

FAMILY PLANNING ASSOCIATION OF TRINIDAD AND TOBAGO  
DEMOGRAPHIC AND HEALTH SURVEY  
INDIVIDUAL QUESTIONNAIRE

MAY. 01, 1987

IDENTIFICATION				
PLACE NAME .....				
CLUSTER NUMBER .....				[ ][ ]
HOUSEHOLD NUMBER (in cluster) .....				[ ][ ]
LINE NUMBER OF WOMAN (in household schedule).....				[ ][ ]
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE .....				MON [ ][ ] YR [ ][ ]
INTERVIEWER'S NAME..				[ ][ ]
RESULT (*) .....				[ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				
(*) RESULT CODES				
1 COMPLETED				
2 NOT AT HOME				
3 POSTPONED				
4 REFUSED				
5 PARTLY COMPLETED				
6 OTHER				
	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	
NAME				KEYED BY [ ][ ]
DATE				

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 AND WHO USUALLY LIVE IN THE HOUSHOLD.	NUMBER OF CHILDREN AGE 5 AND UNDER WHO USUALLY LIVE IN HH. <input type="text"/>	
103	RECORD THE TIME.	HOUR..... <input type="text"/> MINUTES..... <input type="text"/>	
104	In what month and year were you born?	MONTH..... <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> DK YEAR.....98	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input type="text"/>	
106	Have you ever attended school?	YES.....1 NO.....2	>111
107	Are you currently enrolled in school full-time?	YES.....1 NO.....2	
108	What was the highest level of school you attended: primary, secondary, or university?	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3	
109	What was the highest (STANDARD/FORM/YEAR) you completed at that level?	STND/FORM/YEAR.... <input type="text"/>	
110	CHECK 108:  PRIMARY OR SECONDARY <input type="text"/> UNIVERSITY <input type="text"/>		>114
111	Have you completed a technical or vocational program?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	CHECK 108: NONE CIRCLED <input type="checkbox"/> OR PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>		>114
113	Can you read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	>116
114	What was the highest certificate, diploma, or degree that you earned?	NONE.....01 SCHOOL LEAVING.....02 G.C.E./CXC (O) 1-4.....03 G.C.E./CXC (O) 5+/SC. .04 G.C.E. (A) 1-2.....05 G.C.E. (A) 3+/H.S.C... 06 DIPLOMA.....07 DEGREE.....08 OTHER ----- 09 (specify) DK.....98	
115	Do you read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually watch television every day?	YES.....1 NO.....2	
117	Do you usually listen to a radio every day?	YES.....1 NO.....2	
118	What is the major source of drinking water for members of your household?	PIPED INTO RESIDENCE...01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP....04 WELL WITHOUT HANDPUMP..05 RIVER/SPRING WATER....06 TANKER TRUCK/VENDOR....07 RAINWATER.....08 OTHER ----- 09 (specify)	
119	What is the major source of water for household use OTHER than drinking (eg., handwashing, cooking) for members of your household?	PIPED INTO RESIDENCE...01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP....04 WELL WITHOUT HANDPUMP..05 RIVER/SPRING WATER....06 TANKER TRUCK/VENDOR....07 RAINWATER.....08 OTHER ----- 09 (specify)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
120	What kind of toilet facility does your household have?	FLUSH.....1 PIT.....2 OTHER ..... 3 (specify) NO FACILITIES.....4	
121	Do you have, right now, a cake of bath soap on the premises?	YES.....1 NO.....2	
122	Does your house have:	<div>YES NO</div> Electricity? ELECTRICITY..... 1 2 A stove? STOVE..... 1 2 A radio? RADIO..... 1 2 A television? TELEVISION..... 1 2 A video? VIDEO..... 1 2 A refrigerator? REFRIGERATOR..... 1 2	
123	Does any member of your household own:	<div>YES NO</div> A bicycle? BICYCLE..... 1 2 A motorcycle? MOTORCYCLE..... 1 2 A car, van or pickup? CAR/VAN/PICKUP..... 1 2 A home or apartment (including this one)? HOME/APARTMENT..... 1 2 A tractor? TRACTOR..... 1 2	
124	MAIN MATERIAL OF THE FLOOR.	WOOD PLANKS.....01 CEMENT.....02 DIRT.....03 TERRAZZO.....04 PARQUET,POLISHED WOOD..05 CARPET.....06 LINOLEUM, VINYL.....07 CERAMIC TILE.....08 OTHER .....09 (specify)	
125	What religion do you belong to?	ANGLICAN.....01 BAPTIST.....02 METHODIST.....03 PRESBYTERIAN.....04 ROMAN CATHOLIC.....05 SEVENTH DAY ADVENTIST..06 OTHER CHRISTIAN.....07 HINDU.....08 MUSLIM.....09 OTHER NON-CHRISTIAN...10 NO RELIGION.....11	
126	RECORD ETHNICITY.	AFRICAN.....1 INDIAN.....2 MIXED.....3 OTHER.....4	

SECTION 2: REPRODUCTION.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the live 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 ZEROS <00>.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any son or daughter you have given birth to who is alive but does not live with you?	YES.....1 NO.....2	>206
205	How many sons live elsewhere? How many daughters live elsewhere? IF NONE ENTER ZEROS <00>.	SONS ELSEWHERE.... DAUGHTERS ELSEWHERE.....	
206	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 ZEROS <00>.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, 207, AND ENTER TOTAL. IF NONE ENTER ZEROS <00>.	TOTAL.....	
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		
210	CHECK 208: ONE OR MORE LIVE BIRTHS <input type="checkbox"/> NO LIVE BIRTHS <input type="checkbox"/>		>221

INTERVIEWER: FIRST, RECORD THE NAMES OF ALL BIRTHS THE WOMAN MENTIONS BY PROGRESSING DOWN COLUMN 212.  
SECOND, ASK QUESTIONS 213-218 AS APPROPRIATE FOR EACH BIRTH.  
RECORD TWINS ON SEPARATE LINES AND CONNECT WITH A BRACKET.

211 Now I would like to talk to you about all of your births, whether still alive or not. It is important that you begin with your first birth, and then report the rest of your births in the order that they occurred. Now, please tell me the name of your first birth.

