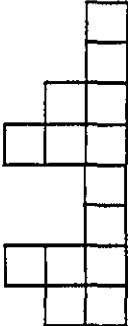
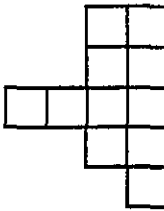


INDIVIDUAL WOMAN'S QUESTIONNAIRE

KYRGYZ REPUBLIC

INSTITUTE OF OBSTETRICS AND PEDIATRICS MINISTRY OF HEALTH

IDENTIFICATION	
CITY/TOWN/VILLAGE NAME _____	
NAME OF HOUSEHOLD HEAD _____	
REGION	
OBLAST	
RAION	
CLUSTER NUMBER	
URBAN/RURAL (urban = 1; rural = 2)	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (large city = 1, small city = 2, town = 3, countryside = 4)	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF WOMAN _____	

INTERVIEWER VISIT				
	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-between;"> <div> DAY MONTH YEAR NAME RESULT </div> <div style="text-align: center;">  </div> </div>
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE TIME				TOTAL NO. VISITS

RESULT CODES:

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

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

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

Section 1. RESPONDENT'S BACKGROUND

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> <input type="text"/> VISITOR 95 ALWAYS 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?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	114

108	What is the highest level of school you attended: primary, secondary, secondary-special, or higher?	PRIMARY/SECONDARY 1 → 109 SECONDARY SPECIAL 2 HIGHER 3
108A	What did you study?	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> (NAME OF SPECIALTY)
109	How many years/classes/courses did you completed at that level?	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
110	CHECK 106: 34 OR BELOW <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> 35 OR ABOVE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	→ 114
111	Are you currently attending school?	YES 1 → 114 NO 2
112	What was the main reason you stopped attending school?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR YOUNGER CHILDREN 03 FAMILY NEEDED HELP AT WORK 04 NEEDED TO EARN MONEY 05 HAD ENOUGH SCHOOLING 06 DID NOT PASS ENTRANCE EXAMS 07 DID NOT LIKE SCHOOL 08 SCHOOL IS TOO FAR 09 OTHER 96 (SPECIFY) DON'T KNOW 98
114	Can you read or understand a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3 → 116

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

119B	What language do you usually speak at home: Only Kyrgyz? Kyrgyz more than Russian? Both equally? Russian more than Kyrgyz? Only Kyrgyz? Other language?	ONLY KYRGYZ 1 MORE KYRGYZ THAN RUSSIAN..... 2 SAME KYRGYZ AND RUSSIAN 3 MORE RUSSIAN THAN KYRGYZ..... 4 ONLY RUSSIAN 5 OTHER 6 (SPECIFY)	
119D	Do you have any chronic diseases?	YES..... 1 NO..... 2 → 120	
119E	What kind of disease do you have?	_____ <input type="checkbox"/> <input type="checkbox"/> (NAME OF DISEASE)	
119F	Were you treated by the doctor or other medical or non-medical personnel?	DOCTOR 1 NURSE 2 OTHER 6 (SPECIFY)	
120	CHECK INTERVIEWER'S ASSIGNMENT SHEET: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> </div> <div> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> </div> </div>		→ 201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a city, town, or the countryside?	CAPITAL CITY, LARGE CITY 1 SMALL CITY 2 TOWN..... 3 COUNTRYSIDE 4	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	In which oblast is that located?	<p>OBLAST:</p> <p>CHUISKAYA 01</p> <p>ISSYKKULSKAYA 02</p> <p>TALASSKAYA 03</p> <p>NARYNSKAYA 04</p> <p>OSHSKAYA 05</p> <p>OZHELALABADSKAYA 06</p> <p>THE CITY OF BISHKEK 07</p> <p>OTHER 96</p> <p style="text-align: center;">_____ SPECIFY</p>	
123	<p>Now I would like to ask about the household in which you usually live.</p> <p>What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER</p> <p>PIPED INTO RESIDENCE/YARD/PLOT..... 11 → 125</p> <p>PUBLIC TAP 12</p> <p>WELL WATER</p> <p>WELL IN RESIDENCE/YARD/PLOT..... 21 → 125</p> <p>PUBLIC WELL 22</p> <p>SURFACE WATER</p> <p>SPRING WATER 31</p> <p>RIVER/STREAM..... 32</p> <p>POND/LAKE 33</p> <p>DAM 34</p> <p>RAINWATER 41 → 125</p> <p>TANKER TRUCK 51</p> <p>BOTTLED WATER 61 → 125</p> <p>OTHER 96</p> <p style="text-align: center;">_____ (SPECIFY)</p>	

124	How long does it take to go there, get water, and come back?	MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																		
		ON PREMISES..... 996																		
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET..... 11 SHARED FLUSH TOILET..... 12 PIT TOILET/LATRINE TRADITIONAL TYPE..... 21 IMPROVED - VENTILATED..... 22 NO FACILITY (BUSH/FIELD)..... 31 OTHER..... 96 (SPECIFY)																		
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>RADIO.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>TELEVISION.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>TELEPHONE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>REFRIGERATOR.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2
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RADIO.....	1	2																		
TELEVISION.....	1	2																		
TELEPHONE.....	1	2																		
REFRIGERATOR.....	1	2																		
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND..... 11 TEZEK..... 12 RUDIMENTARY FLOOR WOOD PLANKS..... 21 STRAW/SAWDUST..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD..... 31 LINOLEUM OR ASPHALT..... 32 CERAMIC TILES..... 33 CEMENT..... 34 CARPET..... 35 OTHER..... 96 (SPECIFY)																		
128	Does any member of your household own A bicycle? A motorcycle? A car?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr> <td>BICYCLE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>MOTORCYCLE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>CAR.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2						
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Section 2. PREGNANCY HISTORY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask you about all the births you have had during your life. Have you ever given birth?	YES..... 1 NO..... 2 → 206	
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... 1 NO..... 2 → 204	
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'	<div style="display: flex; justify-content: space-between;"> SONS AT HOME..... <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> DAUGHTERS AT HOME..... <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	
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 → 208	
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'	<div style="display: flex; justify-content: space-between;"> SONS ELSEWHERE..... <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> DAUGHTERS ELSEWHERE..... <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES..... 1 NO..... 2 → 208	

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

2 1 4 Now I want to talk to you about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth.
Starting with your last pregnancy, please tell me the following information

2 1 5	2 1 6	2 1 7	2 1 8	2 1 9	2 2 0	2 2 1	2 2 2	2 2 3	2 2 4																
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, a miscarriage, or a stillbirth?	FROM YEAR OF LAST/NEXT-TO-THE LAST, ETC. PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 4 OR MORE? TRY TO DETERMINE: IF THERE WAS ANOTHER PREGNANCY BETWEEN THIS AND PREVIOUS PREGNANCY.	CHECK 216: 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?	How old was (NAME) when he/she died?																
0 1 MONTH. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> YEAR .. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME _____	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table> 218 ←			DAYS 1 MONTHS 2 YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
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05	MONTH... <input type="text"/> <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION . 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION . 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3
06	MONTH... <input type="text"/> <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION . 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION . 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3
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08	MONTH... <input type="text"/> <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION . 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION . 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3

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

13	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3
14	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3
15	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3
16	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3

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

NUMBERS ARE THE SAME ☐

NUMBERS ARE
DIFFERENT ☐

→ (PROBE AND RECONCILE)

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

Q223 FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

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

226 CHECK 215 AND ENTER THE NUMBER OF PREGNANCIES ENDED SINCE JANUARY 1994.
IF NONE, RECORD '0'.

No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
227	Are you pregnant now?	YES 1 NO..... 2 UNSURE 8	228A
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS	MONTHS <input type="text"/>	
229	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 become pregnant at all?	THEN 1 LATER 2 NOT AT ALL 3	
229A	At what age did you have your first menstrual period?	MONTHS <input type="text"/> NEVER MENSTRUATED 96 DON'T KNOW 98	231
230	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
230 A	For how many days your menstrual cycle lasts?	DAYS <input type="text"/>	
230B	Is the time between your menstrual cycle regular or irregular?	REGULAR 1 IRREGULAR 2	

