

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE.	NUMBER OF PEOPLE ---- <input type="text"/>	
102	RECORD NUMBER OF CHILDREN AGE 5 AND UNDER LISTED IN THE HOUSEHOLD SCHEDULE WHO NORMALLY LIVE IN THE HOUSEHOLD.	NUMBER OF CHILDREN 5 AND UNDER ----- <input type="text"/>	
103	RECORD THE TIME.	HOUR ----- <input type="text"/> MINUTES ----- <input type="text"/>	
104	First I would like to ask some questions about yourself and your household. For most of the time until you were 12 years old, did you live in the countryside, in a town, or in a city?	COUNTRYSIDE ----- 1 TOWN ----- 2 (SPECIFY) BANGKOK-THONBURI ----- 3 ABROAD ----- 4	
105	How long have you been living continuously in _____ (NAME OF VILLAGE, TOWN, CITY)?	ALWAYS ----- 95 VISITOR ----- 96 YEARS ----- <input type="text"/>	→107 →107
106	Just before you moved here, did you live in the countryside, in a town, or in a city?	COUNTRYSIDE ----- 1 TOWN ----- 2 (SPECIFY) BANGKOK-THONBURI ----- 3 ABROAD ----- 4	
107	In what month and year were you born?	MONTH ----- <input type="text"/> DK MONTH ----- 98 YEAR ----- <input type="text"/> DK YEAR ----- 33	<input type="text"/> <input type="text"/>
108	How old are you? Interview: If Respondent is under 15 or over 49 stop interview.	REPORTED AGE ----- <input type="text"/> CORRECTED AGE ----- <input type="text"/>	
109	Have you ever attended school?	YES ----- 1 NO ----- 2	→113

NO.1	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What is the highest grade you completed?	PRIMARY ----- 1 2 3 4 5 6 7 SECONDARY OLD SYSTEM ----- 1 2 3 4 5 NEW SYSTEM -- 1 2 3 4 5 6 TEACHING COLLEGE (SPECIFY) ----- 1 2 3 4 5+ VOCATIONAL (SPECIFY) ----- 1 2 3 4 5+ UNIVERSITY ----- 1 2 3 4 5+ OTHER (SPECIFY) ----- <div style="text-align: right;">□□</div>	
111	(Check 110) What was the highest level of school you attended: primary, secondary, or higher?	PRIMARY ----- 1 SECONDARY ----- 2 HIGHER ----- 3	
112	CHECK 111: PRIMARY <input type="checkbox"/> <div style="margin-left: 100px;">↓</div> SECONDARY OR HIGHER <input type="checkbox"/> <div style="margin-left: 100px;">(SKIP TO 114)</div>		
113	Can you read a letter or newspaper easily, with difficulty or not at all?	EASILY ----- 1 WITH DIFFICULTY ----- 2 NOT AT ALL ----- 3	→115
114	Do you usually read a newspaper or magazine at least once a week?	YES ----- 1 NO ----- 2	
115	Do you usually watch television every week?	YES ----- 1 NO ----- 2	
116	Do you usually listen to the radio every day or regularly?	YES ----- 1 NO ----- 2	
117	What is the major source of drinking water for members of your household?*	PIPED INTO RESIDENCE OR YARD ----- 01 BOTTLE WATER ----- 02 PUBLIC TAP ----- 03 PRIVATE WELL/POND ----- 04 PUBLIC WELL/POND ----- 05 RIVER, SPRING, SURFACE WATER ----- 06 TANKER TRUCK, OTHER VENDOR ----- 07 RAINWATER ----- 08 OTHER (SPECIFY)----- 09 NEIGHBOR'S WELL/POND -- 10 NEIGHBOR'S TAP WATER -- 11	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
118	What is the major source of water for <u>household</u> use other than drinking (e.g., handwashing, cooking) for members of your household*	PIPED INTO RESIDENCE OR YARD ----- 01 PUBLIC TAP ----- 03 PRIVATE WELL/POND ----- 04 PUBLIC WELL/POND ----- 05 RIVER, SPRING, SURFACE WATER ----- 06 TANKER TRUCK, OTHER VENDOR ----- 07 RAINWATER ----- 08 OTHER (SPECIFY)----- 09 NEIGHBOR'S WELL/POND -- 10 NEIGHBOR'S TAP WATER -- 11	→120 →120 →120															
119	How long does it take to go there, get water, and come back?	MINUTES ----- <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> ON PREMISES ----- 996																
120	What kind of toilet facility does your household have?	FLUSH ----- 1 SEPTIC TANK ----- 2 PIT ----- 3 OTHER ----- 4 (SPECIFY) NO FACILITIES ----- 5																
121	Right now, do you have a cake of soap or have you run out?	YES ----- 1 RUN OUT ----- 2 NO SOAP ----- 3 OTHER (SPECIFY) ----- 4																
122	Does your house have: Electricity? A radio? A television? A refrigerator?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>ELECTRICITY -----</td><td>1</td><td>2</td></tr><tr><td>RADIO -----</td><td>1</td><td>2</td></tr><tr><td>TELEVISION -----</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR -----</td><td>1</td><td>2</td></tr></table>		YES	NO	ELECTRICITY -----	1	2	RADIO -----	1	2	TELEVISION -----	1	2	REFRIGERATOR -----	1	2	
	YES	NO																
ELECTRICITY -----	1	2																
RADIO -----	1	2																
TELEVISION -----	1	2																
REFRIGERATOR -----	1	2																
123	Does any member of your household own: A bicycle? A motorcycle? A car/truck/minibus A ploughing machine (IF URBAN, CIRCLE '2')	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>BICYCLE -----</td><td>1</td><td>2</td></tr><tr><td>MOTORCYCLE -----</td><td>1</td><td>2</td></tr><tr><td>CAR/TRUCK/MINIBUS</td><td>1</td><td>2</td></tr><tr><td>PLOUGHING MACHINE</td><td>1</td><td>2</td></tr></table>		YES	NO	BICYCLE -----	1	2	MOTORCYCLE -----	1	2	CAR/TRUCK/MINIBUS	1	2	PLOUGHING MACHINE	1	2	
	YES	NO																
BICYCLE -----	1	2																
MOTORCYCLE -----	1	2																
CAR/TRUCK/MINIBUS	1	2																
PLOUGHING MACHINE	1	2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
124	MAIN MATERIAL OF THE FLOOR.*	PARQUET, OR POLISHED WOOD ----- 1 POLISHED STONE ----- 2 VINYL OR ASPHALT STRIPS 3 CERAMIC TILES ----- 4 WOOD PLANKS ----- 5 CEMENT ----- 6 EARTH/SAND ----- 7 OTHER ----- 8 (SPECIFY)	
*125	What is your religion?	BUDDHISM ----- 1 ISLAM ----- 2 CHRISTIANITY ----- 3 OTHER (SPECIFY) ----- 4	
*126	What language do you normally speak at home?	CENTRAL THAI ----- 01 NORTHERN DIALECT ----- 02 NORTHEASTERN DIALECT -- 03 LAO ----- 04 SOUTHERN DIALECT ----- 05 MALAY (YAWEE) ----- 06 COMBODIAN ----- 07 CHINESE ----- 08 OTHER (SPECIFY) ----- 09 THAIYAI ----- 10 TRIBAL LANGUAGE ----- 11	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ----- 1 NO ----- 2	→ 206
202	Do you have any son or daughter you have given birth to who is 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 ENTER 00.	SONS AT HOME ----- <input type="text"/> DAUGHTERS AT HOME -- <input type="text"/>	
204	Do you have any son or daughter you have given birth to who is alive but not living with you?	YES ----- 1 NO ----- 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NON ENTER 00.	SONS ELSEWHERE ----- <input type="text"/> DAUGHTERS ELSEWHERE- <input type="text"/>	
200	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life, but only survived a few hours or days?	YES ----- 1 NO ----- 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE ENTER 00.	BOYS DEAD ----- <input type="text"/> GIRLS DEAD ----- <input type="text"/>	
208	SUM ANSWERS TO 203, 205 AND 207 AND ENTER TOTAL.	TOTAL ----- <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right, you have had in TOTAL _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (PROBE AND CORRECT 201-209 AS NECESSARY)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
*209A	Besides the live births you mentioned, have you ever had any miscarriage	YES ----- 1 NO ----- 2	210
*209B	How many time did you have a miscarriage?	NUMBER ----- <input type="text"/>	
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/> (SKIP TO 221)	
211	Now I would like to talk to you about your births, whether still alive or not starting with the first one you had. (RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET.)		