212 What is the name of your (FIRST, SECOND, etc.) birth?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD IN DAYS IF UN- DER 1 MONTH; MONTHS IF UNDER 2 YEARS; IN YEARS IF 2+ YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE: Is (NAME) living with you now?																						
01	BOY    GIRL 1       2	MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES    NO 1       2	DAYS...1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS...3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH)													AGE... <table border="1"><tr><td></td><td></td></tr></table>			YES    NO 1       2
02	BOY    GIRL 1       2	MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES    NO 1       2	DAYS...1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS...3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH)													AGE... <table border="1"><tr><td></td><td></td></tr></table>			YES    NO 1       2
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06	BOY    GIRL 1       2	MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES    NO 1       2	DAYS...1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS...3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH)													AGE... <table border="1"><tr><td></td><td></td></tr></table>			YES    NO 1       2
07	BOY    GIRL 1       2	MONTH... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES    NO 1       2	DAYS...1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS...3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> (GO TO NEXT BIRTH)													AGE... <table border="1"><tr><td></td><td></td></tr></table>			YES    NO 1       2

212 What is the name of your (EIGHTH, NINTH, etc.) birth?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD IN DAYS IF UN- DER 1 MONTH; MONTHS IF UNDER 2 YEARS; IN YEARS IF 2+ YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE: Is (NAME) living with you now?
08 [ ]	BOY      GIRL 1           2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES      NO 1           2	DAYS...1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS...3 <input type="text"/> (GO TO NEXT BIRTH)	AGE... <input type="text"/>	YES      NO 1           2
09 [ ]	BOY      GIRL 1           2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES      NO 1           2	DAYS...1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS...3 <input type="text"/> (GO TO NEXT BIRTH)	AGE... <input type="text"/>	YES      NO 1           2
10 [ ]	BOY      GIRL 1           2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES      NO 1           2	DAYS...1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS...3 <input type="text"/> (GO TO NEXT BIRTH)	AGE... <input type="text"/>	YES      NO 1           2
11 [ ]	BOY      GIRL 1           2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES      NO 1           2	DAYS...1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS...3 <input type="text"/> (GO TO NEXT BIRTH)	AGE... <input type="text"/>	YES      NO 1           2
12 [ ]	BOY      GIRL 1           2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES      NO 1           2	DAYS...1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS...3 <input type="text"/> (GO TO 219)	AGE... <input type="text"/>	YES      NO 1           2

219 CHECK 208: COMPARE NUMBER OF BIRTHS RECORDED  
IN HISTORY ABOVE WITH TOTAL IN 208:

NUMBERS  
ARE SAME

NUMBERS ARE  
DIFFERENT

(PROBE AND RECONCILE)

220 Was your last child born by caesarean  
section?

YES.....1  
NO.....2  
DK.....8

221 In the past 12 months, have you had a  
pregnancy that ended before 7 months?

YES.....1  
NO.....2--->224

222 Did the pregnancy end spontaneously or as a  
result of action that you or someone else  
took?

SPONTANEOUSLY.....1  
RESULT OF ACTION.....2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
223	Did this require you to seek follow-up care from a hospital, nursing home or any other place? IF YES: From which type of place?	HOSPITAL.....1 NURSING HOME.....2 OTHER.....3 (specify) NO TREATMENT REQUIRED...4																
224	Are you pregnant now?	YES.....1 NO.....2 NOT SURE.....8	229															
225	For how many months have you been pregnant?	MONTHS.....																
226	Since you have been pregnant, have you had an injection to prevent the baby from getting tetanus, that is convulsions, after birth?	YES.....1 NO.....2 DK.....8																
227	Did you see anyone for a check on this pregnancy?	YES.....1 NO.....2	230															
228	Whom did you see?  PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 NURSE/TRAINED MIDWIFE...2 MEDI/TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (specify)	230															
229	How long ago did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 BEFORE LAST BIRTH....995 NEVER MENSTRUATED....996																
230	When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant?  PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?  IF RESPONDENT DOES NOT KNOW, CIRCLE '5'.	DURING HER PERIOD (1-5).1 RIGHT AFTER HER PERIOD HAS ENDED (6-9).....2 IN THE MIDDLE OF THE CYCLE (10-19).....3 JUST BEFORE HER PERIOD BEGINS (20-28).....4 AT ANY TIME.....5 OTHER.....6 (specify)																
231	Have you ever had a German measles (rubella) vaccine?	YES.....1 NO.....2 DK.....8																
232	PRESENCE OF OTHERS AT THIS POINT:	<table border="1"> <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																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																



# SECTION 3: CONTRACEPTION

INTERVIEWER: a) READ 301 ALOUD AND CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.  
 b) THEN PROCEED DOWN THE COLUMN, CONTINUING QUESTION 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.  
 c) THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN Q. 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

301 Now I would like to talk about a different topic. There are various ways that a couple can delay or avoid a pregnancy. Which of these methods have you heard of?

	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 Have you heard of any problems with using (METHOD)? Which? (CODES BELOW)
PILL "Women can take a pill by mouth every day."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<div></div> OTHER: _____	<div></div> OTHER: _____
IUD "Women can have a loop or coil placed inside them by a doctor or a nurse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<div></div> OTHER: _____	<div></div> OTHER: _____
INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<div></div> OTHER: _____	<div></div> OTHER: _____
DIAPHRAGM, FOAM, JELLY, FOAMING TABLETS "Women can place a diaphragm, foam, jelly, or foaming tablets inside them immediately before intercourse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<div></div> OTHER: _____	<div></div> OTHER: _____
RUBBER, DUREX, CONDOM "Men can use a rubber sheath during sexual intercourse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<div></div> OTHER: _____	<div></div> OTHER: _____

CODES FOR 304

GOVERNMENT HOSPITAL/HEALTH CENTER.....01  
 FPA CLINIC.....02  
 FPA NURSE EDUCATOR.....03  
 PRIVATE DOCTOR.....04  
 PRIVATE HOSPITAL/NURSING HOME.....05  
 PHARMACY.....06  
 ARCHDIOCESAN FAMILY LIFE COMMISSION/  
 CATHOLIC MARRIAGE ADVISORY COUNCIL.....07  
 GOV'T HEALTH EDUCATOR.....08  
 OTHER (specify above).....09  
 NOWHERE.....10  
 DK.....98

CODES FOR 305

NOT EFFECTIVE.....02  
 PARTNER DISAPPROVES.....03  
 HEALTH CONCERNS.....04  
 ACCESS/AVAILABILITY.....05  
 COSTS TOO MUCH.....06  
 INCONVENIENT TO USE.....07  
 METHOD PERMANENT.....09  
 OTHER (specify above).....11  
 NONE.....12

	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 Have you heard of any problems with using (METHOD)? Which? (CODES BELOW)
TUBAL LIGATION "Women can have an operation to avoid having any more children."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____
VASECTOMY "Men can have an operation to avoid having any more children."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____
SAFE PERIOD, BILLINGS, RHYTHM "Couples can avoid having sexual intercourse on certain days of each month when the woman is more likely to get pregnant."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	Where would you go to obtain advice about the safe period? <input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____
WITHDRAWAL "Men can be careful and pull out before climax."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____
ANY OTHER METHODS? "Have you heard of any other ways or methods that women or men can use to avoid pregnancy?"	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES....1 NO.....2	GO TO 306	
PROBE: Any traditional methods such as quinine, stout or douching?				