230 C	For how many days your menstruations usually last?	DAYS <input type="text"/> <input type="text"/>	
230D	Are your menstrual flows usually light, heavy or normal?	LIGHT 1 NORMAL 2 HEAVY 3	
230E	Do your menstruations usually occur without any pain, with little pain, or very painful?	WITHOUT PAIN 1 WITH LITTLE PAIN 2 VERY PAINFUL 3	
231	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant then other times?	YES 1 NO 2 DON'T KNOW 8	3 0 1
232	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD 0 1 RIGHT AFTER HER PERIOD HAS ENDED 0 2 IN THE MIDDLE OF THE CYCLE 0 3 JUST BEFORE HER PERIOD BEGINS 0 4 OTHER 9 6 (SPECIFY) DON'T KNOW 9 8	

Section 3. OUTCOME OF PREGNANCIES

301	CHECK 226	ONE OR MORE PREGNANCY SINCE JANUARY 1994 <input type="checkbox"/>	NO PREGNANCY SINCE JANUARY 1994 <input type="checkbox"/>	(SKIP TO 458)	
302	ENTER THE LINE NUMBER FOR EACH PREGNANCY ENDED SINCE JANUARY 1994 IN THE TABLE. (IF THERE ARE MORE THAN FOUR PREGNANCIES, USE ADDITIONAL QUESTIONNAIRE) Now I would like to ask you some questions about the pregnancies you have had in the last three years.				
303	LINE NUMBER FROM Q. 215	LAST PREGNANCY LINE NUMBER. <input type="text"/> <input type="text"/>	NEXT-TO-THE-LAST PREGNANCY LINE NUMBER. <input type="text"/> <input type="text"/>	NEXT-TO-NEXT-TO THE LAST PREGN. LINE NUMBER. <input type="text"/> <input type="text"/>	NEXT-TO-NEXT-TO-NEXT-TO THE LAST PREG. LINE NUMBER. <input type="text"/> <input type="text"/>
304	SEE Q. 216 AND 220: OUTCOME OF PREGNANCY OR THE NAME OF CHILD.	OUTCOME OR NAME	OUTCOME OR NAME	OUTCOME OR NAME	OUTCOME OR NAME
304A	When during your pregnancy did you learn that you were pregnant?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
305	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/mat all?	THEN 1 <input type="text"/> <input type="text"/> (SKIP TO 306A) ← LATER 2 <input type="text"/> <input type="text"/> NO MORE 3 <input type="text"/> <input type="text"/> (SKIP TO 306A) ←	THEN 1 <input type="text"/> <input type="text"/> (SKIP TO 306A) ← LATER 2 <input type="text"/> <input type="text"/> NO MORE 3 <input type="text"/> <input type="text"/> (SKIP TO 306A) ←	THEN 1 <input type="text"/> <input type="text"/> (SKIP TO 306A) ← LATER 2 <input type="text"/> <input type="text"/> NO MORE 3 <input type="text"/> <input type="text"/> (SKIP TO 306A) ←	THEN 1 <input type="text"/> <input type="text"/> (SKIP TO 306A) ← LATER 2 <input type="text"/> <input type="text"/> NO MORE 3 <input type="text"/> <input type="text"/> (SKIP TO 306A) ←
305A	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	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
306	At the time you became pregnant, were you using a method of contraception? Which method?	YES 1 <input type="text"/> <input type="text"/> NO 2 <input type="text"/> <input type="text"/>	YES 1 <input type="text"/> <input type="text"/> NO 2 <input type="text"/> <input type="text"/>	YES 1 <input type="text"/> <input type="text"/> NO 2 <input type="text"/> <input type="text"/>	YES 1 <input type="text"/> <input type="text"/> NO 2 <input type="text"/> <input type="text"/>
306A	CHECK 304: OUTCOME OF PREGNANCY	INDUCED ABORTION. <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>	INDUCED ABORTION. <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>	INDUCED ABORTION. <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>	INDUCED ABORTION. <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>

307	<p>When you were pregnant (with NAME), 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 PERSONS PROVIDED ANTENATAL CARE</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE/MIDWIFE..... B</p> <p>NONMEDICAL PERSONS</p> <p>TRADITIONAL BIRTH..... C</p> <p>REALTIVE/FRIEND..... D</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>NO ONE..... Y</p> <p>(SKIP TO 312) ←</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE/MIDWIFE..... B</p> <p>NONMEDICAL PERSONS</p> <p>TRADITIONAL BIRTH..... C</p> <p>REALTIVE/FRIEND..... D</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>NO ONE..... Y</p> <p>(SKIP TO 312) ←</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE/MIDWIFE..... B</p> <p>NONMEDICAL PERSONS</p> <p>TRADITIONAL BIRTH..... C</p> <p>REALTIVE/FRIEND..... D</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>NO ONE..... Y</p> <p>(SKIP TO 312) ←</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE/MIDWIFE..... B</p> <p>NONMEDICAL PERSONS</p> <p>TRADITIONAL BIRTH..... C</p> <p>REALTIVE/FRIEND..... D</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>NO ONE..... Y</p> <p>(SKIP TO 312) ←</p>
308	<p>How many months pregnant were you when you first received antenatal care?</p>	<p>MONTHS.....</p> <p>DONT KNOW..... 98</p>	<p>MONTHS.....</p> <p>DONT KNOW..... 98</p>	<p>MONTHS.....</p> <p>DONT KNOW..... 98</p>	<p>MONTHS.....</p> <p>DONT KNOW..... 98</p>
309	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER.....</p> <p>DONT KNOW..... 98</p>	<p>NUMBER.....</p> <p>DONT KNOW..... 98</p>	<p>NUMBER.....</p> <p>DONT KNOW..... 98</p>	<p>NUMBER.....</p> <p>DONT KNOW..... 98</p>
312	<p>Where did the (birth of NAME)/ pregnancy termination) take place?</p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>IN THE HEALTH FACILITY</p> <p>OBGYN HOSPITAL..... 21</p> <p>HOSPITAL..... 22</p> <p>DOCTOR'S ASSISTANT/MIDWIFE POST (FAP)..... 23</p> <p>OTHER HEALTH FACILITY..... 26</p> <p>(SPECIFY)</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>IN THE HEALTH FACILITY</p> <p>OBGYN HOSPITAL..... 21</p> <p>HOSPITAL..... 22</p> <p>DOCTOR'S ASSISTANT/MIDWIFE POST (FAP)..... 23</p> <p>OTHER HEALTH FACILITY..... 26</p> <p>(SPECIFY)</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>IN THE HEALTH FACILITY</p> <p>OBGYN HOSPITAL..... 21</p> <p>HOSPITAL..... 22</p> <p>DOCTOR'S ASSISTANT/MIDWIFE POST (FAP)..... 23</p> <p>OTHER HEALTH FACILITY..... 26</p> <p>(SPECIFY)</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p>	<p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>IN THE HEALTH FACILITY</p> <p>OBGYN HOSPITAL..... 21</p> <p>HOSPITAL..... 22</p> <p>DOCTOR'S ASSISTANT/MIDWIFE POST (FAP)..... 23</p> <p>OTHER HEALTH FACILITY..... 26</p> <p>(SPECIFY)</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p>

		LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-THE-LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-NEXT-TO THE LAST PREGN. OUTCOME OR NAME	NEXT-TO-NEXT-TO-NEXT-TO LAST PREG. OUTCOME OR NAME
313	<p>Who assisted with the (delivery of (NAME)/ pregnancy termination?</p> <p>Anyone else?</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D</p> <p>OTHER PERSON X (SPECIFY) _____</p> <p>NO ONE Y</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D</p> <p>OTHER PERSON X (SPECIFY) _____</p> <p>NO ONE Y</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D</p> <p>OTHER PERSON X (SPECIFY) _____</p> <p>NO ONE Y</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D</p> <p>OTHER PERSON X (SPECIFY) _____</p> <p>NO ONE Y</p>
314	<p>At the time of the (birth of (NAME)/ ending of the pregnancy), did you have any of the following problems:</p> <p>Long labor, that is, did your regular contractions last more than 18 hours?</p> <p>Excessive bleeding that was so much that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions not caused by fever?</p> <p>Early rupture of amniotic fluid sac?</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>

