

APPENDIX C: SURVEY QUESTIONNAIRES

REPUBLIC OF LIBERIA
 MINISTRY OF PLANNING AND ECONOMIC AFFAIRS
 1986 DEMOGRAPHIC AND HEALTH SURVEY

IDENTIFICATION	
COUNTY	□ □
DISTRICT	□ □
TOWN/VILLAGE _____	
EA No. _____	
CLUSTER NUMBER	□ □ □ □
STRUCTURE NUMBER _____	
HOUSEHOLD NUMBER	□ □ □ □
NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS				
	1	2	3	
DATE				RESULT □
INTERVIEWER NAME				
RESULT*				
DATE: NEXT VISIT TIME:				NO. OF VISITS □
* RESULT CODES: 1 COMPLETED 2 NO COMPETENT RESPONDENT AT HOME 3 DEFERRED 4 REFUSED 5 DWELLING VACANT 6 ADDRESS NOT A DWELLING 7 HOUSEHOLD NOT FOUND OR NONEXISTENT 8 OTHER (SPECIFY) _____				

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	
NAME	_____	_____	_____	
DATE	_____	_____	_____	

HOUSEHOLD QUESTIONNAIRE

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

LINE NO.	NAMES OF USUAL RESIDENTS AND VISITORS	RESIDENCE		SEX	AGE	FOR ALL UNDER AGE 15	FOR ALL AGED 15 AND OVER		PUT # CHECK FOR ALL WOMEN
		Does (NAME) usually live here?	Did (NAME) sleep here last night?				How old is he/she	Does this child's mother usually live in this household?	
(1)	(2)	YES=1 NO =2 (3)	YES=1 NO =2 (4)	M=1 F=2 (5)	(6)	YES=1 NO =2 (7)	(8)	EMPLOYER = 1 EMPLOYEE = 2 SELF-EMP = 3 UNEMPLOY = 4 HOUSEWIFE = 5 STUDENT = 6 (9)	15-49 SLEPT HERE LAST NIGHT (10)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

IF CONTINUATION SHEET USED, CHECK HERE: <input type="checkbox"/>

1. Is there anybody else, such as babies or servants or lodgers, that I have not listed?

YES .. 1 (ADD TO TABLE)
NO ... 2

2. Do you have any visitors staying with you that I did not list?

YES .. 1 (ADD TO TABLE)
NO ... 2

REPUBLIC OF LIBERIA
 MINISTRY OF PLANNING AND ECONOMIC AFFAIRS
 1986 DEMOGRAPHIC AND HEALTH SURVEY

INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION	
COUNTY	□ □
DISTRICT	□ □
TOWN/VILLAGE _____	
EA No. _____	
CLUSTER NUMBER	□ □ □ □
STRUCTURE NUMBER _____	
HOUSEHOLD NUMBER	□ □ □ □
LINE NUMBER OF WOMAN	□ □
NAME OF WOMAN _____	