  

<p>CODES FOR 304</p> <p>GOVERNMENT HOSPITAL/HEALTH CENTER.....01</p> <p>FPA CLINIC.....02</p> <p>FPA NURSE EDUCATOR.....03</p> <p>PRIVATE DOCTOR.....04</p> <p>PRIVATE HOSPITAL/NURSING HOME.....05</p> <p>PHARMACY.....06</p> <p>ARCHDIOCESAN FAMILY LIFE COMMISSION/ CATHOLIC MARRIAGE ADVISORY COUNCIL.....07</p> <p>GOV'T HEALTH EDUCATOR.....08</p> <p>OTHER (specify above).....09</p> <p>NOWHERE.....10</p> <p>DK.....98</p>	<p>CODES FOR 305</p> <p>NOT EFFECTIVE.....02</p> <p>PARTNER DISAPPROVES.....03</p> <p>HEALTH CONCERNS.....04</p> <p>ACCESS/AVAILABILITY.....05</p> <p>COSTS TOO MUCH.....06</p> <p>INCONVENIENT TO USE.....07</p> <p>METHOD PERMANENT.....09</p> <p>OTHER (specify above).....11</p> <p>NONE.....12</p>
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306 CHECK 303: EVER USED A METHOD?

NEVER USED A METHOD ☐ HAS USED A METHOD ☐

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	>343
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	CHECK 303:  EVER USED <input type="checkbox"/> NEVER USED <input type="checkbox"/> SAFE PERIOD SAFE PERIOD		>311
310	The last time you used the safe period, 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) DK.....8	
311	When you first began using a method to avoid getting pregnant, how many children, if any, did you already have? IF NONE ENTER ZEROS <00>.	NUMBER OF CHILDREN..... <input type="text"/>	
312	CHECK 224:  NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR NOT SURE		>320
313	Are you currently doing something or using any method to avoid getting pregnant?	YES.....1 NO.....2	>320
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION...06 MALE STERILIZATION....07 SAFE PERIOD.....08 WITHDRAWAL.....09 QUININE.....10 DOUCHING.....11 STOUT.....12 OTHER .....13 (specify)	→323 →319 →320

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	Please show me the package of pills you are now using. (RECORD NAME OF BRAND.)	BRAND NAME: <input type="text"/> NOT ABLE TO SHOW.....98	
316	How much does one packet (cycle) of pills cost you? IF FREE, ENTER 00.00.	COST...TT\$ <input type="text"/> DK.....9998	
317	Have you ever used another brand of pills than one you have just shown me?	YES.....1 NO.....2 DK.....8	→323
318	Why did you change brands?	SIDE EFFECTS.....1 BRAND UNAVAILABLE.....2 DOCTOR RECOMMENDED.....3 BREASTFEEDING.....4 CHANGE TO LOWER DOSE....5 OTHER .....6 (specify)	→323
319	In what month and year did you (he) have the operation?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	→323A
320	Have you obtained a method to avoid pregnancy in the last twelve months?	YES.....1 NO.....2	→322
321	Which method did you obtain?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 MALE STERILIZATION.....07 SAFE PERIOD.....08 OTHER .....13 (specify)	→323
322	Have you obtained instructions for using the safe period in the last twelve months?	YES.....1 NO.....2	→325
323 OR 323A	Where did you obtain (METHOD) the last time?  Where did the sterilization take place?	GOVT HOSP/HEALTH CTR...01 FPA CLINIC.....02 FPA NURSE EDUCATOR....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL/ NURSING HOME.....05 PHARMACY.....06 ARCHDIO/CATH MRG ADV...07 GOV'T HEALTH EDUC'R...08 OTHER .....09 (specify) DK.....98	→325

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
324	<p>Was there anything you disliked about the service you received at [NAME OF PLACE]?</p> <p>IF YES: What?</p> <p>PROBE: What most needs to be improved?</p>	<p>WAIT TOO LONG.....01</p> <p>STAFF WERE RUDE.....02</p> <p>LACK OF PRIVACY.....03</p> <p>TOO EXPENSIVE.....04</p> <p>METHOD NOT AVAILABLE....05</p> <p>OTHER.....06</p> <p>(specify)</p> <p>NOTHING.....07</p>	
325	<p>CHECK 224:</p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR NOT SURE</p>		>343
326	<p>CHECK 313, 314:</p> <p>HE/SHE STERILIZED <input type="checkbox"/> CURRENTLY USING ANOTHER METHOD <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/></p> <p>(SKIP TO 328A)</p>		>337
327	<p>For how long have you been using (CURRENT METHOD) continuously?</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>YEARS..... <input type="text"/> <input type="text"/></p>	
328	<p>Have you experienced any problems from using (CURRENT METHOD)?</p>	<p>YES.....1</p>	
328A	<p>Have you experienced any problems as a result of the operation?</p>	<p>NO.....2</p>	>330
329	<p>What is the main problem you experienced?</p>	<p>METHOD FAILED.....02</p> <p>PARTNER DISAPPROVED....03</p> <p>HEALTH CONCERNS.....04</p> <p>ACCESS/AVAILABILITY....05</p> <p>COSTS TOO MUCH.....06</p> <p>INCONVENIENT TO USE....07</p> <p>OTHER.....11</p> <p>(specify)</p> <p>DK.....98</p>	
330	<p>At any time during the same month, do you regularly use any other method than (CURRENT METHOD)?</p>	<p>YES.....1</p> <p>NO.....2</p>	>332
331	<p>Which method is that?</p> <p>CHECK 302-329 AND CORRECT AS NECESSARY</p>	<p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>DIAPHRAGM/FOAM/JELLY...04</p> <p>CONDOM.....05</p> <p>SAFE PERIOD.....08</p> <p>WITHDRAWAL.....09</p> <p>QUININE.....10</p> <p>DOUCHING.....11</p> <p>STOUT.....12</p> <p>OTHER.....13</p> <p>(specify)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
332	Have you ever used any other method before (CURRENT METHOD) (since your last birth) to avoid getting pregnant?	YES.....1 NO.....2	346
333	Which method did you use before (CURRENT METHOD) (but after last birth)?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 MALE STERILIZATION....07 SAFE PERIOD.....08 WITHDRAWAL.....09 QUININE.....10 DOUCHING.....11 STOUT.....12 OTHER .....13 (specify)	
334	In what month and year did you start using (METHOD BEFORE CURRENT) (the last time)? (AFTER LAST BIRTH)	MONTH..... YEAR.....	
335	For how long had you been using (METHOD BEFORE CURRENT) before you stopped using it (last time)?	MONTHS..... YEARS..... DK.....98	
336	What was the main reason you stopped using (METHOD BEFORE CURRENT) then?  [END OF SECTION FOR CURRENT USERS.]	NOT EFFECTIVE/FAILED...02 PARTNER DISAPPROVED...03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY...05 COST TOO MUCH.....06 INCONVENIENT TO USE...07 INFREQUENT SEX.....08 TO USE PERMANENT METH..09 FATALISTIC.....10 OTHER .....11 (specify) DK.....98	346
337	[BEGIN SECTION FOR NON-CURRENT USERS.] CHECK 208: ANY BIRTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>		339
338	Since your last birth have you used any method to avoid getting pregnant?	YES.....1 NO.....2	343