315	Was the (birth of (NAME)/pregnancy termination) by caesarian section?	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 325 ←
315A	How did you determine you were pregnant?	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)
315B	Who suggested that you might have an abortion?	HEALTH PROFESSIONAL.....1 HUSBAND.....2 MOTHER/MOTHER-IN-LAW.....3 FRIENDS/RELATIVES.....4 DECIDED HERSELF.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8	HEALTH PROFESSIONAL.....1 HUSBAND.....2 MOTHER/MOTHER-IN-LAW.....3 FRIENDS/RELATIVES.....4 DECIDED HERSELF.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8	HEALTH PROFESSIONAL.....1 HUSBAND.....2 MOTHER/MOTHER-IN-LAW.....3 FRIENDS/RELATIVES.....4 DECIDED HERSELF.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8	HEALTH PROFESSIONAL.....1 HUSBAND.....2 MOTHER/MOTHER-IN-LAW.....3 FRIENDS/RELATIVES.....4 DECIDED HERSELF.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8
316	Where was the induced abortion performed?	PUBLIC SECTOR.....11 HOSPITAL.....12 POLYCLINIC.....13 AMBULATORY.....14 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) PRIVATE SECTOR.....21 PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)	PUBLIC SECTOR.....11 HOSPITAL.....12 POLYCLINIC.....13 AMBULATORY.....14 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) PRIVATE SECTOR.....21 PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)	PUBLIC SECTOR.....11 HOSPITAL.....12 POLYCLINIC.....13 AMBULATORY.....14 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) PRIVATE SECTOR.....21 PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)	PUBLIC SECTOR.....11 HOSPITAL.....12 POLYCLINIC.....13 AMBULATORY.....14 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) PRIVATE SECTOR.....21 PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)
317	Can you tell me what procedure was used to terminate the pregnancy?	D & C.....1 ASPIRATION.....2 CAESARIAN SECTION.....3 TRADITIONAL METHOD.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8	D & C.....1 ASPIRATION.....2 CAESARIAN SECTION.....3 TRADITIONAL METHOD.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8	D & C.....1 ASPIRATION.....2 CAESARIAN SECTION.....3 TRADITIONAL METHOD.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8	D & C.....1 ASPIRATION.....2 CAESARIAN SECTION.....3 TRADITIONAL METHOD.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8

322	Where did you seek care?	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>AMBULATORY C</p> <p>MOBILE CLINIC D</p> <p>OTHER HEALTH CARE FACILITY E</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>OTHER PRIVATE HEALTH CARE FACILITY H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE PERSON (NON-MEDICAL) I</p> <p>OTHER K</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>AMBULATORY C</p> <p>MOBILE CLINIC D</p> <p>OTHER HEALTH CARE FACILITY E</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>OTHER PRIVATE HEALTH CARE FACILITY H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE PERSON (NON-MEDICAL) I</p> <p>OTHER K</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>AMBULATORY C</p> <p>MOBILE CLINIC D</p> <p>OTHER HEALTH CARE FACILITY E</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>OTHER PRIVATE HEALTH CARE FACILITY H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE PERSON (NON-MEDICAL) I</p> <p>OTHER K</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>POLYCLINIC B</p> <p>AMBULATORY C</p> <p>MOBILE CLINIC D</p> <p>OTHER HEALTH CARE FACILITY E</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>OTHER PRIVATE HEALTH CARE FACILITY H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE PERSON (NON-MEDICAL) I</p> <p>OTHER K</p> <p>_____ (SPECIFY)</p>
323	Have you been hospitalized because of these problems?	<p>YES 1</p> <p>NO 2</p> <p>325 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>325 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>325 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>325 ←</p>
324	How many days?	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
325		GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401

Section 4A. CHILD HEALTH AND NUTRITION PRACTICES

401	CHECK 306A: <div style="display: flex; justify-content: space-between;"> <div>ONE OR MORE LIVE BIRTHS SINCE JANUARY 1994</div> <div>NO LIVE BIRTHS SINCE JANUARY 1994</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> </div>	(SKIP TO 458) →																																										
402	<p>CHECK 303 AND 306A: ENTER THE LINE NUMBER FOR EACH LIVE BIRTH. ASK THE QUESTIONS ABOUT EACH OF THESE BIRTHS BEGINNING WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).</p> <p>Now I would like to ask you some questions about your children born in the past three years. Let's talk about one child at a time.</p>																																											
403	LINE NUMBER FROM 303	<div style="display: flex; justify-content: space-between;"> <div> LAST BIRTH LINE NUMBER </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div>																																										
404	NAME FROM 304	<div style="display: flex; justify-content: space-between;"> <div> NEXT-TO-LAST BIRTH LINE NUMBER </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div>																																										
404A	During your pregnancy with (NAME), did you have any of the following diseases? <div style="margin-left: 40px;"> Anemia Heart or circulatory diseases Kidney diseases Liver or gastrointestinal diseases Lung diseases Hormonal diseases </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO		YES	NO		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2
	YES	NO		YES	NO																																							
	1	2		1	2																																							
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	1	2		1	2																																							
	1	2		1	2																																							
	1	2		1	2																																							
404B	CHECK 404A: ONE OR MORE RESPONSES "YES"	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> YES 1 NO 2 (SKIP TO 405) ← </td> <td style="width: 50%;"> YES 1 NO 2 (SKIP TO 405) ← </td> </tr> </table>	YES 1 NO 2 (SKIP TO 405) ←	YES 1 NO 2 (SKIP TO 405) ←																																								
YES 1 NO 2 (SKIP TO 405) ←	YES 1 NO 2 (SKIP TO 405) ←																																											
404c	During your pregnancy with (NAME) did you visit a health care facility for preventive care because of this illness?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> YES 1 NO 2 (SKIP TO 405) ← </td> <td style="width: 50%;"> YES 1 NO 2 (SKIP TO 405) ← </td> </tr> </table>	YES 1 NO 2 (SKIP TO 405) ←	YES 1 NO 2 (SKIP TO 405) ←																																								
YES 1 NO 2 (SKIP TO 405) ←	YES 1 NO 2 (SKIP TO 405) ←																																											

404D	What type of health care facility did you visit for preventive care?	POLYCLINIC 1 WOMEN'S CONSULTING CTR 2 HOSPITAL 3 AMBULATORY 4 MEDSANCHAST 5 OTHER 6 (SPECIFY) _____ DON'T KNOW 8	POLYCLINIC 1 WOMEN'S CONSULTING CTR 2 HOSPITAL 3 AMBULATORY 4 MEDSANCHAST 5 OTHER 6 (SPECIFY) _____ DON'T KNOW 8
405	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8
406	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 408) ←	YES 1 NO 2 (SKIP TO 408) ←
407	How much did (he/she) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE	GRAMS FROM CARD 1 <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
408	Was the length of (NAME) measured at birth?	YES 1 NO 2 (SKIP TO 410) ←	YES 1 NO 2 (SKIP TO 410) ←
409	What was length of (NAME) at birth? RECORD LENGTH FROM HEALTH CARD, IF AVAILABLE	CENTIMETERS FROM CARD 1 <input type="text"/> <input type="text"/> CENTIMETERS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	CENTIMETERS FROM CARD 1 <input type="text"/> <input type="text"/> CENTIMETERS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 412) ← NO 2 (SKIP TO 413) ←	
411	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 415) ←
412	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
413	CHECK 227: IS RESPONDENT CURRENTLY PREGNANT?	NOT PREG- <input type="checkbox"/> NANT PREGNANT <input type="checkbox"/> OR UNSURE (SKIP TO 415)	
414	Have you resumed sexual realtions since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 416) ←	
415	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
416	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 422) ←	YES 1 NO 2 (SKIP TO 422) ←
417	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

