

1993 TURKISH DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
<p>CLUSTER NO..... <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>HOUSEHOLD NO..... <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>REGION..... <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>URBAN (1)/RURAL(2)..... <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>NAME OF WOMAN _____</p> <p>LINE NO OF WOMAN..... <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p>	<p>PROVINCE _____ <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>DISTRICT _____ <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>SUB-DISTRICT _____ <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>VILLAGE _____ <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/></p> <p>QUARTER _____</p> <p>STREET _____ DOOR NO _____</p>

INTERVIEWER VISITS					
		1	2	3	FINAL VISIT
DATE : DAY AND MONTH		___	___	___	<input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>
INTERVIEWER'S NAME AND SURNAME		___	___	___	<input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>
RESULT (*)		___	___	___	<input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>
NEXT VISIT	DAY MONTH HOUR	___ ___ ___	___ ___ ___	<div style="background-color: black; width: 20px; height: 20px; margin: 0 auto;"></div>	TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>

(*) RESULT CODES :

1 COMPLETED

2 NOT AT HOME

3 POSTPONED

4 REFUSED

5 PARTLY COMPLETED

6 OTHER _____
(SPECIFY)

FIELD EDITED BY _____	DAY <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>	MONTH <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>
OFFICE EDITED BY _____	DAY <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>	MONTH <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>
KEYED BY _____	DAY <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>	MONTH <input style="width: 20px; height: 20px; display: inline-block; vertical-align: middle;" type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

101	RECORD THE TIME.	HOUR.....	<input type="text"/>	<input type="text"/>
		MINUTES.....	<input type="text"/>	<input type="text"/>
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a province centre, a district centre, a sub-district or a village, or abroad ?	PROVINCE CENTRE.....1 DISTRICT CENTRE.....2 SUB-DISTRICT OR VILLAGE.....3 ABROAD.....4	→103	
102A	In which province was this place at that time ? (RECORD THE NAME AND CODE OF THE PROVINCE)	NAME OF PROVINCE _____	<input type="text"/>	PROVINCE CODE
103	In what month and year were you born?	MONTH.....	<input type="text"/>	<input type="text"/>
		DK MONTH.....98		
		YEAR.....	<input type="text"/>	<input type="text"/>
		DK YEAR.....98		
104	How old are you exactly ? What age have you completed ? *COMPARE RESPONSES TO 103 AND 104. MAKE THE NECESSARY CALCULATIONS IN THE SPACE ON THE RIGHT. CORRECT IF INFORMATION IS INCONSISTENT.	AGE IN COMPLETED YEARS.....	<input type="text"/>	<input type="text"/>
105	Have you ever attended school?	YES.....1 NO.....2	→109	
106	What is the highest level you have attended ?	PRIMARY.....1 SECONDARY.....2 HIGH SCHOOL.....3 UNIVERSITY.....4		
107	What is the highest grade you have completed at that level ?	GRADE.....	<input type="text"/>	
107A	Did you graduate from this school ?	YES.....1 NO.....2		

108	CHECK 106 : <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> PRIMARY <input type="checkbox"/> v </div> <div style="text-align: center;"> SECONDARY OR HIGHER <input type="checkbox"/> </div> </div>	→110
109	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 →111
110	Do you read a newspaper or magazine at least once a week?	YES.....1 NO.....2
111	Do you listen to the radio at least once a week?	YES.....1 NO.....2
112	Do you watch television at least once a week?	YES.....1 NO.....2
113A	Do you smoke ?	YES.....1 NO.....2 →114A
113B	How many cigarettes do you smoke per day on the average?	AVERAGE NO.OF CIGARETTES... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
114A	What is your mother tongue ? RECORD ONLY ONE RESPONSE.	TURKISH.....01 KURDISH, ZAZA.....02 ARABIC.....03 ARMENIAN.....04 CIRCASSIAN.....05 GEORGIAN.....06 HEBREW.....07 PERSIAN.....08 GREEK.....09 LAZ LANGUAGE.....10 EAST EUROPEAN LANGUAGES (BULGARIAN, RUSSIAN, SERBIAN, RUMANIAN, ETC.).....11 WEST EUROPEAN LANGUAGES (ENGLISH, FRENCH, GERMAN, SPANISH, ITALIAN ETC).....12 OTHER13 (SPECIFY)

RECORD ALL MENTIONED.