INTERVIEWER VISITS				FINAL VISIT	
	1	2	3		
DATE				MONTH	□ □
				YEAR	□ □
INTERVIEWER NAME				INTERV	□ □ □
RESULT*				RESULT	□ □
DATE: NEXT VISIT TIME:				NO. OF VISITS	
* RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 DEFERRED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER (SPECIFY)				□ □	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
100	RECORD NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE	NUMBER OF PEOPLE <input type="text"/>	
101	RECORD THE TIME	HOUR <input type="text"/> MINUTES <input type="text"/>	
102	For most of the time, when you were a young girl, did you live in a village, in a town, in Monrovia, or in another city?	VILLAGE 1 TOWN 2 MONROVIA 3 ANOTHER CITY 4	
103	In what month and year were you born?	MONTH <input type="text"/> DK MONTH 98 YEAR <input type="text"/> DK YEAR 98	
104	How old are you? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>	
105	Can you read a letter or newspaper easily, with difficulty or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	
106	Have you ever attended school?	YES 1 NO 2--	→111
107	What was the highest level of school you attended: primary, secondary, vocational, or higher?	PRIMARY 1 SECONDARY 2 VOCATIONAL 3 HIGHER 4	
108	What was the last grade you completed at that level?	GRADE <input type="text"/>	
111	Do you listen to a radio at least once a week?	YES 1 NO 2	
112	Where is the main place people in this house get drinking water in the dry season?	PIPED INTO HOUSE 1 OUTSIDE PIPE 2 WELL WITH COVER 3 WELL WITHOUT COVER 4 RIVER OR STREAM 5 RAINWATER 6 OTHER 7 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
113	What do people in this house use for toilet?	FLUSH 1 OUTSIDE TOILET(PUBLIC) 2 OUTSIDE TOILET(PRIVATE) 3 BUSH, NO FACILITIES ... 4 OTHER 5 (SPECIFY)																			
114	In this house do you have: A table with chairs? A bed with mattress? A radio? An icebox?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>TABLE WITH CHAIRS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BED WITH MATTRESS</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>ICEBOX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	TABLE WITH CHAIRS	1	2	BED WITH MATTRESS	1	2	RADIO	1	2	ICEBOX	1	2				
	YES	NO																			
TABLE WITH CHAIRS	1	2																			
BED WITH MATTRESS	1	2																			
RADIO	1	2																			
ICEBOX	1	2																			
121	Which religion (church) do you belong to?	PROTESTANT 1 CATHOLIC 2 MUSLIM 3 TRADITIONAL 4 NONE 5 OTHER 6 (SPECIFY)																			
122	What is your tribe?	<table border="0"> <tbody> <tr> <td>BASSA . 1</td> <td>KRAHN 10</td> </tr> <tr> <td>BELLE . 2</td> <td>KRU/SAPO . 11</td> </tr> <tr> <td>DEY ... 3</td> <td>LORMA 12</td> </tr> <tr> <td>GBANDI 4</td> <td>MANDINGO . 13</td> </tr> <tr> <td>GIO ... 5</td> <td>MANO 14</td> </tr> <tr> <td>GOLA .. 6</td> <td>MENDE 15</td> </tr> <tr> <td>GREBO . 7</td> <td>VAI 16</td> </tr> <tr> <td>KISSI . 8</td> <td>NONE 17</td> </tr> <tr> <td>KPELLE 9</td> <td>OTHER 18</td> </tr> </tbody> </table>	BASSA . 1	KRAHN 10	BELLE . 2	KRU/SAPO . 11	DEY ... 3	LORMA 12	GBANDI 4	MANDINGO . 13	GIO ... 5	MANO 14	GOLA .. 6	MENDE 15	GREBO . 7	VAI 16	KISSI . 8	NONE 17	KPELLE 9	OTHER 18	
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KPELLE 9	OTHER 18																				
123	MAIN MATERIAL OF THE ROOF?	THATCH, GRASS 1 ZINC, METAL 2 CONCRETE 3 ASPHALT, ASBESTOS 4 OTHER 5 (SPECIFY)																			

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
201	How I would like to ask about all the children that you born including the ones that are not living. Have you ever born any children?	YES 1 NO 2--	→206								
202	Do you have any son or daughter you born who is living with you now?	YES 1 NO 2--	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE ENTER 00.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any son or daughter you born who is not living with you?	YES 1 NO 2--	→206								
205	How many sons do not live with you? And how many daughters do not live with you? IF NONE ENTER 00.	SONS ELSEWHERE ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever born a boy or a girl who was born alive but later died? PROBE: Any boy or girl who when he was born was crying but died later on?	YES 1 NO 2--	→208								
207	How many boys have died? And how many girls have died? IF NONE ENTER 00.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207 AND ENTER TOTAL.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
209	Just to make sure that I have this right, you have had (TOTAL) live births during your life. Is that correct? YES 1 NO 2 (PROBE AND CORRECT AS NECESSARY)										
210	CHECK 208: NO BIRTHS 1-- ONE OR MORE BIRTHS 2 Now I want to write the names of all your own births whether they are still living or not. Please start with your first born. (RECORD THE NAMES OF ALL THE BIRTHS IN 211.)		→219								