418	CHECK 222: CHILD ALIVE?	ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> (SKIP TO 420)	ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> (SKIP TO 420)
419	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 423) ← NO 2	YES 1 (SKIP TO 423) ← NO 2
420	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
421	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
422	CHECK 418 CHILD ALIVE?	ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> ↓ ↓ (SKIP TO 425) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 433)	ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> ↓ ↓ (SKIP TO 425) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 433)
423	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>
424	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF DAYTIME FEEDINGS..... <input type="text"/> <input type="text"/>
425	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8

426	<p>At any time yesterday or last night, was (NAME) given any of the following?</p> <p>Water (boiled and not boiled)?</p> <p>Sugar water?</p> <p>Juice?</p> <p>Tea?</p> <p>Baby formula?</p> <p>Milk products (fresh, powdered, tinned milk)?</p> <p>Fermented milk (kefir, airan, kumys, yogurt)?</p> <p>Any other liquids (soups, coca-cola, etc.)?</p> <p>Fruits and vegetables?</p> <p>Any food made from wheat, rice, maize, such as bread, noodles, pasta, etc.?</p> <p>Any food made from potatoes, carrots, or tuber?</p> <p>Eggs, fish, poultry?</p> <p>Meat (lamb, beef, ham, horse meat, etc.)?</p> <p>Sweets, chocolate, cookies, etc.?</p> <p>Any other solid or semi-solid foods?</p>	<p>YES NO DK</p> <p>WATER 1 2 8</p> <p>SWEET WATER 1 2 8</p> <p>JUICE 1 2 8</p> <p>TEA 1 2 8</p> <p>BABY FORMULA 1 2 8</p> <p>MILK 1 2 8</p> <p>FERMENTED MILK 1 2 8</p> <p>OTHER LIQUIDS 1 2 8</p> <p>FRUITS AND VEGETABLES 1 2 8</p> <p>PASTA AND FOOD MADE FROM GRAIN 1 2 8</p> <p>POTATOE AND TUBER 1 2 8</p> <p>EGG/FISH/POULTRY 1 2 8</p> <p>MEAT 1 2 8</p> <p>SWEETS 1 2 8</p> <p>OTHER SOLID OR SEMI-SOLID FOODS 1 2 8</p>	<p>YES NO DK</p> <p>WATER 1 2 8</p> <p>SWEET WATER 1 2 8</p> <p>JUICE 1 2 8</p> <p>TEA 1 2 8</p> <p>BABY FORMULA 1 2 8</p> <p>MILK 1 2 8</p> <p>FERMENTED MILK 1 2 8</p> <p>OTHER LIQUIDS 1 2 8</p> <p>FRUITS AND VEGETABLES 1 2 8</p> <p>PASTA AND FOOD MADE FROM GRAIN 1 2 8</p> <p>POTATOE AND TUBER 1 2 8</p> <p>EGG/FISH/POULTRY 1 2 8</p> <p>MEAT 1 2 8</p> <p>SWEETS 1 2 8</p> <p>OTHER SOLID OR SEMI-SOLID FOODS 1 2 8</p>
427	CHECK 426: FOOD OR LIQUID GIVEN YESTERDAY?	<p>"YES" TO ONE OR MORE <input type="checkbox"/></p> <p>"NO/DK" TO ALL <input type="checkbox"/></p> <p>(SKIP TO 431)</p>	<p>"YES" TO ONE OR MORE <input type="checkbox"/></p> <p>"NO/DK" TO ALL <input type="checkbox"/></p> <p>(SKIP TO 431)</p>
430	<p>(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks?</p> <p>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>
432		GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 433.	GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 433.

Section 4B. IMMUNIZATION AND HEALTH

433	<p>CHECK 403, 404 AND 418: ENTER LINE NUMBER FOR EACH LIVE BIRTH SINCE JANUARY 1994 IN THE TABLE. INDICATE WHETHER THE CHILD IS ALIVE OR NOT ALIVE.</p> <p>ASK THE QUESTIONS ABOUT EACH OF THESE BIRTHS BEGINNING WITH THE LAST BIRTH.</p> <p>(IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).</p>		
434	<p>LINE NUMBER FROM 403</p>	<p>LAST BIRTH</p> <p>LINE NUMBER </p>	<p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER </p>
435	<p>NAME FROM 404</p> <p>SURVIVORSHIP STATUS FROM 418</p>	<p>NAME</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>ALIVE NOT ALIVE </p> <div style="text-align: center; margin-top: 10px;"> <p>↓</p> <p>(GO TO Q 435 IN NEXT COLUMN. IF NO MORE BIRTHS, GO TO 458).</p> </div>	<p>NAME</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>ALIVE NOT ALIVE </p> <div style="text-align: center; margin-top: 10px;"> <p>↓</p> <p>(GO TO Q 435 IN NEXT COLUMN. IF NO MORE BIRTHS, GO TO 458).</p> </div>
436	<p>Do you have a card where (NAME's) vaccinations are written?</p> <p>IF YES: May I see it please?</p>	<p>YES, SEEN 1</p> <p style="text-align: right;">← (SKIP TO 438)</p> <p>YES, NOT SEEN 2</p> <p style="text-align: right;">← (SKIP TO 440)</p> <p>NO CARD 3</p>	<p>YES, SEEN 1</p> <p style="text-align: right;">← (SKIP TO 438)</p> <p>YES, NOT SEEN 2</p> <p style="text-align: right;">← (SKIP TO 440)</p> <p>NO CARD 3</p>
437	<p>Did you ever have a vaccination card for (NAME)?</p>	<p>YES 1</p> <p style="text-align: right;">← (SKIP TO 440)</p> <p>NO 2</p>	<p>YES 1</p> <p style="text-align: right;">← (SKIP TO 440)</p> <p>NO 2</p>

BCG . . .

MANTU...

OPV 0

OPV1

OPV2.....

OPV3

OPV4

OPV5

D1

D2

D3

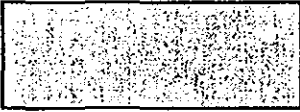
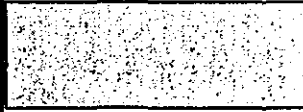
D4

MEASLES.

YES 1
(PROBE FOR VACCINATIONS. GO ←
BACK TO 438 AND WRITE '66' IN THE
CORRESPONDING DAY COLUMN)
NO 2
DONT KNOW 8
(SKIP TO 442) ←

[illegible]

YES 1
(PROBE FOR VACCINATIONS, GO ←
BACK TO 438 AND WRITE '66' IN THE
CORRESPONDING DAY COLUMN)
NO 2
DON'T KNOW 8
(SKIP TO 442) ←

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

442	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
443	Has (NAME) been ill with cough at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 447) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 447) ← DON'T KNOW..... 8
444	When (NAME) was ill with cough, did he/she breathe faster than usual with short, fast breaths?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
445	Did you seek advice or treatment for the cough?	YES..... 1 NO..... 2 (SKIP TO 447) ←	YES..... 1 NO..... 2 (SKIP TO 447) ←
217 446	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED..	PUBLIC SECTOR HOSPITAL..... A POLYCLINIC..... B AMBULATORY..... C PHARMACY..... D FAP..... E OTHER PUBLIC HEALTH FACILITY..... F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC..... G PRIVATE PHARMACY..... H PRIVATE DOCTOR..... I OTHER PRIVATE HEALTH FACILITY..... J (SPECIFY) OTHER PRIVATE SHOP..... K PRIVATE PERSON (NON MEDICAL)..... L OTHER..... X (SPECIFY)	PUBLIC SECTOR HOSPITAL..... A POLYCLINIC..... B AMBULATORY..... C PHARMACY..... D FAP..... E OTHER PUBLIC HEALTH FACILITY..... F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC..... G PRIVATE PHARMACY..... H PRIVATE DOCTOR..... I OTHER PRIVATE HEALTH FACILITY..... J (SPECIFY) OTHER PRIVATE SHOP..... K PRIVATE PERSON (NON MEDICAL)..... L OTHER..... X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____				
447	Has (NAME) had diarrhea in the last two weeks?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8				
448	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8				
449	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98		
450	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8				
451	Was he/she given the same amount food to eat as before the diarrhea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8				
452	Was (NAME) given rehydron, fluid made from a special packet to drink?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8				
453	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 455) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 455) ← DON'T KNOW 8				
454	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED	RECOMMENDED HOME FLUIDS A PILLS OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/HERBS E OTHER X _____ (SPECIFY)	RECOMMENDED HOME FLUIDS A PILLS OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/HERBS E OTHER X _____ (SPECIFY)				

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

Section 5. CONTRACEPTION

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

CIRCLE CODE 1 IN 501 FOR EACH METHOD MENTIONED SPONTANEOUSLY.