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? Ask to see birth certificate?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
011	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
012	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
013	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
014	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
015	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
016	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
017	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
018	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
019	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
020	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
021	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2
022	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> SELF REPORTED -1 FROM DOCUMENT -2	YES 1 (SKIP TO 217) NO 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> REPORTED AGE <input type="text"/> <input type="text"/> CORRECTED AGE	YES 1 NO 2

219 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE THE SAME ☐

NUMBERS ARE DIFFERENT ☐

(PROBE AND RECONCILE)

<p>*218A <u>Ask only about those 6 years old and older :</u> Has (Name) entered school yet?</p>	<p>*218B Is (Name) still in school or has (Name) finished school?</p>	<p>*218C What level is (Name) studying/finished?</p>	<p><u>For only those still in school :</u> *218D To what level of schooling would you like to send (Name)? *219E To what level of schooling do you think you can afford to send (Name)? (Probe)</p>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>
YES 1 → NO 2 ↓	IN SCHOOL 1 FINISHED 2	GRADE <input type="text"/>	*218D GRADE <input type="text"/> *218E GRADE <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
220	Was your last child born by caesarean section?	YES ----- 1 NO ----- 2 DK ----- 8																
221	Are you pregnant now?	YES ----- 1 NO ----- 2 UNSURE ----- 3	226 226															
222	For how many months have you been pregnant?	MONTHS ----- <input type="text"/>																
223	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ----- 1 NO ----- 2 DK ----- 8																
224	Did you see anyone for a check on this pregnancy was normal?	YES ----- 1 NO ----- 2	227															
225	Whom 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)	227															
226	How long ago did your last menstrual period start?	DAYS AGO ----- 1 <input type="text"/> WEEKS AGO ----- 2 <input type="text"/> MONTHS AGO ----- 3 <input type="text"/> MENOPAUSE (YEARS AGO) 4 <input type="text"/> BEFORE LAST BIRTH ----- 995 NEVER MENSTRUATED ----- 996																
227	When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant? PROBE: What are the days or duration during the cycle when a woman has the highest change of becoming pregnant if she has intercourse	DURING HER PERIOD ----- 1 RIGHT AFTER HER PERIOD HAS ENDED ----- 2 IN THE MIDDLE OF THE CYCLE ----- 3 JUST BEFORE HER PERIOD BEGINS ----- 4 AT ANY TIME ----- 5 OTHER ----- 6 (SPECIFY) DK ----- 8																
228	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 -----</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 -----	1	2	OTHER MALES -----	1	2	OTHER FEMALES -----	1	2	
	YES	NO																
CHILDREN UNDER 10 -	1	2																
HUSBAND -----	1	2																
OTHER MALES -----	1	2																
OTHER FEMALES -----	1	2																

SECTION 3: CONTRACEPTION

301 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, 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 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION.	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01 PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
04 DIAPHRAGM/FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
07 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
08 PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Where would you go to obtain advice on periodic abstinence? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
10 ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy? (SPECIFY) _____	YES/SPONT.....1 NO.....3	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
			CODES FOR 304 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CNTR 03 FAMILY PLANNING CLINIC 04 MOBILE CLINIC 05 FIELD WORKER 06 READING 07 PRIVATE HOSP OR CLINIC 08 PHARMACY 09 SHOP 10 MCH CENTER 11 FRIENDS/RELATIVES 12 OTHER (SPECIFY) 13 NOWHERE 98 DK	CODES FOR 305 01 NO PROBLEM 02 NOT EFFECTIVE 03 HUSBAND DISAPPROVES 04 HEALTH CONCERNS 05 ACCESS/AVAILABILITY 06 COSTS TOO MUCH 07 INCONVENIENT TO USE 08 OTHER (SPECIFY) 98 DK

306 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

→ SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ----- 1 NO ----- 2	→339
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304-306 AS NECESSARY.		
309	CHECK 303: EVER USED PERIODIC ABSTINENCE <input type="checkbox"/> NEVER USED PERIODIC ABSTINENCE <input type="checkbox"/> (SKIP TO 311)		
310	The last time you used periodic abstinence, how did you determine on which days you had to abstain?	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	How many living children, if any, did you have when you first did something or used a method to avoid getting pregnant? IF NONE ENTER 00.	NO CHILDREN ----- 00 NUMBER OF CHILDREN ----- <input type="text"/> SPECIFIED FIRST METHOD USED ----- <input type="text"/>	→312
*311A	After marriage but before the first pregnancy did you use any contraception?	YES ----- 1 NO ----- 2	
*311B	How long after marriage did you first start using contraception?	MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/> LESS THAN 1 MONTH ----- 96	
312	CHECK 221: NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> (SKIP TO 318)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
313	Are you or your husband currently using contraception?	YES ----- 1 NO ----- 2	→318
314	Which method are you or your husband using?	PILL ----- 01 IUD ----- 02 INJECTIONS ----- 03 DIAPHRAGM/FOAM/JELLY ----- 04 CONDOM ----- 05 FEMALE STERILIZATION ----- 06 MALE STERILIZATION ----- 07 PERIODIC ABSTINENCE ----- 08 WITHDRAWAL ----- 09 OTHER (SPECIFY) ----- 10 NORPLANT ----- 11	→319 →317 →318 →319
315	Please show me the package of pills you are using. (RECORD NAME OF BRAND).	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> BRAND NAME ----- NOT ABLE TO SHOW ----- 98	
316	How much did your current packet (cycle) of pills cost you?	COST ----- <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> FREE ----- 96 DK ----- 98	
*316A	During the last month, did you forget to take a pill?	YES ----- 1 NO ----- 2	→319
*316B	How many times did you forget?	NUMBER ----- <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div>	→319
317	In what month and year did you (he) have the operation?	MONTH ----- <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> YEAR ----- <div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div>	→319A
318	Have you obtained a method (or advice about how) to avoid pregnancy from a hospital, a health center, a clinic, a doctor, or a fieldworker in the last twelve months?	YES ----- 1 NO ----- 2	→322