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
339	Which was the last method you used?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 MALE STERILIZATION.....07 SAFE PERIOD.....08 WITHDRAWAL.....09 QUININE.....10 DOUCHING.....11 STOUT.....12 OTHER .....13 (specify)	
340	In what month and year did you start using that method (the last time)?	MONTH..... YEAR.....	
341	For how long had you been using (LAST METHOD) before you stopped using it (last time)?	MONTHS..... YEARS.....	
342	What was the main reason you stopped using (LAST METHOD) then?	TO BECOME PREGNANT.....01 METHOD FAILED.....02 PARTNER DISAPPROVED.....03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY.....05 COST TOO MUCH.....06 INCONVENIENT TO USE.....07 INFREQUENT SEX.....08 FATALISTIC.....10 OTHER .....11 (specify) DK.....98	
343	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	346
344	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 SAFE PERIOD.....08 WITHDRAWAL.....09 OTHER .....13 (specify) NOT SURE.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
345	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8	
346	In the last month, have you heard or seen a message about family planning  On the radio? On television? In the newspaper? On a poster?	YES NO RADIO..... 1 2 TELEVISION..... 1 2 NEWSPAPER..... 1 2 POSTER..... 1 2	
347	CHECK 346:  AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>		>349
348	Whose services were being promoted? (CIRCLE ALL MENTIONED) PROBE: Any others?	GOVERNMENT HOSPITAL/ HEALTH CENTER.....1 FPA CLINIC.....1 PHARMACY.....1 ARCHDIOCESE/CATHOLIC MARRIAGE ADVISORY.....1 OTHER _____1 (specify) DK.....1	
349	Do you think that it is acceptable or not acceptable for family planning information to be provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	
350	CHECK 224:  NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		>352
351	CHECK 214:  HAD BIRTH AFTER JAN. 1982 <input type="checkbox"/> NO BIRTH AFTER JAN. 1982 <input type="checkbox"/>		>501



INTERVIEWER: FIRST, MARK BOX IN 353. THEN, MARK PREGNANCY STATUS, AND ENTER NAMES OF ALL BIRTHS SINCE 1982 FROM PP. 6-7.

352 Now I would like to get some more information about (your pregnancy and) the children you had in the last five years.

353 CHECK 306: EVER USED A METHOD ☐ (ASK 354-362 FOR EACH COLUMN)  
NEVER USED A METHOD ☐ (ASK 360-362 FOR EACH COLUMN)

ASK QUESTIONS ABOUT ALL BIRTHS	CURRENTLY PREGNANT?	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	YES <input type="checkbox"/> NO <input type="checkbox"/>	(name)	(name)	(name)
354 Before you became pregnant with NAME) (but after the birth of NAME) did you do anything to avoid getting pregnant, even for a short time?	YES.....1 NO.....2 (SKIP TO 360)	YES.....1 NO.....2 (SKIP TO 360)	YES.....1 NO.....2 (SKIP TO 360)	YES.....1 NO.....2 (SKIP TO 360)
355 Which was the last method you used then? (CODES BELOW)	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
356 Any other method before that? (RECORD CODE). (IF NONE, ENTER 00).	PRECEDING METHOD <input type="checkbox"/> OTHER: <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/> OTHER: <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/> OTHER: <input type="checkbox"/>	PRECEDING METHOD <input type="checkbox"/> OTHER: <input type="checkbox"/>
357 For how long had you used (LAST METHOD--IN 355) that time?	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>	MONTHS... <input type="checkbox"/> YEARS... <input type="checkbox"/>
358 Did you become pregnant while you were still using (LAST METHOD--IN 355)?	YES.....1 (SKIP TO 360) NO.....2	YES.....1 (SKIP TO 360) NO.....2	YES.....1 (SKIP TO 360) NO.....2	YES.....1 (SKIP TO 360) NO.....2
359 What was the main reason you stopped using (LAST METHOD--IN 355)? (CODES BELOW)	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
360 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	THEN.....1 LATER.....2 NO MORE.....3	THEN.....1 LATER.....2 NO MORE.....3	THEN.....1 LATER.....2 NO MORE.....3
361 Have you ever received support from this child's father?	YES.....1 NO.....2 (GO TO NEXT COL)	YES.....1 NO.....2 (GO TO NEXT COL)	YES.....1 NO.....2 (GO TO NEXT COL)	YES.....1 NO.....2 (SKIP TO 401)
362 Do you currently receive support from this child's father?	YES.....1 NO.....2 (GO TO NEXT COL)	YES.....1 NO.....2 (GO TO NEXT COL)	YES.....1 NO.....2 (GO TO NEXT COL)	YES.....1 NO.....2 (GO TO 401)

CODES FOR 355, 356

PILL.....01  
IUD.....02  
INJECTIONS.....03  
DIAPHRAGM/FDAM/JELLY...04  
CONDOM.....05  
MALE STERILIZATION.....07  
SAFE PERIOD.....08  
WITHDRAWAL.....09  
OTHER (specify above)..13

CODES FOR 359

TO BECOME PREGNANT.....01  
PARTNER DISAPPROVED.....03  
HEALTH CONCERNS.....04  
ACCESS/AVAILABILITY.....05  
COST TOO MUCH.....06  
INCONVENIENT TO USE.....07  
INFREQUENT SEX.....08  
FATALISTIC.....10  
OTHER (specify above)....11  
DK.....98

# SECTION 4: HEALTH OF CHILDREN

401 CHECK 214: HAD BIRTH AFTER JAN. 1982 NO BIRTH AFTER JAN. 1982

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☐

(SKIP TO 501)

402 FROM PP. 6-7, RECORD THE NAMES OF ALL BIRTHS AFTER JAN. 1982 IN THE FOLLOWING TABLE.  
FOR EACH BIRTH, CHECK IF ALIVE OR DEAD, AND MARK THE APPROPRIATE BOX.