211 What name was given to your (first, next) baby?	212 Is (NAME) a boy or a girl?	213 Is (NAME) still alive?	IF ALIVE:			IF DEAD:	
			214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 How old is he/she? RECORD IN COMPLETED YEARS	216 Is he/she living with you?	217 In what month and year was (NAME) born?	218 How old was (NAME) when he/she died? RECORD IN DAYS, IF LESS THAN ONE MONTH; IN MONTHS IF LESS THAN TWO YEARS
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____
_____ _____	BOY . 1 GIRL 2	YES . 1 NO .. 2	MONTH _____ YEAR 19____	AGE _____	YES . 1 NO . 2	MONTH _____ YEAR 19____	DAYS _____ MONTHS _____ YEARS _____

218A COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND CHECK:

NUMBERS ARE THE SAME 1
 NUMBERS ARE DIFFERENT 2 (PROBE AND RECONCILE)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
219	Did you have your period in the last four weeks?	YES 1-- NO 2	→223
220	Are you pregnant?	YES 1 NO 2-- NOT SURE 8--	→223 →223
221	How many months since you have been pregnant?	MONTHS <input type="text"/>	
222	Since you have been pregnant, were you given any injection to keep the baby from getting tetanus or jerking after he was born? (PROBE: Do you have a health card?)	YES 1 NO 2 DK 8	
223	From the time a woman's period starts to the time the next one starts, when do you think a woman is most likely to get pregnant?	DURING HER PERIOD 1 SOON AFTER HER PERIOD HAS ENDED 2 RIGHT BETWEEN THE TWO PERIODS 3 JUST BEFORE HER PERIOD BEGINS 4 AT ANY TIME 5 OTHER 6 (SPECIFY) DOES NOT KNOW 8	
224	CHECK 214 AND 217: NO BIRTH SINCE JANUARY 1981 1-- HAD BIRTH SINCE JANUARY 1981 2		→302
225	Did you ever give (NAME OF LAST CHILD) the breast?	YES 1 NO 2--	→232
226	IF ALIVE: Are you still giving him/her the breast? IF DEAD: CIRCLE CODE 2	YES 1 NO 2--	→232
227	How many times did you give the baby the breast last night, between sundown and sunrise?	NUMBER OF TIMES <input type="text"/> CHILD SLEEPS AT BREAST 88	
228	How many times did you give the baby the breast yesterday during the daylight hours?	NUMBER OF TIMES <input type="text"/> AS OFTEN AS CHILD WANTED.....88	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																											
229	At any time yesterday or last night, was (NAME OF LAST BIRTH) given any of the following? READ OUT CODING CATEGORIES	<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>PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RICE WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JUICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POWDERED MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COWS MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANY OTHER LIQUID .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANY SOLID OR MUSHY</td> <td></td> <td></td> </tr> <tr> <td>FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER	1	2	RICE WATER	1	2	JUICE	1	2	POWDERED MILK	1	2	COWS MILK	1	2	ANY OTHER LIQUID .	1	2	ANY SOLID OR MUSHY			FOOD	1	2	
	YES	NO																												
PLAIN WATER	1	2																												
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COWS MILK	1	2																												
ANY OTHER LIQUID .	1	2																												
ANY SOLID OR MUSHY																														
FOOD	1	2																												
230	CHECK 229: NO FOODS OR LIQUIDS GIVEN 1-- WAS GIVEN FOODS OR LIQUIDS 2		→ 232																											
231	Were any of these given in a bottle with a nipple?	YES 1 NO 2																												
232	When you were pregnant with (NAME OF LAST BIRTH), were you given any injection to keep the baby from getting tetanus or jerking after he was born?	YES 1 NO 2 DK 8																												
233	When you were pregnant with (NAME OF LAST BIRTH), did you see anyone for a check on that pregnancy?	YES 1 NO 2--	→ 234A																											
234	Who did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED	DOCTOR 1 TRAINED NURSE/MIDWIFE . 2 TRADITIONAL BIRTH ATTENDANT 3 OTHER 4 (SPECIFY)																												
234A	Where was (NAME OF LAST BIRTH) born?	AT HOME 1 HOSPITAL OR CLINIC 2 OTHER 3 (SPECIFY)																												
235	Who helped you deliver (NAME OF LAST BIRTH)? PROBE FOR TYPE OF PERSON AND RECORD THE MOST QUALIFIED	DOCTOR 1 NURSE OR MIDWIFE 2 TRADITIONAL BIRTH ATTENDANT 3 RELATIVE 4 OTHER 5 (SPECIFY) NO ONE 6																												
236	Have your periods come back since the birth of this child?	YES (OR PREGNANT) 1 NO 2																												
237	Have you started men business since (NAME OF LAST BIRTH) was born?	YES (OR PREGNANT) 1 NO 2																												
238	Before you got pregnant with (NAME OF LAST BIRTH), did you want to have more children?	YES 1 NO 2-- DK 8	→ 302																											
239	Were you glad that you were pregnant then, or did you prefer to wait?	GLAD 1 PREFERRED TO WAIT..... 2 DK 8																												