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
319	Where did you obtain (advice for) (METHOD) the last time?	GOVERNMENT HOSPITAL --- 01 GVNT HEALTH CENTER ---- 02 F.P. CLINIC ----- 03 MOBILE CLINIC ----- 04 FIELDWORKER ----- 05 READING ----- 06 PVT HOSPITAL OR CLINIC- 07 PHARMACY ----- 08 SHOP ----- 09 MCH CENTER ----- 10 FRIENDS/RELATIVES ---- 11 OTHER (SPECIFY) ----- 12 NO WHERE ----- 13 DK ----- 98	322
319A	Where did the sterilization take place?		
320	Was there anything you (particularly) disliked about the services you received there? IF YES: What?*	WAIT TOO LONG ----- 1 DISCOURTEOUS ----- 2 EXPENSIVE ----- 3 METHOD UNAVAILABLE ---- 4 OTHER (SPECIFY) ----- 5 NO COMPLAINTS ----- 6	
322	CHECK 313, 314: HE/SHE STERILIZED <input type="checkbox"/> (SKIP TO 324) CURRENTLY USING ANOTHER METHOD <input type="checkbox"/> ↓	NOT CURRENTLY USING <input type="checkbox"/> (SKIP TO 333)	
323	For how long have you been using (CURRENT METHOD) continuously?	MONTHS ----- <input type="checkbox"/> <input type="checkbox"/> YEARS ----- <input type="checkbox"/> <input type="checkbox"/>	
324	Have you experienced any problems from using (CURRENT METHOD)?	YES ----- 1 NO ----- 2	326
325	What is the main problem you experienced?	METHOD FAILED ----- 01 PARTNER DISAPPROVES --- 02 HEALTH CONCERNS ----- 03 ACCESS/AVAILABILITY --- 04 COST TOO MUCH ----- 05 INCONVENIENT TO USE --- 06 OTHER ----- 07 (SPECIFY) DK ----- 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
326	At any time during the same month, do you regularly use any other method than (CURRENT METHOD)?	YES ----- 1 NO ----- 2	→328
327	Which method is that? CHECK 302-325 AND CORRECT AS NECESSARY.	PILL ----- 01 IUD ----- 02 INJECTIONS ----- 03 DIAPHRAGM/FOAM/JELLY -- 04 CONDOM ----- 05 PERIODIC ABSTINENCE --- 08 WITHDRAWAL ----- 09 OTHER (SPECIFY) ----- 10 NORPLANT ----- 11 CONDOM+PERIOD ----- 21 CONDOM+WITHDRAWAL ----- 22 PERIOD+WITHDRAWAL ----- 23 CONDOM+PERIOD+WITHDRAWAL 24	
328	Have you ever used any other method or done anything else (since your last birth) before (CURRENT METHOD) to avoid getting pregnant?	YES (HAS PREVIOUS LIVE BIRTH) ----- 1 YES (NO PREVIOUS LIVE BIRTH) ----- 2 NO (HAS PREVIOUS LIVE BIRTH) ----- 3 NO (NO PREVIOUS LIVE BIRTH) ----- 4	→329 →328B →342
*328A	What is the first method you used after your most recent birth?	PILL ----- 01 IUD ----- 02 INJECTION ----- 03 DIAPHRAGM/FOAM/JELLY -- 04 CONDOM ----- 05 PERIODIC ABSTINENCE --- 08 WITHDRAWAL ----- 09 OTHER (SPECIFY) ----- 10 NORPLANT ----- 11 CONDOM+PERIOD ----- 21 CONDOM+WITHDRAWAL ----- 22 PERIOD+WITHDRAWAL ----- 23 CONDOM+PERIOD+WITHDRAWAL 24	
*328B	How long after your last birth did you start using METHOD? (Specify method in 314 or 328A, whichever is applicable)	LT ONE WEEK ----- 96 WEEKS ----- <input type="text"/> MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/>	→328E
*328C	Before or after menses returned? Did you start METHOD (Specify method in 314 or 328A, whichever is applicable)	BEFORE ----- 1 AFTER ----- 2	→328E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
*328D	How long after menses returned did you start using METHOD? (Specify method in 314 or 328A, whichever is applicable)	LT ONE WEEK ----- 96 WEEKS ----- <input type="text"/> MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/>	
*328E	CHECK 328 Use more than one method? YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 342)		
*328F	In what month and year did you start using (FIRST METHOD) (the last time)? (Mention method in 328A)	MONTH ----- <input type="text"/> YEAR ----- <input type="text"/>	
*328G	For how long had you been using (FIRST METHOD) before you stopped using it (last time)?	MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/>	
*328H	What was the main reason you stopped using (FIRST METHOD) then?	METHOD FAILED ----- 02 INFREQUENT SEX ----- 03 PARTNER DISAPPROVED --- 04 HEALTH CONCERNS ----- 05 ACCESS/AVAILABILITY --- 06 COST TOO MUCH ----- 07 FATALISTIC ----- 08 INCONVENIENT TO USE --- 09 OTHER ----- 10 (SPECIFY) DK ----- 98	
*328I	Did you use any other method between the time you stopped using this first method and when you started using your current method?	YES ----- 1 No ----- 2	→ 342
329	Which method did you use before (CURRENT METHOD)?	PILL ----- 01 IUD ----- 02 INJECTIONS ----- 03 DIAPHRAGM/FOAM/JELLY -- 04 CONDOM ----- 05 MALE STERILIZATION ---- 07 PERIODIC ABSTINENCE --- 08 WITHDRAWAL ----- 09 OTHER (SPECIFY) ----- 10 NORPLANT ----- 11 CONDOM+PERIOD ----- 21 CONDOM+WITHDRAWAL ----- 22 PERIOD+WITHDRAWAL ----- 23 CONDOM+PERIOD+WITHDRAWAL 24	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
330	In what month and year did you start using (METHOD BEFORE CURRENT) (the last time)?	MONTH ----- <input type="text"/> YEAR ----- <input type="text"/>	
331	For how long had you been using (METHOD BEFORE CURRENT) before you stopped using it (last time)?	MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/>	
332	What was the main reason you stopped using (METHOD BEFORE CURRENT) then?	METHOD FAILED ----- 02 INFREQUENT SEX ----- 03 PARTNER DISAPPROVED --- 04 HEALTH CONCERNS ----- 05 ACCESS/AVAILABILITY --- 06 COST TOO MUCH ----- 07 FATALISTIC ----- 08 INCONVENIENT TO USE --- 09 OTHER ----- 10 (SPECIFY) DK ----- 98	→342
333	CHECK 208: ANY BIRTHS? <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="text-align: center; margin-top: 10px;">↓</div> (SKIP TO 335)		
334	Since your last birth have you done anything or used any method to avoid getting pregnant?	YES ----- 1 NO ----- 2	→339
*334A	What was the first method you used since your last birth?	PILL ----- 01 IUD ----- 02 INJECTIONS ----- 03 DIAPHRAGM/FOAM/JELLY -- 04 CONDOM ----- 05 PERIODIC ABSTINENCE --- 08 WITHDRAWAL ----- 09 OTHER (SPECIFY) ----- 10 NORPLANT ----- 11 CONDOM+PERIOD ----- 21 CONDOM+WITHDRAWAL ----- 22 PERIOD+WITHDRAWAL ----- 23 CONDOM+PERIOD+WITHDRAWAL 24	
*334B	How long after your last birth did you start using METHOD? (MENTION THE METHOD IN 334A)	MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/> LESS THAN 1 MONTH -- 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
*334C	Did you start using METHOD before your menses returned or did you wait until after menses returned? (MENTION METHOD IN 334A)	BEFORE ----- 1 AFTER ----- 2	→ 334E
*334D	How long after your first menses did you start using METHOD? (MENTION METHOD IN 334A)	LESS THAN 1 WEEK ----- 96 WEEKS ----- <input type="text"/> MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/>	
*334E	Did you use any <u>other</u> method since your last Birth?	YES ----- 1 NO ----- 2	→ 336
335	Which was the last method you used?	PILL ----- 01 IUD ----- 02 INJECTIONS ----- 03 DIAPHRAGM/FOAM/JELLY -- 04 CONDOM ----- 05 MALE STERILIZATION ---- 07 PERIODIC ABSTINENCE --- 08 WITHDRAWAL ----- 09 OTHER (SPECIFY) ----- 10 NORPLANT ----- 11 CONDOM+PERIOD ----- 21 CONDOM+WITHDRAWAL ----- 22 PERIOD+WITHDRAWAL ----- 23 CONDOM+PERIOD+WITHDRAWAL 24	
336	In what month and year did you start using that method (last time)? (MENTION METHOD IN 334A OR 335, WHICHEVER IS APPLICABLE)	MONTH ----- <input type="text"/> YEAR ----- <input type="text"/>	
337	For how long had you been using (LAST METHOD) before you stopped using it (last time?) (MENTION METHOD IN 334A OR 335, WHICHEVER IS APPLICABLE)	MONTHS ----- <input type="text"/> YEARS ----- <input type="text"/>	
338	What was the main reason you stopped using (LAST METHOD) then? (MENTION METHOD IN 334A or 335, WHICHEVER IS APPLICABLE)	TO BECOME PREGNANT ---- 01 METHOD FAILED ----- 02 INFREQUENT SEX ----- 03 PARTNER DISAPPROVED --- 04 HEALTH CONCERNS ----- 05 ACCESS/AVAILABILITY --- 06 COST TOO MUCH ----- 07 FATALISTIC ----- 08 INCONVENIENT TO USE --- 09 OTHER ----- 10 (SPECIFY) DK ----- 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
339	Do you intend to use a method to avoid pregnancy at any time in the future?	YES ----- 1 NO ----- 2 UNCERTAIN ----- 3 DK ----- 8	→342
340	Which method would you prefer to use?	PILL ----- 01 IUD ----- 02 INJECTIONS ----- 03 DIAPHRAGM/FOAM/JELLY --- 04 CONDOM ----- 05 FEMALE STERILIZATION --- 06 MALE STERILIZATION ----- 07 PERIODIC ABSTINENCE ----- 08 WITHDRAWAL ----- 09 OTHER (SPECIFY) ----- 10 NORPLANT ----- 11 CONDOM+PERIOD ----- 21 CONDOM+WITHDRAWAL ----- 22 PERIOD+WITHDRAWAL ----- 23 CONDOM+PERIOD+WITHDRAWAL 24 UNSURE ----- 30	
341	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES ----- 1 NO ----- 2 UNSURE ----- 3 DK ----- 8	
342	In the last month, have you heard a message about family planning on the radio?	YES ----- 1 NO ----- 2	→344
343	Did you hear it once or more than once?	ONCE ----- 1 MORE THAN ONCE ----- 2	
344	Do you think it is acceptable or not acceptable for family planning information to be provided on radio or television?	ACCEPTABLE ----- 1 NOT ACCEPTABLE ----- 2 DK ----- 8	
345	COUNTRY SPECIFIC QUESTIONS ON FAMILY PLANNING MESSAGES ON TELEVISION.		