ASK QUESTIONS 403-418 FOR  
ALL BIRTHS, ALIVE AND DEAD

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-TO-LAST BIRTH
	<p>(NAME)</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>(NAME)</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>(NAME)</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>
<p>403</p> <p>When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions, after birth?</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>OTHER.....4</p> <p>(specify).....</p> <p>NO ONE.....5</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>OTHER.....4</p> <p>(specify).....</p> <p>NO ONE.....5</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>OTHER.....4</p> <p>(specify).....</p> <p>NO ONE.....5</p>
<p>404</p> <p>When you were pregnant with (NAME) did you see anyone for a check on this pregnancy?</p> <p>IF YES: Whom did you see?</p> <p>PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>RELATIVE.....4</p> <p>OTHER.....5</p> <p>(specify).....</p> <p>NO ONE.....6</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>RELATIVE.....4</p> <p>OTHER.....5</p> <p>(specify).....</p> <p>NO ONE.....6</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>RELATIVE.....4</p> <p>OTHER.....5</p> <p>(specify).....</p> <p>NO ONE.....6</p>
<p>405</p> <p>Who assisted with the delivery of (NAME)?</p> <p>PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>RELATIVE.....4</p> <p>OTHER.....5</p> <p>(specify).....</p> <p>NO ONE.....6</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>RELATIVE.....4</p> <p>OTHER.....5</p> <p>(specify).....</p> <p>NO ONE.....6</p>	<p>DOCTOR.....1</p> <p>TRAINED NURSE/MIDWIFE..2</p> <p>MEDI/TRADITIONAL BIRTH ATTENDANT.....3</p> <p>RELATIVE.....4</p> <p>OTHER.....5</p> <p>(specify).....</p> <p>NO ONE.....6</p>
<p>406</p> <p>In what type of place was (NAME) born?</p>	<p>GOVERNMENT HOSPITAL....1</p> <p>PRIV. HOSPITAL/ NURSING HOME.....2</p> <p>PRIVATE HOME.....3</p> <p>OTHER.....4</p> <p>(specify).....</p>	<p>GOVERNMENT HOSPITAL....1</p> <p>PRIV. HOSPITAL/ NURSING HOME.....2</p> <p>PRIVATE HOME.....3</p> <p>OTHER.....4</p> <p>(specify).....</p>	<p>GOVERNMENT HOSPITAL....1</p> <p>PRIV. HOSPITAL/ NURSING HOME.....2</p> <p>PRIVATE HOME.....3</p> <p>OTHER.....4</p> <p>(specify).....</p>
<p>407</p> <p>Did you ever feed (NAME) at the breast?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 411) ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 411) ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 411) ←</p>

408 Why did you breastfeed the baby?	GOOD FOR BABY.....01 DOCTOR/NURSE ADVISED...02 FRIEND/REL ADVISED...03 RADIO/TV ADVISED...04 READ ABOUT IT.....05 OTHER.....06 (specify) DK.....98 (SKIP TO 410)←	GOOD FOR BABY.....01 DOCTOR/NURSE ADVISED...02 FRIEND/REL ADVISED...03 RADIO/TV ADVISED...04 READ ABOUT IT.....05 OTHER.....06 (specify) DK.....98 (ALL SKIP TO 410A)←	GOOD FOR BABY.....01 DOCTOR/NURSE ADVISED...02 FRIEND/REL ADVISED...03 RADIO/TV ADVISED...04 READ ABOUT IT.....05 OTHER.....06 (specify) DK.....98 (ALL SKIP TO 410A)←
409 How did you learn that breastfeeding is good for the baby?	DOCTOR/NURSE .....01 FRIEND/REL.....02 RADIO/TV.....03 READ ABOUT IT.....04 OTHER.....05 (specify) DK.....98		
410 CHECK IF ALIVE: IF DEAD, CIRCLE '2'. Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 412)← CHILD DEAD.....2 NO.....3		
410A For how many months did you breast-feed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DEATH.....96 (SKIP TO 412)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DEATH.....96 (SKIP TO 412)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DEATH.....96 (SKIP TO 412)←
411 Why not?	CHILD DIED RIGHT AWAY.01 (SKIP TO 416)← SORE NIPPLE.....02 FLAT NIPPLE.....03 ENGORGED BREAST.....04 NO MILK.....05 BABY SICK.....06 TOO BUSY/WORKING.....07 OTHER.....08 (specify)	CHILD DIED RIGHT AWAY.01 (SKIP TO 416)← SORE NIPPLE.....02 FLAT NIPPLE.....03 ENGORGED BREAST.....04 NO MILK.....05 BABY SICK.....06 TOO BUSY/WORKING.....07 OTHER.....08 (specify)	CHILD DIED RIGHT AWAY.01 (SKIP TO 416)← SORE NIPPLE.....02 FLAT NIPPLE.....03 ENGORGED BREAST.....04 NO MILK.....05 BABY SICK.....06 TOO BUSY/WORKING.....07 OTHER.....08 (specify)
412 How old was (NAME) when you began supplemental feeding on a daily basis?	MONTHS..... <input type="text"/> <input type="text"/> NOT YET GIVEN.....95 NEVER GAVE BEFORE CHILD DIED.....96 (SKIP TO 416)←	MONTHS..... <input type="text"/> <input type="text"/> NEVER GAVE BEFORE CHILD DIED.....96 (SKIP TO 416)←	MONTHS..... <input type="text"/> <input type="text"/> NEVER GAVE BEFORE CHILD DIED.....96 (SKIP TO 416)←
413 What was the first supplemental food given?	JUICE.....01 INFANT FORMULA.....02 POWDERED MILK.....03 COW OR GOAT MILK.....04 BUSH TEA.....05 HOMEMADE PORRIDGE.....06 COMMERCIAL CEREAL.....07 PREPARED BABY FOOD.....08 OTHER.....09 (specify) DK.....98	JUICE.....01 INFANT FORMULA.....02 POWDERED MILK.....03 COW OR GOAT MILK.....04 BUSH TEA.....05 HOMEMADE PORRIDGE.....06 COMMERCIAL CEREAL.....07 PREPARED BABY FOOD.....08 OTHER.....09 (specify) DK.....98	JUICE.....01 INFANT FORMULA.....02 POWDERED MILK.....03 COW OR GOAT MILK.....04 BUSH TEA.....05 HOMEMADE PORRIDGE.....06 COMMERCIAL CEREAL.....07 PREPARED BABY FOOD.....08 OTHER.....09 (specify) DK.....98