THEN PROCEED DOWN COLUMN 502, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.

THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 501 OR 502, ASK 503.

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

06	CONDOM. Men can use a rubber sheath during sexual intercourse.	1	2	3	YES 1 NO..... 2
07	FEMALE STERILIZATION. Women can have an operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES 1 NO..... 2
09	CALENDAR METHOD. Every month that a women is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3	YES 1 NO..... 2
10	WITHDRAWAL. Men can be careful pull out before climax.	1	2	3	YES 1 NO..... 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1		3	YES 1 NO..... 2 YES 1 NO..... 2
		(SPECIFY)			
		(SPECIFY)			
504 CHECK 503 NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 509					

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

<p>514</p> <p>514A</p>	<p>Which method are you using?</p> <p>CIRCLE '07 FOR FEMALE STERILIZATION.</p>	<p>PILLS 01</p> <p>IUD 02</p> <p>INJECTIONS 03</p> <p>DIAPHRAGM/FOAM/JELLY 05</p> <p>CONDOM 06</p> <p>FEMALE STERILIZATION 07</p> <p>CALENDAR METHOD 09</p> <p>WITHDRAWAL 10</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>→ 528</p> <p>→ 518</p> <p>→ 523</p> <p>→ 528</p>
<p>515</p>	<p>May I see the package of pills you are now using?</p> <p>RECORD NAME OF BRAND IF PACKAGE IS SEEN</p>	<p>PACKAGE SEEN 1</p> <p>BRAND NAME _____</p> <p>PACKAGE NOT SEEN 2</p> <p>→ 517</p>
<p>516</p>	<p>Do you know the brand name of the pills you are now using?</p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____</p> <p>DON'T KNOW 98</p>
<p>517</p>	<p>How much does one packet of pills cost you?</p>	<p>COST </p> <p>FREE 9996</p> <p>DON'T KNOW 9998</p> <p>→ 526</p>
<p>518</p>	<p>Where did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 1</p> <p>POLYCLINIC 2</p> <p>WOMEN'S CENTER 3</p> <p>MOBILE CLINIC 4</p> <p>OTHER HEALTH FACILITY</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
521	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													→ 527
523	How do you determine which days of your monthly cycle not to have sexual relations	BASED ON CALENDAR 01 BASED ON BODY TEMPERATURE 02 BASED ON CERVICAL MUCUS (BILLING METHOD) 03 BASED ON RECTAL TEMPERATURE 04 NO SPECIFIC SYSTEM 05 OTHER 96 (SPECIFY)													
526	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> 8 YEARS OR LONGER 96													
527	CHECK 514 CIRCLE METHOD CODE:	PILLS 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 CALENDAR METHOD 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	→ 529A → 532												

527A	Who recommended that you use this method of contraception?	DOCTOR FROM THE HOSPITAL 01 DOCTOR FROM WOMEN'S CENTER 02 OTHER HEALTH PROFESSIONAL 03 PHARMACIST 04 FRIENDS/RELATIVES 05 DECIDED HERSELF 06 OTHER 96 SPECIFY _____
528	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FAMILY PLANNING CLINIC 13 PHARMACY 14 COMMUNITY HEALTH WORKER 15 OTHER PUBLIC HEALTH FACILITY 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 PRIVATE HEALTH WORKER 25 OTHER PRIVATE HEALTH FACILITY 26 _____ (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS ORGANIZATION 32 FRIENDS/RELATIVES 33 OTHER 36 _____ (SPECIFY)
529	Do you know another place where you could have obtained (METHOD) the last time?	YES 1
529A	At the time of the sterilization operation, did you know another place where you could have received the operation?	NO 2

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
530	<p>People select the place where they obtain contraceptives for various reasons. What was the main reason you went to (NAME OF PLACE IN Q.528 OR Q.518) instead of the other place you know about?</p> <p>RECORD RESPONSE AND CIRCLE CODE</p> <p>_____</p>	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME 11</p> <p>CLOSER TO WORK 12</p> <p>AVAILABILITY OF TRANSPORT 13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/FRIENDLY 21</p> <p>CLEANER FACILITY 22</p> <p>OFFERS MORE PRIVACY 23</p> <p>SHORTER WAITING TIME 24</p> <p>LONGER HOURS OF OPERATION 25</p> <p>USE OTHER SERVICES AT THE FACILITY 26</p> <p>LOWER COST/CHEAPER 31</p> <p>WANTED ANONYMITY 41</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 534</p>
531	<p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p>	<p>NOT MARRIED 11</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 21</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND 24</p> <p>POSTPARTUM/BREASTFEEDING 25</p> <p>WANTS (MORE) CHILDREN 26</p> <p>PREGNANT 27</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</p> <p>NORMAL PROCESSES 56</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

532	Do you know of a place where you can obtain a method of contraception?	YES 1 NO 2 → 534
533	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FAMILY PLANNING CLINIC 13 PHARMACY 14 COMMUNITY HEALTH WORKER 15 OTHER PUBLIC HEALTH FACILITY 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 PRIVATE HEALTH WORKER 25 OTHER PRIVATE HEALTH FACILITY 26 _____ (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS ORGANIZATION 32 FRIENDS/RELATIVES 33 OTHER 36 _____ (SPECIFY)
534	Were you visited by a health worker who discussed the use of contraception during the last 12 months?	YES 1 NO 2
535	Have you visited a health facility for any reason in the last 12 months?	YES 1 NO 2 → 537
536	Did any staff member at the health facility speak to you about contraception?	YES 1 NO 2
537	Do you think that breast feeding can affect a woman's chance of becoming pregnant?	YES 1 NO 2 → 543 DON'T KNOW 8
538	Do you think that a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED 1 → 543 DECREASED 2 DEPENDS 3 DON'T KNOW 8

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	CHECK 208 ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 543
540	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES 1 NO 2	→ 543
541	CHECK 227 AND 514 NOT PREGNANT OR UNSURE AND NOT STERILIZED <input type="checkbox"/> EITHER PREGNANT OR STERILIZED <input type="checkbox"/>		→ 543
542	Are you currently relying on breastfeeding to avoid getting pregnant?	YES 1 NO 2	
543	(SHOW LOGO 1) Have you ever seen this symbol?	YES 1 NO 2	→ 546
544	Where have you seen it? Anywhere else?	PHARMACY 1 WOMEN'S CENTER 2 POLYCLINIC 3 TELEVISION 4 OTHER 6 (SPECIFY) _____	
545	What does this symbol mean?	CONTRACEPTIVES 1 DRUG 2 OTHER 6 (SPECIFY) _____ DON'T KNOW 8	