346 CHECK 214, 221: HAD LIVE BIRTH SINCE JAN. 1982 OR PREGNANT <input type="checkbox"/>		NO LIVE BIRTH SINCE JAN. 1982 AND NOT PREGNANT OR NOT SURE <input type="checkbox"/> (SKIP TO SECTION 5)			
347 How I would like to get some more information about (your pregnancy and) all the children you had in the last 5 years CHECK WHETHER PREGNANT AND RECORD NAMES OF BIRTHS SINCE JAN. 1982 THEN ENTER EVERY USE OF CONTRACEPTION. ASK QUESTIONS ABOUT ALL BIRTHS.					
	CURRENTLY PREGNANT YES <input type="checkbox"/> NO <input type="checkbox"/>	LAST BIRTH NAME _____ ALIVE [] DEAD []	NEXT-TO-LAST BIRTH NAME _____ ALIVE [] DEAD []	SECOND-FROM-LAST BIRTH NAME _____ ALIVE [] DEAD []	THIRD-FROM-LAST BIRTH NAME _____ ALIVE [] DEAD []
348 CHECK 306: EVER USED A METHOD <input type="checkbox"/> (ASK 349-356 FOR EACH COLUMN) NEVER USED A METHOD <input type="checkbox"/> (ASK 355 FOR EACH COLUMN)					
349 Before you became pregnant (with NAME) (but after PRECEDING BIRTH) (IF ANY) had you done anything or used any method to avoid getting pregnant, even for a short time?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2 (SKIP TO 355)	NO.....2 (SKIP TO 355)	NO.....2 (SKIP TO 355)	NO.....2 (SKIP TO 355)	NO.....2 (SKIP TO 355)
350 Which was the last method you used then?	LAST PILL.....01 IUD.....02 INJECTIONS.....03 DIAPH/FOAM/JEL.....04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	LAST PILL.....01 IUD.....02 INJECTIONS.....03 DIAPH/FOAM/JEL.....04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	LAST PILL.....01 IUD.....02 INJECTIONS.....03 DIAPH/FOAM/JEL.....04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	LAST PILL.....01 IUD.....02 INJECTIONS.....03 DIAPH/FOAM/JEL.....04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	LAST PILL.....01 IUD.....02 INJECTIONS.....03 DIAPH/FOAM/JEL.....04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)
351 Any method before that? RECORD CODE. IF NONE, ENTER '00'.	PRECEDING METHOD <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/>
USE CODES IN 350	MONTHS..... <input type="checkbox"/>	MONTHS..... <input type="checkbox"/>	MONTHS..... <input type="checkbox"/>	MONTHS..... <input type="checkbox"/>	MONTHS..... <input type="checkbox"/>
352 For how long had you used (LAST METHOD) that time?	YEARS..... <input type="checkbox"/>	YEARS..... <input type="checkbox"/>	YEARS..... <input type="checkbox"/>	YEARS..... <input type="checkbox"/>	YEARS..... <input type="checkbox"/>
353 Did you become pregnant while you were using (LAST METHOD)?	YES.....1 (SKIP TO 356) NO.....2	YES.....1 (SKIP TO 356) NO.....2	YES.....1 (SKIP TO 356) NO.....2	YES.....1 (SKIP TO 356) NO.....2	YES.....1 (SKIP TO 356) NO.....2
354 What was the main reason you stopped using (LAST METHOD)?	TO GET PREGNANT.....01 (GO TO NEXT COL) INFREQUENT SEX.....03 PARTNER DISAPPROVED.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COST TOO MUCH.....07 FATALISTIC.....08 INCONVEN TO USE.....09 OTHER.....10 (SPECIFY) DK.....98	TO GET PREGNANT.....01 (GO TO NEXT COL) INFREQUENT SEX.....03 PARTNER DISAPPROVED.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COST TOO MUCH.....07 FATALISTIC.....08 INCONVEN TO USE.....09 OTHER.....10 (SPECIFY) DK.....98	TO GET PREGNANT.....01 (GO TO NEXT COL) INFREQUENT SEX.....03 PARTNER DISAPPROVED.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COST TOO MUCH.....07 FATALISTIC.....08 INCONVEN TO USE.....09 OTHER.....10 (SPECIFY) DK.....98	TO GET PREGNANT.....01 (GO TO NEXT COL) INFREQUENT SEX.....03 PARTNER DISAPPROVED.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COST TOO MUCH.....07 FATALISTIC.....08 INCONVEN TO USE.....09 OTHER.....10 (SPECIFY) DK.....98	TO GET PREGNANT.....01 (GO TO 401) INFREQUENT SEX.....03 PARTNER DISAPPROVED.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COST TOO MUCH.....07 FATALISTIC.....08 INCONVEN TO USE.....09 OTHER.....10 (SPECIFY) DK.....98
355 At the time you became pregnant (with NAME), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO 401)
356 Did you want to have that child but at a later time, or not have another child at all?	HAVE CHILD LATER.....1 NOT HAVE CHILD.....2 (ALL GO TO NEXT COL)	HAVE CHILD LATER.....1 NOT HAVE CHILD.....2 (ALL GO TO NEXT COL)	HAVE CHILD LATER.....1 NOT HAVE CHILD.....2 (ALL GO TO NEXT COL)	HAVE CHILD LATER.....1 NOT HAVE CHILD.....2 (ALL GO TO NEXT COL)	HAVE CHILD LATER.....1 NOT HAVE CHILD.....2 (ALL GO TO 401)