414 Why was this food chosen as the first?	DOCTOR/NURSE ADVISED..01 FRIEND/REL ADVISED....02 RADIO/TV ADVISED.....03 READ ABOUT IT.....04 OTHER.....05 (specify) DK.....98	DOCTOR/NURSE ADVISED..01 FRIEND/REL ADVISED....02 RADIO/TV ADVISED.....03 READ ABOUT IT.....04 OTHER.....05 (specify) DK.....98	DOCTOR/NURSE ADVISED..01 FRIEND/REL ADVISED....02 RADIO/TV ADVISED.....03 READ ABOUT IT.....04 OTHER.....05 (specify) DK.....98
415 Was this food given the first time by bottle, cup and spoon, or another way? (PROBE: How was it first given to the child?)	BOTTLE.....1 CUP AND SPOON.....2 OTHER.....3 (specify)	BOTTLE.....1 CUP AND SPOON.....2 OTHER.....3 (specify)	BOTTLE.....1 CUP AND SPOON.....2 OTHER.....3 (specify)
416 How many months after the birth of (NAME) did your period return?	MONTHS..... <input type="text"/> <input type="text"/> NOT RETURNED.....96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED.....96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED.....96
417 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PRE6).....1 NO.....2 (GO TO NEXT COL) ←	<div style="border: 1px solid black; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: black;"></div> </div>	<div style="border: 1px solid black; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: black;"></div> </div>
418 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COL)	<div style="text-align: center;">v</div> MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COL)	<div style="text-align: center;">v</div> MONTHS..... <input type="text"/> <input type="text"/> (GO TO 419)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																	
419	CHECK 410 FOR LAST BIRTH:  <div style="display: flex; justify-content: space-around;"> <div>LAST CHILD STILL BREAST- FED <input type="checkbox"/></div> <div>ALL OTHERS <input type="checkbox"/></div> </div>		>425																																	
420	How many times did you breastfeed (NAME OF LAST BIRTH) last night, between sundown and sunrise?	NUMBER OF TIMES.... <input type="text"/> CHILD SLEEPS AT BREAST.96																																		
421	How many times did you breastfeed (NAME OF LAST BIRTH) yesterday during the daylight hours?	NUMBER OF TIMES.... <input type="text"/> AS OFTEN AS WANTED.....96																																		
422	At any time yesterday or last night, was (NAME OF LAST BIRTH) given any of the following? READ OUT CODING CATEGORIES.	<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>INFANT FORMULA?</td> <td>1</td> <td>2</td> </tr> <tr> <td>POWDERED MILK?</td> <td>1</td> <td>2</td> </tr> <tr> <td>COW OR GOAT MILK?</td> <td>1</td> <td>2</td> </tr> <tr> <td>BUSH TEA?</td> <td>1</td> <td>2</td> </tr> <tr> <td>HOMEMADE PORRIDGE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMERCIAL CEREAL?</td> <td>1</td> <td>2</td> </tr> <tr> <td>PREPARED BABY FOOD?</td> <td>1</td> <td>2</td> </tr> <tr> <td>FOOD FROM FAMILY POT?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER?	1	2	JUICE?	1	2	INFANT FORMULA?	1	2	POWDERED MILK?	1	2	COW OR GOAT MILK?	1	2	BUSH TEA?	1	2	HOMEMADE PORRIDGE?	1	2	COMMERCIAL CEREAL?	1	2	PREPARED BABY FOOD?	1	2	FOOD FROM FAMILY POT?	1	2	
	YES	NO																																		
PLAIN WATER?	1	2																																		
JUICE?	1	2																																		
INFANT FORMULA?	1	2																																		
POWDERED MILK?	1	2																																		
COW OR GOAT MILK?	1	2																																		
BUSH TEA?	1	2																																		
HOMEMADE PORRIDGE?	1	2																																		
COMMERCIAL CEREAL?	1	2																																		
PREPARED BABY FOOD?	1	2																																		
FOOD FROM FAMILY POT?	1	2																																		
423	CHECK 422:  <div style="display: flex; justify-content: space-around;"> <div>WAS GIVEN FOOD OR LIQUID (AT LEAST ONE '1' CIRCLED) <input type="checkbox"/></div> <div>NO FOOD OR LIQUID GIVEN (ALL '2's CIRCLED) <input type="checkbox"/></div> </div>		>425																																	
424	Were any of these given in a bottle with a nipple?	YES.....1 NO.....2																																		
425	For most of (NAME OF LAST BIRTH)'s life, how was he/she cared for?	BY RESPONDENT AT HOME...1 BY OTHER FAMILY MEMBER AT HOME.....2 EMPLOYED HELP AT HOME...3 BY FAMILY MEMBER AT ANOTHER PLACE.....4 EMPLOYED HELP AT ANOTHER PLACE.....5 OTHER.....6 (SPECIFY)																																		

426 FROM P. 18, COPY THE NAMES OF ALL BIRTHS AFTER JAN. 1982 IN THE FOLLOWING TABLE.  
FOR EACH BIRTH, CHECK IF ALIVE OR DEAD, AND MARK THE APPROPRIATE BOX.

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-TO-LAST BIRTH
ASK QUESTIONS 427-435 FOR ALL SURVIVING BIRTHS	(name)	(name)	(name)
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
427 Do you have a health card showing what immunizations (NAME) has been given? IF YES: May I see it please?	YES, CARD SEEN.....1 YES, CARD NOT SEEN.....2 (SKIP TO 429) NO CARD.....8	YES, CARD SEEN.....1 YES, CARD NOT SEEN.....2 (SKIP TO 429) NO CARD.....8	YES, CARD SEEN.....1 YES, CARD NOT SEEN.....2 (SKIP TO 429) NO CARD.....8
428 RECORD IMMUNIZATION DATES FROM THE CARD. CIRCLE "2" IF NOT GIVEN.	NOT GIVEN DAY MON YEAR	NOT GIVEN DAY MON YEAR	NOT GIVEN DAY MON YEAR
Polio 1	P1 2	P1 2	P1 2
Polio 2	P1 2	P1 2	P1 2
Polio booster	P1 2	P1 2	P1 2
DPT 1	DPT 2	DPT 2	DPT 2
DPT 2	DPT 2	DPT 2	DPT 2
DPT 3	DPT 2	DPT 2	DPT 2
Measles/Rubella	M/R 2	M/R 2	M/R 2
Yellow fever	YF 2	YF 2	YF 2
	(ALL SKIP TO 431)	(ALL SKIP TO 431)	(ALL SKIP TO 431)
429 Has (NAME) ever had an immunization to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 431) DK.....8	YES.....1 NO.....2 (SKIP TO 431) DK.....8	YES.....1 NO.....2 (SKIP TO 431) DK.....8
430 Please tell me if (NAME) has had any of the following immunizations:	YES NO DK	YES NO DK	YES NO DK
Polio 1?	POLIO 1 1 2 8	POLIO 1 1 2 8	POLIO 1 1 2 8
Polio 2?	POLIO 2 1 2 8	POLIO 2 1 2 8	POLIO 2 1 2 8
Polio booster?	POLIO BTR 1 2 8	POLIO BTR 1 2 8	POLIO BTR 1 2 8
DPT 1?	DPT 1 1 2 8	DPT 1 1 2 8	DPT 1 1 2 8
DPT 2?	DPT 2 1 2 8	DPT 2 1 2 8	DPT 2 1 2 8
DPT 3?	DPT 3 1 2 8	DPT 3 1 2 8	DPT 3 1 2 8
Measles?	Measles 1 2 8	Measles 1 2 8	Measles 1 2 8
Rubella?	Rubella 1 2 8	Rubella 1 2 8	Rubella 1 2 8
Yellow fever?	YF 1 2 8	YF 1 2 8	YF 1 2 8