546	<p>Now I would like to read you some statements about oral contraceptives (pills) and injectable contraceptives. For each statement, please tell me whether you strongly agree, agree somewhat, disagree somewhat or strongly disagree.</p> <p>STATEMENT</p>	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	DON'T KNOW
230	a. Taking oral contraceptives (pills) usually does not harm a woman's health	1	2	3	4	8
	b. If a woman experiences nausea when she starts taking oral contraceptives, she should not stop taking them immediately.	1	2	3	4	8
	c. Women who use injectable contraceptives cannot get pregnant again after they stop the injection	1	2	3	4	8
	d. Women who use injectable contraceptives often stop menstruating while they are taking them.	1	2	3	4	8
547	<p>If a couple asked your advice on how to avoid having any more children in the future, which of the following would you recommend:</p> <p>use condoms;</p> <p>get the pills;</p> <p>use an IUD;</p> <p>take a chance and use abortion if pregnancy occurs</p> <p>other method</p>	<p>USE CONDOMS A</p> <p>GET THE PILLS B</p> <p>USE AN IUD C</p> <p>USE ABORTION D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>				
548	Do you feel that doctors around here are more in favor of women using some contraceptive method, or more in favor of abortion?	<p>IN FAVOR OF ABORTION. 1</p> <p>IN FAVOR OF USING METHOD 2</p> <p>DON'T KNOW 8</p>				

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
549	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 or is not a problem.		
550	CHECK 501 AND 502 KNOWS IUD <input type="checkbox"/> DOESN'T KNOW IUD <input type="checkbox"/>		→ 568
551	Let's begin with the IUD. How easy is to get an IUD? Is it a problem to get it?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8	
552	Do you think that the IUD is a reliable method of contraception?	RELIABLE 1 NOT RELIABLE 2 DON'T KNOW 8	
553	Do you think that there 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	
554	Is there any monetary cost to having an IUD inserted that would be a problem?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8	
555	Does your husband (partner) feel that there are any of these or other problems with the IUD?	PROBLEM 1 NO PROBLEM 2 NOT APPLICABLE 3 DON'T KNOW 8	
556	CHECK 503 EVER USED IUD <input type="checkbox"/> NEVER USED IUD <input type="checkbox"/>		→ 568
557	What month and year was the IUD first inserted?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	

558	Was that IUD ever removed?	YES 1 NO 2 → 568
559	In what month and year was the IUD removed?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
560	Did you have another IUD inserted?	YES 1 NO 2 → 568
561	What month and year was that IUD inserted?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
562	Was that IUD ever removed?	YES 1 NO 2 → 568
563	In what month and year was the IUD removed?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
564	Did you have another IUD inserted?	YES 1 NO 2 → 568

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
565	What month and year was that IUD inserted?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
566	Was that IUD ever removed?	YES 1 NO 2 → 568	
567	In what month and year that IUD was removed?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
568	CHECK 501 AND 502 KNOWS PILLS <input type="checkbox"/> DOESN'T KNOW PILLS <input type="checkbox"/> → 570		
569	Could you tell me the brand name of contraceptive pills? RECORD NAME OF BRAND <input type="text"/> <input type="text"/> DON'T KNOW 98	
570	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	
571	How easy is it to get pills? Is it a problem to get them?	PROBLEM 1 NO PROBLEM 2 DON'T KNOW 8	
572	Do you think that pills are a reliable method of contraception?	RELIABLE 1 NOT RELIABLE 2 DON'T KNOW 8	
573	Do you think that there 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	

574	Is there any monetary cost to purchase pills that would be a problem?	PROBLEM 1 NO PROBLEM..... 2 DON'T KNOW..... 8
575	Does your husband (partner) feel that there are any of these or other problems with pills?	PROBLEM 1 NO PROBLEM..... 2 NOT APPLICABLE..... 3 DON'T KNOW..... 8
576	CHECK 501 AND 502 KNOWS CONDOMS <input type="checkbox"/> DOESN'T KNOW CONDOMS <input type="checkbox"/>	→ 581
577	How easy is it to get condoms, easy or difficult?	EASY..... 1 DIFFICULT..... 2 DON'T KNOW..... 8
578	Do you think that condoms are a reliable method of contraception?	RELIABLE..... 1 NOT RELIABLE..... 2 DON'T KNOW..... 8
579	Is there any monetary cost to purchase condoms that would be a problem?	PROBLEM 1 NO PROBLEM..... 2 DON'T KNOW..... 8
580	Does your husband (partner) feel that there are any of these or other problems with the use of condoms?	PROBLEM 1 NO PROBLEM..... 2 NOT APPLICABLE..... 3 DON'T KNOW..... 8
581	CHECK 501 AND 502 KNOWS INJECTABLES <input type="checkbox"/> DOESN'T KNOW INJECTABLES <input type="checkbox"/>	→ 589
582	Could you tell me the name of injectable contraceptives? RECORD NAME OF BRAND	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> DON'T KNOW 98

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
583	Do you know for how long injections can protect a woman from becoming pregnant?	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3. <input type="text"/> <input type="text"/> OTHER..... 998 SPECIFY DON'T KNOW..... 998	
584	How easy is it to get injectable contraceptives, easy or difficult?	EASY..... 1 DIFFICULT..... 2 DON'T KNOW..... 8	
585	Do you think that injectable contraceptives are a reliable method of contraception?	RELIABLE..... 1 NOT RELIABLE..... 2 DON'T KNOW..... 8	
586	Do you think that there are any health problems or side effects with the injectable contraceptives that would make you reluctant to use them?	PROBLEM..... 1 NO PROBLEM..... 2 DON'T KNOW..... 8	
587	Is there any monetary cost to purchase the injectable contraceptives that would be a problem?	PROBLEM..... 1 NO PROBLEM..... 2 DON'T KNOW..... 8	
588	Does your husband (partner) feel that there are any of these or other problems with injectable contraceptives?	PROBLEM..... 1 NO PROBLEM..... 2 NOT APPLICABLE..... 3 DON'T KNOW..... 8	

589	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.	
590	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
591	What would be the main difficulty?	_____ _____ _____ _____
593	Do you think that there are health problems or side effects with induced abortion?	YES 1 NO 2 ON'T KNOW 3
594	Is there any monetary cost to having an abortion that would be a problem?	PROBLEMS 1 NO PROBLEM. 2 DON'T KNOW 8
595	Does your husband (partner) feel that there are any of these or other problems with the use of induced abortion?	PROBLEM 1 NO PROBLEM. 2 NOT APPLICABLE 3 DON'T KNOW 8
596	Do you approve or disapprove of a woman having an abortion?	APPROVE 1 DISAPPROVE. 2 DEPENDS ON SITUATION 3 DON'T KNOW 8

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
597	During the last 12 months, have you ever tried to get a contraceptive method ?	YES 1 NO 2 ON'T KNOW 3	} } → 601 }
597A	Did it happen that you were not able to get it ?	YES 1 NO 2 ON'T KNOW 3	} } → 601 }
598	What method did you try to get?	PILLS 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 CALENDAR METHOD 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	
599	Where was the first place you went to try to get the (METHOD)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FAMILY PLANNING CLINIC 13 PHARMACY 14 COMMUNITY HEALTH WORKER 15 OTHER PUBLIC HEALTH FACILITY 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 PRIVATE HEALTH WORKER 25 OTHER PRIVATE HEALTH FACILITY 26 (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS ORGANIZATION 32 FRIENDS/RELATIVES 33 OTHER 36 (SPECIFY)	

599A

Why were you unable to get the method from that place?

THE FACILITY HAD MOVED/RELOCATED/
 NO LONGER THERE A
 NO PROVIDER WAS ON DUTY B
 NO SUPPLIES AT FACILITY C
 TOO EXPENSIVE D
 DENIED METHOD BY PROVIDER E
 LACK OF PRIVACY/EMBARRASSED TO ASK
 FOR METHOD F
 TOO CROWDED G
 OTHER X
 (SPECIFY)
 DON'T KNOW Y

599B

What did you do when you were unable to get the method you wanted?