401 CHECK 214: ONE OR MORE LIVE BIRTHS SINCE JAN. 1982		NO LIVE BIRTHS <input type="checkbox"/> SINCE JAN. 1982 (SKIP TO SECTION 5)		
402 ENTER NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1982* IN TABLE. BEGIN WITH LAST BIRTH. ASK QUESTIONS ABOUT ALL BIRTHS.				
ORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	THIRD-FROM-LAST BIRTH
	NAME _____	NAME _____	NAME _____	NAME _____
	ALIVE [] DEAD []	ALIVE [] DEAD []	ALIVE [] DEAD []	ALIVE [] DEAD []
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsion after birth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
404 When you were pregnant with (NAME), did you see anyone for a check on this pregnancy? IF YES: When 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) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5
405 Who assisted with the delivery of (NAME)? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 HUSBAND OR MOTHER.....7	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 HUSBAND OR MOTHER.....7	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 HUSBAND OR MOTHER.....7	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6 HUSBAND OR MOTHER.....7
406A Where did you deliver (NAME)?	GOVT HOSPITAL.....1 PRIVATE HOSPITAL.....2 HEALTH STATION.....3 PRIVATE CLINIC.....4 HOME.....5 OTHER.....6 (SPECIFY)	GOVT HOSPITAL.....1 PRIVATE HOSPITAL.....2 HEALTH STATION.....3 PRIVATE CLINIC.....4 HOME.....5 OTHER.....6 (SPECIFY)	GOVT HOSPITAL.....1 PRIVATE HOSPITAL.....2 HEALTH STATION.....3 PRIVATE CLINIC.....4 HOME.....5 OTHER.....6 (SPECIFY)	GOVT HOSPITAL.....1 PRIVATE HOSPITAL.....2 HEALTH STATION.....3 PRIVATE CLINIC.....4 HOME.....5 OTHER.....6 (SPECIFY)
406 Did you ever feed (NAME) at the breast?	YES.....1 NO.....2 (SKIP TO 409) ←	YES.....1 NO.....2 (SKIP TO 409) ←	YES.....1 NO.....2 (SKIP TO 409) ←	YES.....1 NO.....2 (SKIP TO 409) ←
407 CHECK ABOVE: Are you still breast-feeding (NAME)?	YES.....1 (SKIP TO 409) NO.....2 DEAD.....3	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
408 How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> UNTIL DEATH...96	MONTHS..... <input type="text"/> UNTIL DEATH...96	MONTHS..... <input type="text"/> UNTIL DEATH...96	MONTHS..... <input type="text"/> UNTIL DEATH...96
409 How many months after the birth of (NAME) did your period return?	MONTHS..... <input type="text"/> NOT RETURNED..96	MONTHS..... <input type="text"/> NOT RETURNED..96 (ALL SKIP TO 411)	MONTHS..... <input type="text"/> NOT RETURNED..96 (ALL SKIP TO 411)	MONTHS..... <input type="text"/> NOT RETURNED..96 (ALL SKIP TO 411)
410 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1 NO.....2 (GO TO NEXT COL) →	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
411 How many months after the birth of (NAME) did you resume sexual relations?	<input type="text"/> MONTHS (GO TO NEXT COL)	<input type="text"/> MONTHS (GO TO NEXT COL)	<input type="text"/> MONTHS (GO TO NEXT COL)	<input type="text"/> MONTHS (GO TO NEXT COL)
412 CHECK 407 FOR LAST BIRTH: LAST CHILD STILL BREASTFEED <input type="checkbox"/> ALL OTHERS <input type="checkbox"/> (SKIP TO 418)				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
413	How many times did you breastfeed last night, between sundown and sunrise?	NUMBER OF TIMES.. <input type="text"/> CHILD SLEEPS AT DREAST.....96																															
414	How many times did you breastfeed yesterday during the daylight hours?	NUMBER OF TIMES.. <input type="text"/> AS OFTEN AS CHILD WANTED.....96																															
415	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following: Plain water? Juice? Powdered milk? Cow's or goat's milk? Any other liquid? Any solid or mushy food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POWDERED MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COW'S/GOAT'S MILK..</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER LIQUID</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>ANY SOLID OR MUSHY</td> <td></td> <td></td> </tr> <tr> <td>FOOD.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER.....	1	2	JUICE.....	1	2	POWDERED MILK.....	1	2	COW'S/GOAT'S MILK..	1	2	ANY OTHER LIQUID			1	2	(SPECIFY)			ANY SOLID OR MUSHY			FOOD.....	1	2	
	YES	NO																															
PLAIN WATER.....	1	2																															
JUICE.....	1	2																															
POWDERED MILK.....	1	2																															
COW'S/GOAT'S MILK..	1	2																															
ANY OTHER LIQUID																																	
.....	1	2																															
(SPECIFY)																																	
ANY SOLID OR MUSHY																																	
FOOD.....	1	2																															
416	CHECK 415: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> WAS GIVEN FOODS OR LIQUIDS <input type="text"/> </div> <div> NO FOODS OR LIQUIDS GIVEN <input type="text"/> (SKIP TO 418) </div> </div>																																
417	Were any of these given in a bottle with a nipple?	YES.....1 NO.....2																															