431 Has (NAME) had diarrhea in the last 24 hours?	YES.....1 (SKIP TO 433) NO.....2	YES.....1 (SKIP TO 433) NO.....2	YES.....1 (SKIP TO 433) NO.....2
432 Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (GO TO NEXT COL) DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) DK.....8	YES.....1 NO.....2 (SKIP TO 436) DK.....8
433 Did you take (NAME) to a private doctor, or to a hospital or health center to treat the diarrhea (the last time? IF YES: Where did you take him/her?	PRIVATE DOCTOR...1 HOSPITAL/ HEALTH CENTER...2 NOT TAKEN.....3	PRIVATE DOCTOR...1 HOSPITAL/ HEALTH CENTER...2 NOT TAKEN.....3	PRIVATE DOCTOR...1 HOSPITAL/ HEALTH CENTER...2 NOT TAKEN.....3
434 Was (NAME) given any oral rehydration packet during the last episode of diarrhea? (PROBE: That is, Pedialyte, Rehydrat, or Gesol?)	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
435 Was there anything (else) you or some-body did to treat the diarrhea? IF YES: What was done?  CIRCLE CODE 1 FOR ALL MENTIONED.	HOME SUGAR/SALT/ WATER SOLUTION...1 TABLETS/INJEC- TIONS, SYRUPS....1 INCREASE FLUIDS...1 INCREASE FOODS...1 DECREASE BRSTFDG..1 DECREASE FLUIDS...1 DECREASE FOODS...1 OTHER.....1 NOTHING.....1 ALL GO TO NEXT COL	HOME SUGAR/SALT/ WATER SOLUTION...1 TABLETS/INJEC- TIONS, SYRUPS....1 INCREASE FLUIDS...1 INCREASE FOODS...1 DECREASE BRSTFDG..1 DECREASE FLUIDS...1 DECREASE FOODS...1 OTHER.....1 NOTHING.....1 ALL GO TO NEXT COL	HOME SUGAR/SALT/ WATER SOLUTION...1 TABLETS/INJEC- TIONS, SYRUPS....1 INCREASE FLUIDS...1 INCREASE FOODS...1 DECREASE BRSTFDG..1 DECREASE FLUIDS...1 DECREASE FOODS...1 OTHER.....1 NOTHING.....1 ALL GO TO 436
436 Have you ever heard of a special product called GESOL which can be given to a child with diarrhea?	YES.....1 NO.....2--->501		
437 Where did you first hear about GESOL?	DOCTOR.....1 NURSE/TRAINED MIDWIFE...2 FRIEND/REL .....3 RADIO/TV .....4 READ ABOUT IT.....5 OTHER.....6 (specify) DK.....8		
438 Have you ever obtained a packet of GESOL?	YES.....1 NO.....2--->501		
439 How much did you pay for the GESOL the last time you obtained it? IF FREE, ENTER 0.00	COST.\$TT..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....996		

SECTION 5: MARRIAGE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married?	YES.....1 NO.....2	*>503
502	Are you married now and living with your partner?	YES.....1 NO.....2	
503	Have you ever lived with a common law partner, that is, someone to whom you were not married at the time?	YES.....1 NO.....2	*>506
504	CHECK 502: CURRENTLY MARRIED?		
	NO <input type="checkbox"/> YES <input type="checkbox"/>		>506
505	Are you living with a common law partner now?	YES.....1 NO.....2	
506	Have you ever had a visiting partner, that is, someone with whom you had a steady sexual relationship while not living together in the same household?	YES.....1 NO.....2	*>510
507	CHECK 504: CURRENTLY MARRIED?		
	NO <input type="checkbox"/> YES <input type="checkbox"/>		>511
508	CHECK 505: CURRENTLY COMMON LAW?		
	NO <input type="checkbox"/> YES <input type="checkbox"/>		>511
509	Are you having a visiting relationship now?	YES.....1 NO.....2	
510	CHECK 501, 503, 506 *		
	(AT LEAST ONE '1') (ALL '2'S CIRCLED) EVER IN UNION <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>		>513
511	In what month and year did you start living (going) with your (first) husband or partner?	MONTH..... <input type="text"/> DK MONTH.....98	
	PROBE: That is, when did you begin your first steady sexual relationship?	YEAR..... <input type="text"/> DK YEAR.....98	>513