GOT A DIFFERENT BRAND
 AT THE SAME FACILITY 1
 GOT A DIFFERENT METHOD
 AT THE SAME FACILITY 2
 WENT TO ANOTHER FACILITY 3
 CAME BACK AT A LATER DATE 4
 NOTHING 5
 OTHER 6
 (SPECIFY)
 DON'T KNOW 8

Section 6. MARRIAGE

239

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

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	<p>CHECK 611</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p>Now we will talk about your first husband/ partner. In what month and year did you start living with him?</p> </div> </div>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 615</p> <p>DON'T KNOW YEAR 9098</p>	
613	How old were you when you started living with him?	<p>AGE <input type="text"/> <input type="text"/></p>	
615	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some issues of contraception.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<p>NEVER 000 → 711</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> <p>BEFORE LAST BIRTH 996</p>	
619	How old were you when you first had sexual intercourse?	<p>AGE <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	

Section 7. FERTILITY PREFERENCES

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

704	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>	→ 707
705	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY 1 UNHAPPY 2 WOULD NOT MATTER 3
706	CHECK 513: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>	→ 711A
707	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 → 709 NO 2 DON'T KNOW 8
708	Do you think you will use a method at any time in the future?	YES 1 NO 2 DON'T KNOW 8 → 710

711	Would you ever use a method if you were married?	YES 1 NO 2 DON'T KNOW 8	
711A	Would you have an abortion if you unintentionally become pregnant sometimes in the future?	YES 1 NO 2 DON'T KNOW 8	
711B	Would you prefer to use a method in the future or rely on abortion, or do neither?	RELY ON ABORTION 2 → 711D PREFER TO DO NEITHER 3 → 712 DON'T KNOW 8	
711C	What is the main reason that you would prefer to rely on a method rather than on abortion in the future?	LESS DETRIMENTAL ON HEALTH 1 CONTRACEPTION IS RELIABLE ENOUGH 2 LESS EXPENSIVE THAN ABORTION 3 MORE READILY AVAILABLE 4 DOESN'T WANT CONCEIVED CHILD TO DIE 5 OTHER 6 SPECIFY _____ DON'T KNOW 8 (SPECIFY) _____	→ 712
711D	What is the main reason you would prefer to rely on abortion rather than on contraception in the future?	AFRAID OF CONTRACEPTION SIDE EFFECTS 1 ABORTION IS LESS EXPENSIVE 2 CONTRACEPTION IS NOT RELIABLE 3 OTHER 6 SPECIFY _____ DON'T KNOW 8	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	<p>CHECK 222</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <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> <p>PROBE FOR A NUMERIC RESPONSE.</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <p>↓</p> <p>If you could choose exactly the number of children to have in your life, how many would that be?</p> </div> </div>	<p>NUMBER..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>714</p>
245 713	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?</p>	<p style="text-align: center;">BOYS</p> <p>NUMBER..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></p> <p>OTHER _____ 96 (SPECIFY)</p> <p style="text-align: center;">GIRLS</p> <p>NUMBER..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></p> <p>OTHER _____ 96 (SPECIFY)</p> <p style="text-align: center;">EITHER</p> <p>NUMBER..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></p> <p>OTHER _____ 96 (SPECIFY)</p>	

714	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3																			
715	Is it acceptable or not acceptable to you for information on contraception to be provided: On the radio? On the television?	<table border="1"> <thead> <tr> <th></th> <th>ACCEP- TABLE</th> <th>NOT ACCEP- TABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>TELEVISION 1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		ACCEP- TABLE	NOT ACCEP- TABLE	DK	RADIO 1	2	8		TELEVISION 1	2	8								
	ACCEP- TABLE	NOT ACCEP- TABLE	DK																		
RADIO 1	2	8																			
TELEVISION 1	2	8																			
716	In the last few months have you heard about contraception: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO 1</td> <td>2</td> <td></td> </tr> <tr> <td>TELEVISION 1</td> <td>2</td> <td></td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE 1</td> <td>2</td> <td></td> </tr> <tr> <td>POSTER 1</td> <td>2</td> <td></td> </tr> <tr> <td>LEAFLETTERS OR BROCHURES .. 1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	RADIO 1	2		TELEVISION 1	2		NEWSPAPER OR MAGAZINE 1	2		POSTER 1	2		LEAFLETTERS OR BROCHURES .. 1	2		
	YES	NO																			
RADIO 1	2																				
TELEVISION 1	2																				
NEWSPAPER OR MAGAZINE 1	2																				
POSTER 1	2																				
LEAFLETTERS OR BROCHURES .. 1	2																				
718	In the last few months have you discussed contraception with your friends, neighbors, or relatives?	YES 1 NO 2	→ 720																		
719	With whom? Anyone else? RECORD ALL MENTIONED	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F MOTHER-IN-LAW G FRIENDS/NEIGHBORS H OTHER X (SPECIFY) _____																			

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	CHECK 602 CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		801
721	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on contraception. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES..... 1 DISAPPROVES..... 2 DON'T KNOW..... 6	
722	How often have you talked to your husband/partner about contraception in the past year?	NEVER..... 1 ONCE OR TWICE..... 2 MORE OFTEN..... 3	
723	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER..... 1 MORE CHILDREN..... 2 FEWER CHILDREN..... 3 DON'T KNOW..... 6	

724	What do you think is the attitude (approve or disapprove) of the following groups towards the practice of induced abortion:	APPROVE	DISAPPROVE	NEUTRAL	DON'T KNOW
	religious organizations in Kyrgyzstan?	1	2	3	8
	aksakals (elderly people)?	1	2	3	8
	local community leaders?	1	2	3	8
	politicians?	1	2	3	8
	your relatives?	1	2	3	8
725	What do you think is the attitude (approve or disapprove) of the following groups towards the family planning:	APPROVE	DISAPPROVE	NEUTRAL	DON'T KNOW
	religious organizations in Kyrgyzstan?	1	2	3	8
	aksakals (elderly people)?	1	2	3	8
	local community leaders?	1	2	3	8
	politicians?	1	2	3	8
	your relatives?	1	2	3	8
726	If you thought that the religious organizations, elderly people or community leaders in your area were against induced abortion, would you be reluctant to have an induced abortion or would it not matter to you?	RELUCTANT 1 WOULDN'T MATTER 2 DON'T KNOW 8			
727	If you thought that the religious organizations, elderly people or community leaders in your area were against family planning, would you be reluctant to use methods of contraception or would it not matter to you?	RELUCTANT 1 WOULDN'T MATTER 2 DON'T KNOW 8			

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

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>CHECK 802 AND 804</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/></p> </div> </div>		<p>→ 803</p> <p>→ 809</p>
802	How old was your husband/partner on his last birthday?	AGE <input style="width: 40px;" type="text"/>	
803	Did your (last) husband/partner ever attend school, technikum, or institute?	<p>YES 1</p> <p>NO 2</p>	→ 806
804	What was the highest level of school he attended?	<p>PRIMARY/SECONDARY 1</p> <p>SECONDARY-SPECIAL 2</p> <p>HIGHER 3</p> <p>DON'T KNOW 8</p>	→ 806
805	How many years/classes/courses he completed at that level?	<p>YEARS <input style="width: 40px;" type="text"/></p> <p>DON'T KNOW 98</p>	
806	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?	<p>_____ <input style="width: 40px;" type="text"/></p> <p>_____ <input style="width: 40px;" type="text"/></p>	
807	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>CHECK 806</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>DOES(DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p> </div> </div>		→ 809
808	(Does/did) your husband/partner work mainly on the state land or on his own land, or on family land, or (does/did) he rent land?	<p>STATE LAND 1</p> <p>OWN LAND 2</p> <p>FAMILY LAND 3</p> <p>RENTED LAND 4</p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Aside from your own housework, are you currently working? IF NOT: Are you on maternity leave?	YES..... 1 NO..... 2 MATERNITY LEAVE..... 3	→ 812 → 812
810	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES..... 1 NO..... 2	→ 812
811	Have you done any work in the last 12 months?	YES..... 1 NO..... 2	→ 826
812	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>
813	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> CHECK 812 WORKS IN AGRICULTURE <input type="checkbox"/> </div> <div> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> </div> </div>		→ 815
814	Do you work mainly on the state land or on your own land, or on family land, or do you rent land?	STATE LAND..... 1 OWN LAND..... 2 FAMILY LAND..... 3 RENTED LAND..... 4	