SECTION 3. CONTRACEPTION

302 Here we will talk about something different. There are many ways that a man or woman can keep a woman from getting pregnant. Which of these ways do you know or have you heard about?

CIRCLE CODE 1 IN 303 FOR EACH METHOD MENTIONED SPONTANEOUSLY. FOR EACH METHOD NOT MENTIONED, READ THE NAME AND THE DESCRIPTION, ASK 303 AND CIRCLE CODE 2 IF METHOD IS RECOGNIZED. THEN ASK 304-305 FOR EACH METHOD AS APPROPRIATE.

METHOD	303 Have you ever heard of this method?	304 Have you ever used (METHOD)?	305 Do you know of a place or a person where you can get (METHOD)?
PILL 'Women can take a special kind of tablet every day to keep her from getting pregnant'	YES, SPONT. 1 YES, PROBED.2 NO 3	YES ... 1 NO 2	YES 1 NO 2
IUD 'Women can let a doctor put a loop or coil inside them'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES .. 1 NO ... 2	YES 1 NO 2
INJECTIONS 'Women can take special injection which stops her from becoming pregnant for several months'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES....1 NO....2	YES.....1 NO.....2
DIAPHRAGM, FOAM, JELLY 'Women can place some grease or jelly inside them before they go with a man'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES....1 NO....2	YES.....1 NO.....2
CONDOM, RAINCOAT 'Men can use some kind of rubber when he goes with a woman'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES....1 NO....2	YES.....1 NO.....2
FEMALE STERILIZATION 'When a doctor work on a women so she will never have children again'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES....1 NO....2	YES.....1 NO.....2
MALE STERILIZATION 'When a doctor work on a man so he will never have children again'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES....1 NO....2	YES.....1 NO.....2
RHYTHM, SAFE PERIOD 'A man and a woman do not go together on certain days of the month when the woman can get pregnant'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES .. 1 NO2	Do you know of a place or person where you can get advice about this method? YES 1 NO 2
WITHDRAWAL 'If a man is going with a woman, he takes his thing out before he discharges'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES .. 1 NO ... 2	
ANY OTHER METHODS? 'Do you hear about any other way to keep a woman from getting pregnant? SPECIFY ()'	YES, SPONT. 1 YES, PROBED 2 NO 3	YES .. 1 NO ... 2	

