KNOW 8	
349	Is there any monetary cost to having an abortion that would be a problem?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8	

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	SPONTANEOUS RESPONSE Pharmacy 1 Women's consulting center 1 Polyclinic 1 Hospital 1 Family Group Practice 1 Private clinic 1 Television 1 Posters 1	PROBED RECOGNITION 2 2 2 2 2 2 2 2	NOT SEEN 3 3 3 3 3 3 3 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	CHECK 226: ONE OR MORE BIRTHS IN JAN. 1994 OR LATER <input type="checkbox"/>			NO BIRTHS IN JAN. 1994 OR LATER <input type="checkbox"/>			→ 486
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. Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)						
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>			
404	FROM 217 AND 219	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>			
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NO MORE 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 422) ← LATER 2 NO MORE 3 (SKIP TO 422) ←	THEN 1 (SKIP TO 422) ← LATER 2 NO MORE 3 (SKIP TO 422) ←			
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 ALL CATEGORIES SHOULD (SKIP TO 422) ←	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 ALL CATEGORIES SHOULD (SKIP TO 422) ←			

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</p> <p>DOCTOR A</p> <p>DOCTOR'S ASSISTANT B</p> <p>NURSE/MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p> <p>(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:</p> <p>NUMBER OF TIMES RECEIVED ANTENATAL CARE</p>	<p>ONCE</p> <p><input type="checkbox"/></p> <p>↓</p> <p>(SKIP TO 412)</p> <p>MORE THAN ONCE OR DON'T KNOW</p> <p><input type="checkbox"/></p> <p>↓</p>	

		LAST BIRTH	NEXT-TO-LAST BIRTH	NEXT-TO-NEXT-TO-LAST BIRTH																		
		NAME _____	NAME _____	NAME _____																		
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																				
412	During this pregnancy, were any of the following done at least once?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Were you weighed?</td> <td></td> <td></td> </tr> <tr> <td>Was your height measured?</td> <td></td> <td></td> </tr> <tr> <td>Was your blood pressure measured?</td> <td></td> <td></td> </tr> <tr> <td>Did you give a urine sample?</td> <td></td> <td></td> </tr> <tr> <td>Did you give a blood sample?</td> <td></td> <td></td> </tr> </table>				YES	NO	Were you weighed?			Was your height measured?			Was your blood pressure measured?			Did you give a urine sample?			Did you give a blood sample?		
	YES	NO																				
Were you weighed?																						
Was your height measured?																						
Was your blood pressure measured?																						
Did you give a urine sample?																						
Did you give a blood sample?																						
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 416) ← DON'T KNOW 8																				
414	Were you told where to go if you had these problems?	YES 1 NO 2 DON'T KNOW 8																				
416	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8																				
417	During the whole pregnancy, for how many days did you take the tablets?	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																				

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 <table border="1"><tr><td></td><td></td></tr></table>			NIGHTS <table border="1"><tr><td></td><td></td></tr></table>			NIGHTS <table border="1"><tr><td></td><td></td></tr></table>		
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 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AFTER DELIVERY 2 <table border="1"><tr><td></td><td></td></tr></table> DON'T 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?	YES 1 NO 2 (SKIP TO 438) ←	YES 1 NO 2 (SKIP TO 438) ←	

		LAST BIRTH	NEXT-TO-LAST BIRTH	NEXT-TO-NEXT-TO-LAST BIRTH
		NAME _____	NAME _____	NAME _____
435	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
436	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE (SKIP TO 438) <input type="checkbox"/>		
437	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439) <input type="checkbox"/>		
438	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 444) <input type="checkbox"/>	YES 1 NO 2 (SKIP TO 444) <input type="checkbox"/>	YES 1 NO 2 (SKIP TO 444) <input type="checkbox"/>
440	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 MINUTES 0 <input type="text"/> <input type="text"/> HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 MINUTES 0 <input type="text"/> <input type="text"/> HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 MINUTES 0 <input type="text"/> <input type="text"/> HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
441	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 443) <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 443) <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 443) <input type="checkbox"/>
442	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 445) <input type="checkbox"/> NO 2	YES 1 (SKIP TO 445) <input type="checkbox"/> NO 2	YES 1 (SKIP TO 445) <input type="checkbox"/> NO 2
443	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98