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
512	How old were you when you started living (going) with him?	AGE..... <input type="text"/>	
513	Do you know what a Pap smear is? IF YES: What is it? CIRCLE '1' OR '2'.	KNOWS.....1 DOES NOT KNOW.....2	514A
514 514A	Have you ever had a Pap smear? Have you ever had a test for cancer of the cervix, that is, a Pap smear?	YES.....1 NO.....2 DK.....8	517
515	Where did you have your last Pap smear?	GOVERNMENT HOSP/H CTR...1 FPA CLINIC.....2 PRIVATE DOCTOR.....3 PRIV HOSP/NRSG HOME....4 OTHER .....5 (specify) DK.....8	
516	Have you had a Pap smear in the last year?	YES.....1 NO.....2 DK.....8	
517	CHECK 510: EVER IN <input type="text"/> UNION (SKIP TO 519) NEVER IN <input type="text"/> UNION		
518	Have you ever had sexual intercourse?	YES.....1 NO.....2	529
519	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility. How many partners, whether married, common law or visiting, have you had altogether?	NUMBER..... <input type="text"/>	
520	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/>	
521	Have you had sexual intercourse in the last four weeks?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
522	When was the last time you had sexual intercourse?	DAYS AGO..... 1 WEEKS AGO..... 2 MONTHS AGO..... 3 YEARS AGO..... 4 BEFORE LAST BIRTH.....996	527
523	CHECK 224:  NOT PREGNANT/ NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		527
524	CHECK 313:  NOT USING ANY CONTRACEPTION <input type="checkbox"/> CURRENTLY USING ANY CONTRACEPTION <input type="checkbox"/>		527
525	If you became pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	527
526	What is the main reason that you are not using a method to avoid pregnancy?	OPPOSED TO FAMILY PLNG..01 PARTNER DISAPPROVES.....02 OTHERS DISAPPROVE.....03 HEALTH CONCERNS.....04 NO PARTNER.....05 POSTPARTUM/BREASTFEEDING.06 MENOPAUSAL/SUBFECUND....07 OTHER ..... 08 (specify) DK.....98	
527	Have you ever discussed family planning with a partner?	YES.....1 NO.....2	529
528	How many times have you discussed family planning with a partner in the last 12 months?	ONCE.....1 TWICE.....2 THREE OR MORE.....3 NOT DISCUSSED.....4	
529	PRESENCE OF OTHERS AT THIS POINT:	YES NO CHILDREN UNDER 10..1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

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SECTION 6:  FERTILITY PREFERENCES

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
607	Would you say that you definitely want a (another) child, or are you not sure?	DEFINITELY MORE.....1 NOT SURE.....2	
608	How long would you like to wait from now before the birth of a (another) child? RECORD IN MONTHS IF LESS THAN 1 YEAR, AND IN YEARS IF 1 YEAR OR MORE.	MONTHS.....1 <input type="text"/> <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	>613 >610
609	How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'.	YEARS..... <input type="text"/> <input type="text"/> NO LIVING CHILDREN.....98 DK.....98	→613
610	Why do you want to wait?	NOT MARRIED.....01 CAN'T AFFORD IT NOW....02 WANTS TO WORK.....03 IN SCHOOL.....04 HAS A YOUNG CHILD NOW...05 OTHER.....06 (specify) DK.....98	→613
611	Do you regret that you (your husband) had the operation not to have any more children?	YES.....1 NO.....2	>613
612	Do you wish you could have another child, or do you prefer not to have any more children?	HAVE ANOTHER.....1 NO MORE.....2 DK.....8	
613	RECORD SINGLE NUMBER or OTHER ANSWER.  <input type="checkbox"/> HAS NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be?  <input type="checkbox"/> HAS LIVING CHILDREN: 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?	NUMBER..... <input type="text"/> <input type="text"/>  OTHER ANSWER:  (specify)	

SECTION 7: HUSBAND'S BACKGROUND AND WORK.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 510:  <div style="display: flex; justify-content: space-around;"> <div>EVER IN UNION <input type="checkbox"/></div> <div>NEVER IN UNION <input type="checkbox"/></div> </div> <div style="text-align: center; margin-top: 10px;"> ↓  ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER </div>		>714
702	Now I have some questions about your (most recent) husband/partner.  Did your husband/partner ever attend school?	YES.....1 NO.....2	>708
703	What was the highest level of school he attended: primary, secondary, or university?	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3 DK.....8	>708
704	What was the highest (STANDARD/FORM/YEAR) he completed at that level?	STND/FORM/YEAR. <input type="text"/> DK.....98	
705	CHECK 703:  <div style="display: flex; justify-content: space-around;"> <div>PRIMARY OR SECONDARY <input type="checkbox"/></div> <div>UNIVERSITY <input type="checkbox"/></div> </div> <div style="text-align: center; margin-top: 10px;"> ↓ </div>		>709
706	Has he completed a technical or vocational program?	YES.....1 NO.....2 DK.....8	
707	CHECK 703:  <div style="display: flex; justify-content: space-around;"> <div>PRIMARY <input type="checkbox"/></div> <div>SECONDARY <input type="checkbox"/></div> </div> <div style="text-align: center; margin-top: 10px;"> ↓ </div>		>709
708	Can (could) he read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
709	CHECK 602:  CURRENTLY IN UNION <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		>714
710	ASK ABOUT CURRENT PARTNER ONLY: What kind of work does your husband/partner mainly do?	PROFESSIONAL.....01 ADMINISTRATIVE.....02 CLERICAL.....03 SALES.....04 SERVICE.....05 AGRICULTURE.....06 PRODUCTION.....07 OTHER.....08 (specify) NEVER WORKED.....09 DK.....98	>713
711	Does he earn a regular wage or salary?	YES.....1 NO.....2	
712	Does he have a job this month, or is he unemployed?	WORKING.....1 UNEMPLOYED.....2 OTHER.....3 (specify)	
713	From the time you have been with the current partner, have you worked regularly to earn money?	YES.....1 NO.....2	>715
714	Have you ever worked regularly to earn money?	YES.....1 NO.....2	>717
715	Are you now working to earn money?	YES.....1 NO.....2	>717
716	The money that you earn, does it go to support yourself alone, the people in your household, or do you do something else with it?	SELF ALONE.....1 HOUSEHOLD.....2 OTHER.....3 (specify)	
717	Who decides how the money in your household is spent: yourself alone, you and your partner together, your partner alone, or someone else? CIRCLE ALL THAT APPLY	SELF .....1 PARTNER.....1 OTHER RELATIVES.....1 OTHER.....1 (specify)	
718	RECORD THE TIME	HOUR..... MINUTES.....	

SECTION 8: LENGTH AND WEIGHT.

INTERVIEWER: ENTER NAMES OF ALL LIVING CHILDREN BORN SINCE JAN. 1984 in B01,  
STARTING WITH THE YOUNGEST CHILD. ■■■■■■■■  
ENTER DATE OF BIRTH FROM Q. 214 in B02.

MEASURER: RECORD LENGTH AND WEIGHT IN B03 AND B04.  
IF UNABLE TO MEASURE, RECORD REASON IN B05.

	1 YOUNGEST LIVING CHILD	2 NEXT-TO-YOUNGEST LIVING CHILD	3 SECOND-TO-YOUNGEST LIVING CHILD
B01	(name)	(name)	(name)
B02 DATE OF BIRTH	MONTH..... YEAR.....	MONTH..... YEAR.....	MONTH..... YEAR.....
B03 LENGTH (in cms.)			
B04 WEIGHT (in kgs.)			
B05 STATE REASON IF UNABLE TO RECORD			
B06 NAME OF MEASURER:			NAME OF ASSISTANT:

Person Interviewed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Specific Questions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other Aspects: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Keyer: \_\_\_\_\_ Date: \_\_\_\_\_