308 NOT A SINGLE "YES" IN 304 (NEVER USED) 1 (SKIP TO 334)
AT LEAST ONE "YES" IN 304 (EVER USED) 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
309	CHECK 304: EVER USED RHYTHM OR SAFE PERIOD ... 1 NEVER USED RHYTHM OR SAFE PERIOD .. 2-		→ 311
310	When you were using the rhythm method or the safe period, how did you know which days you had to keep from going with your man?	BASED ON CALENDAR 1 BASED ON BODY TEMPERATURE 2 BASED ON CERVICAL MUCUS (BILLINGS) METHOD 3 BASED ON BODY TEMPERATURE AND MUCUS 4 OTHER 5 (SPECIFY)	
311	CHECK 220: PREGNANT 1- NOT PREGNANT, NOT SURE 2		→ 334
313	Are you doing something now or using any method to keep you from getting pregnant?	YES 1 NO 2--	→ 334
314	Which method are you using now?	PILL 01 IUD 02 INJECTIONS 03 DIAPHRAGM, FOAM, JELLY . 04 CONDOM, RAINCOAT 05 FEMALE STERILIZATION . 06 MALE STERILIZATION ... 07 PERIODIC ABSTINENCE .. 08 WITHDRAWAL 09-- OTHER 10-- (SPECIFY)	→ 401 → 401
315	Where did you get (METHOD) from, the last time? IF RHYTHM OR SAFE PERIOD, ASK: Where did you get advice about this method?	GOVERNMENT HOSPITAL OR HEALTH CLINIC 1 CHURCH HOSPITAL OR CLINIC 2 FPAL CLINIC 3 PRIVATE DOCTOR/CLINIC . 4 PHARMACY/SHOP 5 FIELD WORKER 6 OTHER 7 (SPECIFY) DK 8	→ 401
334	Do you think that you will do something to keep you from getting pregnant at any time in the future?	YES 1 NO 2-- DK 8--	→ 337 → 337

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
335	Which method do you think you will use?	PILL 01 IUD 02 INJECTIONS 03 DIAPHRAGM, FOAM, JELLY 04 CONDOM 05 FEMALE STERILIZATION . 06 MALE STERILIZATION ... 07 RHYTHM, SAFE PERIOD .. 08 WITHDRAWAL 09— OTHER 10— (SPECIFY) UNSURE.....12—	 → 337 → 337 → 337
336	Where or who will you go to get this method or to tell you about it?	GOVERNMENT HOSPITAL OR HEALTH CLINIC 1 CHURCH HOSPITAL OR HEALTH CLINIC 2 FPAL CLINIC 3 PRIVATE DOCTOR/CLINIC . 4 PHARMACY/SHOP 5 FIELD WORKER 6 OTHER 7 (SPECIFY) DOESN'T KNOW 8	
337	Do you like for people to do anything to keep a woman from getting pregnant?	LIKES 1 DOESN'T LIKE 2 DOESN'T KNOW/DEPENDS .. 8	

SECTION 4. HEALTH OF CHILDREN

401 CHECK 214 AND 217: NO BIRTH SINCE JAN. 1981 1 (SKIP TO SECTION 5)
 HAD BIRTH SINCE JAN. 1981 2

ENTER NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1981. BEGIN WITH LAST BIRTH.
 ASK QUESTIONS ONLY ABOUT LIVING CHILDREN.