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"/>	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"/>	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	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH		NEXT-TO-NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
448	<p>Now I would like to ask you about the types of foods [NAME] has been fed over the last seven days, including yesterday.</p> <p>How many days during last seven days was [NAME] given each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: How many times yesterday or last night was [NAME] given [ITEM]?</p> <p>Plain water?</p> <p>Tea?</p> <p>Commercially prepared baby formula?</p> <p>Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>Fruit juice?</p> <p>Any other liquids such as sugar water, tea, coffee, or thin soup?</p> <p>Bred, Food made of flour?</p> <p>Any food made from grains [e.g. wheat, porridge, rice, millet]?</p> <p>Pumpkin, squash, red or yellow yams, carrots, or red potatoes?</p> <p>Candies, sweets?</p> <p>Any green leafy vegetables?</p> <p>Any other fruits and vegetables [e.g. apples/sauce, pears, tomatoes]?</p> <p>Meat, poultry, or eggs?</p> <p>Fish, shellfish and other seafood?</p> <p>Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?</p> <p>Cheese, kefir, kumys or yoghurt?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <div style="border: 1px solid black; height: 100px;"></div>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <div style="border: 1px solid black; height: 100px;"></div>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <div style="border: 1px solid black; height: 100px;"></div>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <div style="border: 1px solid black; height: 100px;"></div>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <div style="border: 1px solid black; height: 100px;"></div>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <div style="border: 1px solid black; height: 100px;"></div>
449	<p>How many times was (NAME) fed solid or semi-solid (mashed or pureed) food yesterday or last night? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	

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.
-----	--	--	--	--

SECTION 4B. IMMUNIZATION AND HEALTH

451	ENTER THE NAME AND LINE NUMBER OF EACH LIVING CHILD BORN SINCE JANUARY 1994 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. BEGIN WITH THE YOUNGEST CHILD.			
452	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	NEXT-TO-NEXT-TO-LAST BIRTH LINE NUMBER
453	FROM 212 AND 216	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)
454	Did (NAME) receive a Vitamin A/polyvitamins dose like this during the last 6 months? SHOW AMPULE/CAPSULE OR TABLETS	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
455	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 457) YES, NOT SEEN 2 (SKIP TO 463) NO CARD 3	YES, SEEN 1 (SKIP TO 457) YES, NOT SEEN 2 (SKIP TO 463) NO CARD 3	YES, SEEN 1 (SKIP TO 457) YES, NOT SEEN 2 (SKIP TO 463) NO CARD 3
456	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 463) NO 2	YES 1 (SKIP TO 463) NO 2	YES 1 (SKIP TO 463) NO 2

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?	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8																		
463	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T 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) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) DON'T 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 NO OR DK <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 472)	"YES" IN 463 OR 464 NO OR DK <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 472)	"YES" IN 463 OR 464 NO OR DK <input type="checkbox"/> <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 PUBLIC 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 PUBLIC 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 PUBLIC 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) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← DON'T 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 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T 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 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T 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) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 478) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 478) ← DON'T 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) ←

479	<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>
480		GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.

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 96 (SPECIFY)	
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'.		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
509	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
510	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CHECK 509: MARRIED/LIVED WITH A MAN ONLY ONCE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 100px;"></div> ↓ In what month and year did you start living with your husband/partner? </div> <div style="width: 45%;"> MARRIED/LIVED WITH A MAN MORE THAN ONLY ONCE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 100px;"></div> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DON'T KNOW MONTH 98 YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">19</div> DON'T KNOW YEAR 9998	→ 512
511	How old were you when you started living with him?	AGE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	

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</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	→ 526
517	<p>When was the last time you had sexual intercourse?</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <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/FIANCÉE 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 WEEKS 2 MONTHS 3 YEARS 4	
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 DON'T 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 WEEKS 2 MONTHS 3 YEARS 4	
525	Altogether, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS	
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. 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	If you wanted to, could you yourself get a female condom?	<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:		
	<p>WANTS A/ANOTHER CHILD <input type="checkbox"/></p> <p>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?</p>	<p>WANTS NO (MORE) CHILDREN <input type="checkbox"/></p> <p>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?</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?		<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT 4</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
609	<p>CHECK 310: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>		→ 614
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 612
611	Which method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAMJELLY 10 LACT. AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER 96 (SPECIFY) UNSURE 98	→ 614

612	What is the main reason that you think you will not use a method at any time in the future?	<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	Would you ever use a method if you were married?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
614	<p>CHECK 219:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="264 1107 499 1156"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div data-bbox="919 1107 1150 1156"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	→616

615	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<p>BOYS</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>GIRLS</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	<p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>DON'T KNOW/UNSURE 8</p>	
617	In the last few months have you heard about family planning:	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE 1 2</p>	
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	<p>YES 1</p> <p>NO 2</p>	→ 621
620	<p>With whom?</p> <p>Anyone else?</p> <p>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>(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> <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	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→706
704	What was the highest level of school he attended: primary, secondary, secondary-special, or higher?	<p>PRIMARY/SECONDARY 1</p> <p>SECONDARY-SPECIAL 2</p> <p>HIGHER 3</p> <p>DON'T KNOW 8</p>	→706
705	What was the highest (grade/form/year) he completed at that level?	<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	Aside from your own housework, are you currently working?	<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.</p> <p>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?	<div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>	
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 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5																									
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<table> <thead> <tr> <th></th><th>PRES/ LISTEN.</th><th>PRES/ NOT LISTEN.</th><th>NOT PRS</th></tr> </thead> <tbody> <tr> <td>CHILDREN <10</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS	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																								
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> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BURNS FOOD</td><td>1</td><td>2</td><td>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 DON'T KNOW 8	
807	Can a person get AIDS through eating together with sick person?	YES 1 NO 2 DON'T KNOW 8	
808	Is it possible to prevent AIDS by abstain from sexual intercourses at all?	YES 1 NO 2 DON'T KNOW 8	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T 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 DON'T 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