418 ENTER NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1982 BELOW BEGIN WITH THE LAST BIRTH. THE HEADING IN THE TABLE SHOULD BE EXACTLY THE SAME AS PREVIOUS TABLE. ASK QUESTIONS ONLY FOR LIVING CHILDREN.

ORDER	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	THIRD-FROM-LAST BIRTH
	NAME	NAME	NAME	NAME
	ACTIVE () DEAD () →	ACTIVE () DEAD () →	ACTIVE () DEAD () →	ACTIVE () DEAD () →
419 Do you have a health card for (NAME)? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3 (SKIP TO 421)	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3 (SKIP TO 421)	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3 (SKIP TO 421)	YES, SEEN.....1 YES, NOT SEEN.....2 NO CARD.....3 (SKIP TO 421)
420 RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD.	BCG 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT1 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL101 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT2 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL102 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT3 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL103 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)	BCG 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT1 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL101 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT2 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL102 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT3 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL103 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)	BCG 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT1 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL101 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT2 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL102 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT3 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL103 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)	BCG 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT1 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL101 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT2 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL102 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT3 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POL103 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)
421 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
422 Has (NAME) had diarrhea in the last 24 hours?	YES.....1 (SKIP TO 424) NO.....2 DK.....8	YES.....1 (SKIP TO 424) NO.....2 DK.....8	YES.....1 (SKIP TO 424) NO.....2 DK.....8	YES.....1 (SKIP TO 424) NO.....2 DK.....8
423 Has (NAME) had diarrhea in the two last weeks?	YES.....1 NO.....2 (GO TO NEXT COL OR GO TO 426) DK.....8	YES.....1 NO.....2 (GO TO NEXT COL OR GO TO 427) DK.....8	YES.....1 NO.....2 (GO TO NEXT COL OR GO TO 427) DK.....8	YES.....1 NO.....2 (GO TO NEXT COL OR GO TO 427) DK.....8
424 Did you take (NAME) to a private doctor or to a hospital or clinic to treat the diarrhea (the last time)? IF YES: Where did you take him/her?	DOCTOR (HEALTH CENTER).....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR (HEALTH CENTER).....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR (HEALTH CENTER).....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR (HEALTH CENTER).....1 HOSPITAL/CLINIC.....2 NO.....3
425 Has (NAME) given an oral rehydration packet to treat the diarrhea (the last time)?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
426 Has there anything (else) you or somebody did to treat the diarrhea? IF YES: What was done? (CIRCLE ONE 1 FOR ALL MENTIONED.)	HOME SOLUTION OF SUGAR, SALT AND WATER.....1 TABLETS, INJECTIONS, SYRUPS.....1 INCREASE FLUIDS.....1 DECREASE FLUIDS.....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SOLUTION OF SUGAR, SALT AND WATER.....1 TABLETS, INJECTIONS, SYRUPS.....1 INCREASE FLUIDS.....1 DECREASE FLUIDS.....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SOLUTION OF SUGAR, SALT AND WATER.....1 TABLETS, INJECTIONS, SYRUPS.....1 INCREASE FLUIDS.....1 DECREASE FLUIDS.....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SOLUTION OF SUGAR, SALT AND WATER.....1 TABLETS, INJECTIONS, SYRUPS.....1 INCREASE FLUIDS.....1 DECREASE FLUIDS.....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO 427)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
427	CHECK 425: ORAL REHYDRATION: MENTIONED FOR ANY BIRTH NOT MENTIONED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 502)		
428	Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?	YES.....1 NO.....2	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
502	Are you now married, or living with a man, or are you widowed, divorced or not now living together?	MARRIED AND HUSBAND PRESENT ----- 1 MARRIED, HUSBAND (WORKING ELSEWHERE 1 OR MORE MONTHS)----- 2 WIDOWED ----- 3 DIVORCED ----- 4 SEPARATED ----- 5													
*502A	Did you officially register your marriage?	YES ----- 1 NO ----- 2													
*502B	Did you have any ceremony?	YES ----- 1 NO ----- 2													
503	Have you been married or lived with a man only once, or more than once?	ONCE ----- 1 MORE THAN ONCE ----- 2													
504	In what month and year did you start living with your (first) husband or partner?	MONTH ----- <input type="text"/> DK MONTH ----- 98 YEAR ----- <input type="text"/> DK YEAR ----- 33													
505	How old were you when you started living with him?	AGE ----- <input type="text"/>	<input type="text"/>												
506	Are your father and mother still alive?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>WOMAN'S MOTHER ---</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WOMAN'S FATHER ---</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	WOMAN'S MOTHER ---	1	2	8	WOMAN'S FATHER ---	1	2	8	
	YES	NO	DK												
WOMAN'S MOTHER ---	1	2	8												
WOMAN'S FATHER ---	1	2	8												
507	Are your (first) husband's/partner's father and mother still alive?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER -----</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S FATHER -----</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	FIRST HUSBAND'S MOTHER -----	1	2	8	FIRST HUSBAND'S FATHER -----	1	2	8	
	YES	NO	DK												
FIRST HUSBAND'S MOTHER -----	1	2	8												
FIRST HUSBAND'S FATHER -----	1	2	8												