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

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
822	<p>CHECK 802</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, someone else, or you and someone else jointly?</p> </div> <div style="text-align: center;"> <p>NOT MARRIED, NOT LIVING WITH A MAN <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?</p> </div> </div>	<p>RESPONDENT DECIDES 1</p> <p>HUSBAND/PARTNER DECIDES 2</p> <p>JOINTLY WITH HUSBAND/PARTNER 3</p> <p>SOMEONE ELSE DECIDES 4</p> <p>JOINTLY WITH SOMEONE ELSE 5</p>					
823	Do you usually work at home or away from home?	<p>HOME 1</p> <p>AWAY 2</p>					
824	<p>CHECK 223: IS THERE A CHILD WHO IS AGE 5 OR LESS?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">→ 826</p>						
824A	Does (NAME OF YOUNGEST CHILD) live with you?	<p>YES 1</p> <p>NO 2 → 826</p>					
825	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	<p>RESPONDENT 01</p> <p>HUSBAND/PARTNER 02</p> <p>OLDER FEMALE CHILD 03</p> <p>OLDER MALE CHILD 04</p> <p>OTHER RELATIVES 05</p> <p>NEIGHBORS 06</p> <p>FRIENDS 07</p> <p>BABY SITTER 08</p> <p>CHILD IS IN CHILDCARE 10</p> <p>HAS NOT WORKED SINCE LAST BIRTH 95</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>					
826	RECORD THE TIME	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>					

ANTHROPOMETRY AND HEMOGLOBIN MEASUREMENT IN THE BLOOD

Section 9. HEIGHT AND WEIGHT

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

901	RESPONDENT'S HEIGHT (IN CENTIMETERS)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
902	RESPONDENT'S WEIGHT (IN KILOGRAMS)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
903	RESULT	MEASURED 1 NOT MEASURED 2 REFUSED 3 OTHER 6 <div style="text-align: center; font-size: small;">(SPECIFY)</div>	
904	CHECK 435 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center; width: 45%;"> ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1994 <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center; width: 45%;"> NO LIVING CHILDREN BORN SINCE JANUARY 1994 <input style="width: 30px; height: 20px;" type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 10px;">→ 1001</div>		

IN 905 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1994 AND STILL ALIVE. IN 906 AND 907 RECORD THE NAME AND BIRTH DATE OF THE LIVING CHILDREN. IN 909 AND 911 RECORD HEIGHT AND WEIGHT OF THE LIVING CHILDREN. IF THERE ARE MORE THAN TWO LIVING CHILDREN BORN SINCE JANUARY 1994 USE ADDITIONAL FORMS.

		<div style="border: 1px solid black; padding: 2px;">1</div> YOUNGEST LIVING CHILD	<div style="border: 1px solid black; padding: 2px;">2</div> NEXT-TO-YOUNGEST LIVING CHILD
905	LINE NUMBER FROM 434	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
906	NAME FROM 435	(NAME) _____	(NAME) _____
907	DATE OF BIRTH FROM 215, AND ASK FOR DAY OF BIRTH	DAY MONTH YEAR	DAY MONTH YEAR

908	BCG SCAR ON TOP OF SHOULDER	NO SCAR 1 SCAR 1 - 4 mm 2 SCAR 5 mm AND MORE 3	NO SCAR 1 SCAR 1 - 4 mm 2 SCAR 5 mm AND MORE 3
909	HEIGHT (IN CENTIMETERS)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
910	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING 1 STANDING 2	LYING 1 STANDING 2
911	WEIGHT (IN KILOGRAMS)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
912	DATE WEIGHED AND MEASURED	DAY MONTH YEAR	DAY MONTH YEAR
913	RESULT	MEASURED 1 CHILD IS SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD IS SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)

914 NAME OF MEASURER:

NAME OF ASSISTANT:

LETTERHEAD OF THE INSTITUTE OF OBSTETRICS AND PEDIATRICS

Dear Respondent:

The Institute of Obstetrics and Pediatrics is conducting Demographic and Health Survey in Kyrgyz Republic. A study of anemia among the women and their children is part of this program. We ask you to participate in this program, which will assist the Ministry of Health of Kyrgyz Republic 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 may have adverse effects on heart, lung and other organs and can be especially damaging during the pregnancy and delivery. Therefore, it is of interest of a women that the anemia will be diagnosed as early as possible.

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

If you decide to participate in this program, we will ask you to provide a drop of blood from your finger for the analysis. Also, if you have a child of age 3 or less, please let our nurse to obtain drop of blood from him for anemia diagnosis. The procedure will be done by sterile instruments. Perhaps you will feel a minor and short pain during the finger prick and some soreness afterwards. The blood will be analyzed using the new sophisticated American equipment, Hemocue. The result of analysis will be available within the minutes after the blood is taken and assessed, and we will 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 and allow us to obtain 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, Surname

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

Signature

Date " _____ " _____ 1997

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1001	RESPONDENT'S HEMOGLOBIN LEVEL (G/DL)	<input type="text"/> <input type="text"/> . <input type="text"/>	
1002	RESULT	MEASURED 1 NOT MEASURED 2 REFUSED 3 OTHER _____ 6 (SPECIFY)	
1003	CHECK 435	<div style="display: flex; justify-content: space-between;"> <div> ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1994 <input type="checkbox"/> </div> <div> NO LIVING CHILDREN BORN SINCE JANUARY 1994 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -20px;"> 1009 <div style="border-top: 1px solid black; width: 100px; height: 1px; position: relative; top: -10px;"> <div style="position: absolute; right: 0; top: -5px;">→</div> </div> </div>	
IN 1004 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1994 AND STILL ALIVE. IN 1005 RECORD THE NAMES OF THE LIVING CHILDREN. IN 1006 RECORD THE HEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN. IF THERE ARE MORE THAN TWO LIVING CHILDREN BORN SINCE JANUARY 1994 USE ADDITIONAL FORMS.			
		<input type="checkbox"/> 1 YOUNGEST LIVING CHILD	<input type="checkbox"/> 2 NEXT-TO-YOUNGEST LIVING CHILD
1004	LINE NUMBER FROM 434	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1005	NAME FROM 435	(NAME) _____	(NAME) _____
1006	HEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

1007	RESULT	MEASURED 1 CHILD IS SICK 2 CHILD NOT PRESENT... 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD IS SICK 2 CHILD NOT PRESENT... 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)
1008	NAME OF MEASURER NAME OF ASSISTANT <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>		
1009	CHECK 1001 AND 1008 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> NO VALUES BELOW 7 G/DL <input type="checkbox"/> </div> <div style="text-align: center;"> ONE OR MORE VALUE BELOW 7 G/DL <input type="checkbox"/> </div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px;">→</div> </div> <div style="text-align: right;"> CONS ENT FOR M NO 2 </div> </div>		

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

INSTITUTE OF OBSTETRICS AND PEDIATRICS

RESULTS OF HEMOGLOBIN MEASUREMENT IN THE BLOOD

Date _____ 1997

Name	Respondent	Last child	Next-to-youngest child
Hemoglobin level in the blood (G/DL)	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> You have	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> Your child has	<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> Your child has
WHO CLASSIFICATION OF ANEMIA			
Normal level Hb level above 11 G/DL	Normal level	Normal level	Normal level
Mild anemia Hb (10-11G/DL)	Mild anemia	Mild anemia	Mild anemia
Moderate anemia Hb (7-10 G/DL)	Moderate anemia	Moderate anemia	Moderate anemia
Severe anemia Hb (less than 7 G/DL)	Severe anemia	Severe anemia	Severe anemia

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

If you have any question about hemoglobin measurement procedure, please call us at (312)224-423, or write to: Institute of Obstetrics and Pediatrics, Ministry of Health of Kyrgyz Republic, 1, Togolok Moldo St., Bishkek, Kyrgyz Republic

LETTERHEAD OF THE INSTITUTE OF OBSTETRICS AND PEDIATRICS

Dear Respondent:

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

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

Thank you for your cooperation.

I am

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

Signature

Date " _____ " _____ 1997