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? Any others? RECORD ALL MENTIONED.	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	
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	<input type="checkbox"/> → 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;"> <div> HAS HAD AN INFECTION <input type="checkbox"/> </div> <div> HAS NOT HAD AN INFECTION <input type="checkbox"/> </div> </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>Seek advice from a health worker in a clinic or hospital?</p> <p>Seek advice or medicine from a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>									
828	When you had (INFECTION FROM 822/823/824), did you inform the persons with whom you were having sex?	<p>YES 1</p> <p>NO 2</p> <p>SOME/ NOT ALL 3</p>									
829	When you had (INFECTION FROM 822/823/824) did you do something to avoid infecting your sexual partner(s)?	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED 3</p>	→ 831								
830	<p>What did you do to avoid infecting your partner? Did you....</p> <p>Stop having sex?</p> <p>Used a condom when having sex?</p> <p>Take medicine?</p>	<p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>									
831	RECORD THE TIME OF THE END OF THE INTERVIEW	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></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)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
902	RESPONDENT'S WEIGHT (IN KILOGRAMS)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
903	RESULT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>
904	<div style="display: flex; justify-content: space-between;"> <div> CHECK 215 AND 219: ONE OR MORE LIVING CHILDREN BORN IN JAN. 1994 OR LATER <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div> </div> <div> NO LIVING CHILDREN BORN IN JAN. 1994 OR LATER <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div> </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> → 1001 </div>	
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	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
906	NAME FROM 217	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
908	HEIGHT (IN CENTIMETERS)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
909	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	<div style="display: flex; justify-content: space-between;"> <div> LYING 1 STANDING 2 </div> <div> LYING 1 STANDING 2 </div> <div> LYING 1 STANDING 2 </div> </div>

910	WEIGHT (IN KILOGRAMS)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
911	DATE WEIGHED AND MEASURED	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div>1</div><div>9</div><div>9</div><div>9</div></div>	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div>1</div><div>9</div><div>9</div><div>9</div></div>	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div>1</div><div>9</div><div>9</div><div>9</div></div>
912	RESULT OF WEIGHING AND MEASURING	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)
913	NAME OF MEASURER : _____ <div><div></div><div></div></div>	NAME OF ASSISTANT : _____ <div><div></div><div></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> <div style="text-align: center;">1002</div>	RESPONDENT DOES NOT AGREE TO TESTING 2 <div style="text-align: center;">↓</div> <div style="text-align: center;">END</div>		
1002	RESPONDENT'S HEMOGLOBIN LEVEL (G/DL)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
1003	RESULT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>		
1004	CHECK 212 AND 219: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ONE OR MORE LIVING CHILDREN BORN IN JAN. 1994 OR LATER <input type="checkbox"/> </div> <div style="width: 45%;"> NO LIVING CHILDREN BORN IN JAN. 1994 OR LATER <input type="checkbox"/> → 1009 </div> </div>			
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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
1006	NAME FROM 217	(NAME)	(NAME)	(NAME)
1007	HEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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>

ACADEMY OF PREVENTIVE MEDICINE RESULTS OF HEMOGLOBIN MEASUREMENTS IN THE BLOOD			
			Date _____ 1999
Hemoglobin level in the blood (G/DL)	Name	Respondent	Next-to-youngest child
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
		You have	Your child has
<u>WHO CLASSIFICATION OF ANEMIA</u> Normal level Hb level above 11 G/DL Mild anemia Hb (10-11 G/DL) Moderate anemia Hb (7- 10 G/DL) Severe anemia Hb (less than 7 G/DL)		Normal level Mild anemia Moderate anemia Severe anemia	Normal level Mild anemia Moderate anemia Severe anemia
In case of severe anemia (Hb level less than 7 G/DL), we recommend you to immediately contact your doctor. If you have any question about hemoglobin measurement procedure, please call us at (3272)42-92-03, or write to: Academy of Preventive Medicine, 66 Klotchkov St., Almaty, Kazakhstan, 480008			

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
1	08 AUG 05						05 08 AUG 1
9	07 JUL 06						06 07 JUL 9
9	06 JUN 07						07 06 JUN 9
9	05 MAY 08						08 05 MAY 9
	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
1	08 AUG 17						17 08 AUG 1
9	07 JUL 28						28 07 JUL 9
9	06 JUN 29						29 06 JUN 9
8	05 MAY 20						20 05 MAY 8
	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
1	08 AUG 29						29 08 AUG 1
9	07 JUL 30						30 07 JUL 9
9	06 JUN 31						31 06 JUN 9
7	05 MAY 32						32 05 MAY 7
	04 APR 33						33 04 APR
	03 MAR 34						34 03 MAR
	02 FEB 35						35 02 FEB
	01 JAN 36						36 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: _____