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
508	CHECK 506 AND 507: ALL ALIVE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 511)																						
509	Was (MENTION PARENTS NOT ALIVE NOW) alive at the time you began living together with your (first) husband or partner?	<table><thead><tr><th></th><th>YES</th><th>NO</th><th>DK</th></tr></thead><tbody><tr><td>WOMAN'S MOTHER ---</td><td>1</td><td>2</td><td>8</td></tr><tr><td>WOMAN'S FATHER ---</td><td>1</td><td>2</td><td>8</td></tr><tr><td>FIRST HUSBAND'S MOTHER -----</td><td>1</td><td>2</td><td>8</td></tr><tr><td>FIRST HUSBAND'S FATHER -----</td><td>1</td><td>2</td><td>8</td></tr></tbody></table>		YES	NO	DK	WOMAN'S MOTHER ---	1	2	8	WOMAN'S FATHER ---	1	2	8	FIRST HUSBAND'S MOTHER -----	1	2	8	FIRST HUSBAND'S FATHER -----	1	2	8	
	YES	NO	DK																				
WOMAN'S MOTHER ---	1	2	8																				
WOMAN'S FATHER ---	1	2	8																				
FIRST HUSBAND'S MOTHER -----	1	2	8																				
FIRST HUSBAND'S FATHER -----	1	2	8																				
510	CHECK 509: SOME PARENT ALIVE AT MARRIAGE <input type="checkbox"/> NO PARENT ALIVE AT MARRIAGE <input type="checkbox"/> (SKIP TO 514)																						
511	At the time you began living together, did you and your (first) husband (or partner) live with any of these parents	YES ----- 1 NO ----- 2	→513																				
*511A	Did you live with your own parents or with your husband's parents	OWN PARENTS ----- 1 HUSBAND'S PARENTS ----- 2																					
*511B	Did you live with them for at least six months	YES ----- 1 NO ----- 2 MARRIED LT 6 MONTHS STILL LIVE WITH PARENTS ----- 3	→513																				
512	For about how many years did you live together with a parent at that time?	YEARS ----- <input type="checkbox"/> <input type="checkbox"/> UP TO THE PRESENT ----- 96																					
513	Are you now living either with your parents or your husband's parents? (probe who depends on whom financially)	LIVE WITH OWN PARENT(S)- 1 LIVE WITH HUSBAND'S PARENT(S) ----- 2 OWN PARENT(S) LIVE WITH THEM ----- 3 HUSBAND'S PARENT(S) LIVE WITH THEM ----- 4 NO ----- 5 LIVE WITH CURRENT HUSBAND'S PARENT ----- 6 CURRENT HUSBAND'S PARENT LIVE WITH ----- 7																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
514	In how many localities have you lived for six months or more since you were first married (started living together) including this place?	NUMBER OF LOCALITIES ----- <input type="text"/>	
516	How we need some details about your sexual activity in order to get a better understanding of contraception and fertility. How old were you when you first had sexual intercourse?	AGE ----- <input type="text"/> AT MARRIAGE ----- 95	
*516A	CHECK 502 Currently married <input type="checkbox"/> Other <input type="checkbox"/> → go to 524		
517	Have you had sexual intercourse in the last four weeks?	YES ----- 1 NO ----- 2 → 519	
518	How many times?	TIMES ----- <input type="text"/> CAN NOT REMEMBER ---- 94 REFUSED ----- 95	
519	When was the last time you had sexual intercourse?	DAYS AGO ----- 1 <input type="text"/> WEEKS AGO ----- 2 <input type="text"/> MONTHS AGO ----- 3 <input type="text"/> CAN NOT REMEMBER ---- 994 REFUSED ----- 995 BEFORE LAST BIRTH --- 996 → 524	
520	CHECK 221: PREGNANT <input type="checkbox"/> (SKIP TO 524) NOT PREGNANT OR NOT SURE <input type="checkbox"/>		
521	CHECK 313: USING <input type="checkbox"/> (SKIP TO 524) NOT USING <input type="checkbox"/>		
522	If you became pregnant in the next few weeks, would you feel <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY ----- 1 → 524 UNHAPPY ----- 2 WOULD NOT MATTER ----- 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
523	What is the main reason that you are not using a method to avoid pregnancy?	LACK OF KNOWLEDGE OR LACK OF SOURCE ----- 01 OPPOSED TO FAMILY PLANNING ----- 02 PARTNER DISAPPROVES --- 03 OTHER PEOPLE DISAPPROVE ----- 04 INFREQUENT SEX ----- 05 POSTPARTUM/BREAST- FEEDING ----- 06 MENOPAUSAL/SUBFECUND -- 07 HEALTH CONCERNS ----- 08 ACCESS/AVAILABILITY --- 09 COSTS TOO MUCH ----- 10 FATALISTIC ----- 11 RELIGION ----- 12 INCONVENIENT TO USE --- 13 OTHER ----- 14 (SPECIFY) DK ----- 98																
524	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 -----</td><td>1</td><td>2</td></tr><tr><td>OTHER MALES -----</td><td>1</td><td>2</td></tr><tr><td>OTHER FAMALES -----</td><td>1</td><td>2</td></tr></table>		YES	NO	CHILDREN UNDER 10 -	1	2	HUSBAND -----	1	2	OTHER MALES -----	1	2	OTHER FAMALES -----	1	2	
	YES	NO																
CHILDREN UNDER 10 -	1	2																
HUSBAND -----	1	2																
OTHER MALES -----	1	2																
OTHER FAMALES -----	1	2																