	LAST BIRTH	NEXT-TO-LAST BIRTH	PRECEDING BIRTH	PRECEDING BIRTH
	NAME _____	NAME _____	NAME _____	NAME _____
	ALIVE [] DEAD [] →	ALIVE [] DEAD [] →	ALIVE [] DEAD [] →	ALIVE [] DEAD [] →
402 Do you have a vaccination card for (NAME)? IF YES: May I see it please?	YES, SEEN 1_ YES, NOT SEEN .. 2 (SKIP TO 404) ← NO CARD 3_	YES, SEEN 1_ YES, NOT SEEN .. 2 (SKIP TO 404) ← NO CARD 3_	YES, SEEN 1_ YES, NOT SEEN .. 2 (SKIP TO 404) ← NO CARD 3_	YES, SEEN 1_ YES, NOT SEEN .. 2 (SKIP TO 404) ← NO CARD 3_
403 RECORD DATES FROM HEALTH CARD:	NO MO DA YR	NO MO DA YR	NO MO DA YR	NO MO DA YR
BCG:	1	1	1	1
WHOOPING COUGH, 1:	1	1	1	1
TETANUS, DIPHTHE- 2:	1	1	1	1
RIA INNOCULATION 3:	1	1	1	1
POLIO 1:	1	1	1	1
POLIO 2:	1	1	1	1
POLIO 3:	1	1	1	1
MEASLES:	1	1	1	1
	(SKIP TO 405)	(SKIP TO 405)	(SKIP TO 405)	(SKIP TO 405)
404 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
405 Has (NAME) had running stomach in the last four weeks?	YES 1_ NO 2 (GO TO NEXT BIRTH) ← DK 8_	YES 1_ NO 2 (GO TO NEXT BIRTH) ← DK 8_	YES 1_ NO 2 (GO TO NEXT BIRTH) ← DK 8_	YES 1_ NO 2 (SKIP TO 408) ← DK 8_
406 Did you or anybody else do something to treat the running stomach?	YES 1_ NO 2 (GO TO NEXT BIRTH) ← DK 8_	YES 1_ NO 2 (GO TO NEXT BIRTH) ← DK 8_	YES 1_ NO 2 (GO TO NEXT BIRTH) ← DK 8_	YES 1_ NO 2 (SKIP TO 408) ← DK 8_
407 What was the treatment? CIRCLE CODE 1 FOR ALL MENTIONED.	COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS* 1 ORAL REHYDRATION PACKET 1 HOMEMADE DRINK OF SUGAR, SALT AND WATER 1 OTHER 1 (GO TO NEXT BIRTH)	COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS* 1 ORAL REHYDRATION PACKET 1 HOMEMADE DRINK OF SUGAR, SALT AND WATER 1 OTHER 1 (GO TO NEXT BIRTH)	COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS* 1 ORAL REHYDRATION PACKET 1 HOMEMADE DRINK OF SUGAR, SALT AND WATER 1 OTHER 1 (GO TO NEXT BIRTH)	COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS* 1 ORAL REHYDRATION PACKET 1 HOMEMADE DRINK OF SUGAR, SALT AND WATER 1 OTHER 1 (GO TO 408)

* Antibiotics include: Ampicillin, Amoxicillin, Erythromycin, Gantrocin, Penicillin, Tetracycline, and Terramycin.

ENTER NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1981. ASK QUESTIONS ONLY ABOUT LIVING CHILDREN.

	LAST BIRTH NAME _____ ALIVE [] DEAD []	NEXT-TO-LAST BIRTH NAME _____ ALIVE [] DEAD []	PRECEDING BIRTH NAME _____ ALIVE [] DEAD []	PRECEDING BIRTH NAME _____ ALIVE [] DEAD []
408 Has (NAME) had fever in the last four weeks?	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_
409 Did you or anybody else do something to treat the fever?	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_	YES 1_ NO 2_ (SKIP TO 411) ← DK 8_
410 What was done? CIRCLE CODE 1 FOR ALL MENTIONED	ANTIMALARIAL# .. 1 COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS 1 OTHER 1	ANTIMALARIAL# .. 1 COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS 1 OTHER 1	ANTIMALARIAL# .. 1 COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS 1 OTHER 1	ANTIMALARIAL# .. 1 COUNTRY MEDICINE, HERBS 1 ANTIBIOTICS 1 OTHER 1
411 Has (NAME) suffered from coughing or difficult breathing in the last four weeks?	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_
412 Did you or anybody else do something to treat the problem?	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_	YES 1_ NO 2_ (SKIP TO 414) ← DK 8_
413 What was done? CIRCLE CODE 1 FOR ALL MENTIONED.	COUGH SYRUP 1 ANTIBIOTICS* ... 1 COUNTRY MEDICINE, HERBS 1 TREATED IN HOSPITAL 1 OTHER 1	COUGH SYRUP 1 ANTIBIOTICS* ... 1 COUNTRY MEDICINE, HERBS 1 TREATED IN HOSPITAL 1 OTHER 1	COUGH SYRUP 1 ANTIBIOTICS* ... 1 COUNTRY MEDICINE, HERBS 1 TREATED IN HOSPITAL 1 OTHER 1	COUGH SYRUP 1 ANTIBIOTICS* ... 1 COUNTRY MEDICINE, HERBS 1 TREATED IN HOSPITAL 1 OTHER 1
414 Has (NAME) ever had measles?	YES 1 NO 2 DK 3 (GO TO NEXT BIRTH)	YES 1 NO 2 DK 3 (GO TO NEXT BIRTH)	YES 1 NO 2 DK 3 (GO TO NEXT BIRTH)	YES 1 NO 2 DK 3 (GO TO 501)

Antimalarials include: Any form of chloroquine, any other tablet to prevent malaria.

* Antibiotics include: Ampicillin, Amoxicillin, Erythromycin, Gantrocin, Penicillin, Tetracycline, and Terramycin.

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES 1 NO 2—	→ 508
503	Are you now married, or living with a man, or are you widowed, divorced or no longer living together?	MARRIED 1 LIVING TOGETHER 2 WIDOWED 3 DIVORCED 4 NOT LIVING TOGETHER ... 5—	→ 506
504	Does your man/husband have any other wife?	YES 1 NO 2	
506	Have you lived with only one man or more than one?	ONE 1 MORE THAN ONE 2	
507	In what month and year did you start living with your (first) man?	MONTH <input type="text"/> DK MONTH 98 YEAR <input type="text"/> DK YEAR 98	→ 510
507A	How old were you when you started living with him?	AGE <input type="text"/>	→ 510
508	Have you ever done men business?	YES 1 NO 2—	→ 518
510	Now it is important to ask you some questions about men business. How old were you when you first did men business?	AGE <input type="text"/>	
511	When was the last time you did men business?	DAYS AGO <input type="text"/> WEEKS AGO <input type="text"/> MONTHS AGO <input type="text"/> BEFORE LAST BIRTH 88	
512	CHECK 220: PREGNANT 1— NOT PREGNANT/UNSURE 2		→ 518
513	CHECK 314: SOME METHOD CIRCLED (USING) 1— NO METHOD CIRCLED (NOT USING) ... 2		→ 518
514	Would you be upset if you became pregnant in the next few weeks?	YES 1 NO 2—	→ 518

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
515	What is the main reason that you are not using a method to avoid pregnancy?	PARTNER OBJECTS 01 TOO COSTLY 02 MENOPAUSE/SUBFECOND .. 03 DOESN'T KNOW METHODS . 04 DIFFICULT TO GET 05 INFREQUENT SEX 06 RELIGION 07 BREASTFEEDING 08 FEAR OF SIDE EFFECTS . 09 OPPOSED TO FAMILY PLAN 10 OTHER 11 (SPECIFY)	→ 517 → 518															
516	Why does he object?	WANTS MORE CHILDREN ... 1 FEAR OF SIDE EFFECTS .. 2 FEAR OF WOMAN BEING UNFAITHFUL 3 RELIGION 4 DOESN'T KNOW 8 OTHER 5 (SPECIFY)	→ 518															
517	How much do you think it would cost?	\$ [] [] . [] []																
518	PRESENCE OF OTHERS AT THIS POINT	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND</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> </tbody> </table>		YES	NO	CHILDREN UNDER 10	1	2	HUSBAND	1	2	OTHER MALES	1	2	OTHER FEMALES	1	2	
	YES	NO																
CHILDREN UNDER 10	1	2																
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OTHER MALES	1	2																
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SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
602	SEE 503 AND CHECK: CURRENTLY MARRIED OR LIVING TOGETHER 1 ALL OTHERS 2		→613
603	I now have some questions about the future. CHECK 220: NOT PREGNANT <input type="checkbox"/> : Would you like to have another child some day or would you like not to have any more children? PREGNANT <input type="checkbox"/> : After the child you are expecting, would you like to have another child some day or would you like not to have any more?	HAVE ANOTHER 1 NO MORE 2-- → 608 UNDECIDED OR DK 8-- → 608	
606	How long would you like to wait before you have a (another) child?	MONTHS <input type="text"/> <input type="text"/> -- → 608 YEARS <input type="text"/> <input type="text"/> -- → 608 DOESN'T KNOW 98	
607	How old would your youngest child be?	YEARS <input type="text"/> <input type="text"/> DOESN'T KNOW 98	
608	How long do you think a woman should wait after having one child before she should have the next one?	YEARS <input type="text"/> <input type="text"/> OTHER _____ (SPECIFY)	
609	After a woman just had a baby, how long should she wait before starting men business?	MONTHS <input type="text"/> <input type="text"/> OTHER _____ (SPECIFY)	
610	Is it all right for a mother to do men business when she is still giving her baby the breast?	YES 1 NO 2	
611	Do you think that your man will like for people to do something to keep a woman from getting pregnant?	LIKES 1 DOESN'T LIKE 2 DOESN'T KNOW 8	
612	How often have you talked to your man about this subject in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
613	CHECK 210: NO CHILDREN []: If you could choose the number of children to have in your whole life, how many would that be? HAS CHILDREN []: If you could go back to the time when you didn't have any children, and if you could choose the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER, RANGE OR OTHER ANSWER	NUMBER <input type="text"/> <input type="text"/> RANGE: BETWEEN _____ AND _____ OTHER ANSWER _____ (SPECIFY)	
614	What type of woman do you think a man would prefer to marry: a woman who has given birth or a woman who has never given birth?	WOMAN WHO HAS GIVEN BIRTH 1 WOMAN WHO HAS NOT GIVEN BIRTH 2 DOESN'T KNOW 8	