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 314: HUSBAND OR WOMAN STERILIZED <input type="checkbox"/> (SKIP TO 609)	OTHER <input type="checkbox"/> ↓	
602	CHECK 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> (SKIP TO 611)	
603	I now have some questions about the future. CHECK 221. NOT PREGNANT <input type="checkbox"/> OR NOT SURE Would you like to have a (another) child or would you prefer not to have any (any more) children? PREGNANT: <input type="checkbox"/> : After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE ANOTHER ----- 1 NO MORE ----- 2 SAYS SHE CAN'T GET PREGNANT ----- 6 UNDECIDED OR DK ----- 8	606 611 605
604	Would you say that you definitely do not want to have (more) children, or are you not sure?	DEFINITELY NO MORE ----- 1 NOT SURE ----- 2	611 611
605	Are you more inclined toward having a (another) child or toward not having a (another) child?	HAVE ANOTHER ----- 1 NOT HAVE ANOTHER ----- 2 UNDECIDED ----- 3	607 611 611
606	Would you say that you definitely want a (another) child, or are you not sure?	DEFINITELY MORE ----- 1 NOT SURE ----- 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
607	How long would you like to wait from now before the birth of a (another) child?	TIME TO WAIT: MONTHS ----- 1 <input type="checkbox"/> YEARS ----- 2 <input type="checkbox"/> DK ----- 998	→ 608A → 608A
608	CHECK 215: How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'	AGE OF YOUNGEST: YEAR ----- <input type="checkbox"/> NO LIVING CHILDREN ---- 96 DK ----- 98	
*608A	How many additional children do you want to have?	NUMBER ----- <input type="checkbox"/> DON'T KNOW ----- 98	→ 611 → 611
609	Do you regret that you (your husband) had the operation not to have any more children?	YES ----- 1 NO ----- 2	→ 611
610	Would you like to have another child or would you prefer not to have any more children?	HAVE ANOTHER ----- 1 NO MORE ----- 2 UNDECIDED OR DK ----- 8	
611	CHECK 202 AND 204: NO LIVING CHILDREN <input type="checkbox"/> : If you could choose exactly the number of children to have in your whole life, how many would that be? HAS LIVING CHILDREN <input type="checkbox"/> : 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? RECORD SINGLE NUMBER, RANGE, OR OTHER ANSWER.	NUMBER ----- <input type="checkbox"/> RANGE: BETWEEN ____ AND ____ OTHER ANSWER _____ (SPECIFY)	
*612	Do you think that for a person nowaday completing lower secondary school is sufficient or should they go beyond?	LOWER SECONDARY SUFFICIENT ----- 1 BEYOND ----- 2 DEPENDS ----- 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
702	Now I have some questions about your (most recent) husband/partner. Did your husband/partner ever attend school?	YES ----- 1 NO ----- 2 → 706	
703	What is the highest grade he completed?	PRIMARY ----- 1 2 3 4 5 6 7 SECONDARY OLD SYSTEM ----- 1 2 3 4 5 NEW SYSTEM --- 1 2 3 4 5 6 TEACHING COLLEGE (SPECIFY) ----- 1 2 3 4 5+ VOCATIONAL (SPECIFY) ----- 1 2 3 4 5+ UNIVERSITY ----- 1 2 3 4 5+ OTHER (SPECIFY) ----- <div style="text-align: right;">□ □</div>	
704	(Check 703) What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY ----- 1 SECONDARY ----- 2 HIGHER ----- 3 DON'T KNOW ----- 8 → 706	
705	CHECK 703: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> (SKIP TO 707)		
706	Can (could) he read a letter or newspaper easily, with difficulty or not at all?	EASILY ----- 1 WITH DIFFICULTY ----- 2 NOT AT ALL ----- 3	
707	What kind of work does (did) your husband/partner mainly do?	(SPECIFY IN DETAIL) ----- <input type="checkbox"/> <input type="checkbox"/> ----- <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
*707A	Does (Did) he have any other job besides the one you mentioned (in 707)	YES (SPECIFY) ----- 1 NO ----- 2	<input type="checkbox"/> <input type="checkbox"/>
708	CHECK 707: DOES (DID) NOT <input type="checkbox"/> WORK IN AGRICULTURE ↓ WORKS <input type="checkbox"/> (WORKED) IN AGRICULTURE (SKIP TO 710)	DK ... 9	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
709	Does (did) he earn a regular wage or salary?	YES ----- 1 NO ----- 2 DK ----- 8	→ 712
710	Does (did) your husband/partner work <u>mainly</u> on his or family land, or on someone else's land?	OWN LAND ----- 1 FAMILY LAND ----- 2 SOMEONE ELSE'S LAND ----- 3	→ 712 → 712
711	Does (did) he work mainly for money or does (did) he work for a share of the crops?	MONEY ----- 1 A SHARE OF THE CROPS --- 2	
712	Before you married your (first) husband, did you yourself ever work regularly to earn money, other than on a farm or in a business run by your family?	YES ----- 1 (SPECIFY) NO ----- 2	<input type="checkbox"/> <input type="checkbox"/> → 714
713	When you were earning money then, did you turn most of it over to your family or did you keep most of it yourself?	FAMILY ----- 1 SELF ----- 2 HALF ----- 3	
714	Since you were first married, have you ever worked regularly to earn money, other than on a farm or in a business run by your family?	YES ----- 1 (SPECIFY) NO ----- 2	<input type="checkbox"/> <input type="checkbox"/>
717	Are you now working including work on a farm or in a business run by your family?	YES ----- 1 NO ----- 2	<input type="checkbox"/> <input type="checkbox"/> → 718
*717A	CHECK 717 Work in Agriculture <input type="checkbox"/> Not in Agriculture <input type="checkbox"/> DK ...9 ↓ (Go to 717C)		
*717B	Do you work mainly in your own land, Family land, or someone else's land?	OWN LAND ----- 1 FAMILY LAND ----- 2 SOMEONE ELSE'S LAND ----- 3	→ 717D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
*717C	Do you work for your own family, for others or are you self employed	FOR FAMILY ----- 1 FOR OTHER ----- 2 SELF EMPLOYED ----- 3	
*717D	Are you paid in cash, in kind, or not paid at all?	IN CASH ----- 1 IN KIND ----- 2 NOT PAID ----- 3	
718	RECORD THE TIME	HOUR ----- <input type="text"/> MINUTES ----- <input type="text"/>	

SECTION 8. HEIGHTS AND WEIGHTS

801 FOR EACH LIVING CHILD FROM 3 TO 36 MONTHS OLD, RECORD HEIGHT AND WEIGHT. RECORD NAMES STARTING WITH THE YOUNGEST.

ORDER NUMBER

--	--	--

NAME

UNABLE TO RECORD

MONTH OF BIRTH

--	--

YEAR OF BIRTH 19

--	--

WEIGHT

IN KILOGRAMS

				:	
--	--	--	--	---	--

HEIGHT IN CMS

				:	
--	--	--	--	---	--

REASON

ORDER NUMBER

--	--	--

NAME

UNABLE TO RECORD

MONTH OF BIRTH

--	--

YEAR OF BIRTH 19

--	--

WEIGHT

IN KILOGRAMS

				:	
--	--	--	--	---	--

HEIGHT IN CMS

				:	
--	--	--	--	---	--

REASON

ORDER NUMBER

--	--	--

NAME

UNABLE TO RECORD

MONTH OF BIRTH

--	--

YEAR OF BIRTH 19

--	--

WEIGHT

IN KILOGRAMS

				:	
--	--	--	--	---	--

HEIGHT IN CMS

				:	
--	--	--	--	---	--

REASON

*802 Record height and weight of the mother:

Line number

--	--

 Name -----

WEIGHT (IN KILOGRAM)

--	--

 :

--

HEIGHT (IN CMS)

--	--	--

 :

--

FROM MEASUREMENT ----- 1

FROM SELFREPORTING ----- 2

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview.)

Person interviewed: _____

Specific questions: _____

Other aspects: _____

Name of interviewer: _____ Date: _____

SUPERVISOR'S OBSERVATIONS

Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Editor: _____ Date: _____

2038S