SECTION 7. HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
701	SEE 501 AND CHECK: EVER MARRIED OR LIVED WITH A MAN 1 ALL OTHERS 2— ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.		→ 706																								
702	Can (could) your man (husband) read a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3 DOESN'T KNOW 8																									
703	Did he ever attend school?	YES 1 NO 2— DOESN'T KNOW 8—	→ 706 → 706																								
704	What was the highest level of school he attended: Primary, secondary, vocational or higher?	PRIMARY 1 SECONDARY 2 VOCATIONAL 3 HIGHER 4 DK 8—	→ 706																								
705	What was the last grade he completed?	GRADE <input type="text"/> <input type="text"/> DK 98																									
706	In the past four weeks, did you buy: READ OUT CODING CATEGORIES	<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>SALT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TOOTHPASTE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ASPIRIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CANNED FISH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FACE POWDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHLOROQUINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	SALT	1	2	SOAP	1	2	TOOTHPASTE	1	2	ASPIRIN	1	2	CANNED FISH	1	2	FACE POWDER	1	2	CHLOROQUINE	1	2	
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SECTION 8. EXTRA HEALTH QUESTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
801	What can cause running stomach? CIRCLE CODE 1 FOR ALL MENTIONED	PLENTY FOOD 1 DRINKING DIRTY WATER .. 1 EATING BAD FOOD 1 SORE IN STOMACH 1 OTHER 1					
802	Where is the nearest health clinic?	KNOWS OF A PLACE 1 DOESN'T KNOW 8--	→ 808				
803	How long does it take to get there?	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
804	In the past year have you been to this clinic for treatment?	YES 1 NO 2--	→ 806				
805	What was the treatment for? IF MORE THAN ONE VISIT, ASK ABOUT MOST RECENT VISIT.	FEVER 1 COUGH 2 RUNNING STOMACH 3 ACCIDENT 4 PREGNANCY, CHILDBIRTH . 5 VACCINATION 6 OTHER 7					
806	Why didn't you go?	TOO COSTLY, NO MONEY .. 1 WENT TO PHARMACY 2-- NOT SICK 3-- OTHER 4--	→ 808 → 808 → 808				
807	How much do you think it would cost to get treatment there?	\$ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					
808	Where is the nearest medicine store?	KNOWS 1 DOESN'T KNOW 8--	→ 813				
809	How long does it take to get there?	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
810	In the past year, did you buy any medicines there?	YES 1 NO 2--	→ 812				
811	What kind of medicine did you buy? CIRCLE ONLY ONE	ANTIBIOTICS 1 COUGH MEDICINE 2 OTHER 3					
812	Can you take injection at this store?	YES 1 NO 2 DOESN'T KNOW 8					
813	(IF VILLAGE) is there a Village Development Council in this village?	YES 1 NO 2 DOESN'T KNOW 8					
814	(IF VILLAGE) is there a village health worker in this village?	YES 1 NO 2 DON'T KNOW 8					
815	RECORD THE TIME	HOOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					