TURKISH.....	A
KURDISH, ZAZA.....	B
ARABIC.....	C
ARMENIAN.....	D
CIRCASSIAN.....	E
GEORGIAN.....	F
HEBREW.....	G
PERSIAN.....	H
GREEK.....	I
L/2 LANGUAGE.....	J
EAST EUROPEAN LANGUAGES (BULGARIAN, RUSSIAN, SERBIAN, RUMANIAN, BOSNIAN ETC).....	K
WEST EUROPEAN LANGUAGES (ENGLISH, FRENCH, GERMAN, SPANISH, ITALIAN ETC).....	L
OTHER.....	M
(SPECIFY)	
KNOWS NO OTHER LANGUAGE.....	P

RECORD ONLY ONE RESPONSE.

TURKISH.....	01
KURDISH, ZAZA.....	02
ARABIC.....	03
ARMENIAN.....	04
CIRCASSIAN.....	05
GEORGIAN.....	06
HEBREW.....	07
PERSIAN.....	08
GREEK.....	09
LAZ LANGUAGE.....	10
EAST EUROPEAN LANGUAGES	
(BULGARIAN, RUSSIAN, SERBIAN, RUMANIAN, BOSNIAN ETC).....	11
WEST EUROPEAN LANGUAGES	
(ENGLISH, FRENCH, GERMAN, SPANISH, ITALIAN ETC).....	12
OTHER _____	13
(SPECIFY)	

RECORD ONLY ONE RESPONSE.

TURKISH.....	01
KURDISH, ZAZA.....	02
ARABIC.....	03
ARMENIAN.....	04
CIRCASSIAN.....	05
GEORGIAN.....	06
HEBREW.....	07
PERSIAN.....	08
GREEK.....	09
LAZ LANGUAGE.....	10
FAST EUROPEAN LANGUAGES	
(BULGARIAN, RUSSIAN, SERBIAN,	
ROMANIAN, BOSNIAN ETC).....	
11	
WEST EUROPEAN LANGUAGES	
(ENGLISH, FRENCH, GERMAN,	
SPANISH, ITALIAN ETC).....	
12	
OTHER.....	13
(SPECIFY)	

115	CHECK QUESTION 4 IN THE HOUSEHOLD QUESTIONNAIRE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> THE WOMAN INTERVIEWED IS NOT A <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 5px;" type="checkbox"/> USUAL RESIDENT </div> </div> <div style="width: 45%;"> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 15px; border: 1px solid black; margin-right: 5px;" type="checkbox"/> </div> </div> </div>	>201	
116	Now I would like to ask about the place in which you usually live. Do you usually live in a province centre, a district centre, a sub-district or a village, or abroad ?	PROVINCE CENTRE.....1 DISTRICT CENTRE.....2 SUB-DISTRICT OR VILLAGE.....3 ABROAD.....4	>117A
117	In which province is this place ? (RECORD THE NAME AND CODE OF THE PROVINCE)	NAME OF PROVINCE <div style="border-bottom: 1px solid black; width: 100px; margin-top: 5px;"></div>	<div style="border: 1px solid black; width: 40px; height: 25px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> PROVINCE CODE
117A	How many persons do usually live in your house ?	NUMBER.....	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>
118	What is the source of water your household uses for handwashing and dishwashing ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN...11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER...A.....41 TANKER.....51 BOTTLED WATER.....61 OTHER _____ 71 (SPECIFY)	
120	Do you obtain drinking water from the same source as water for handwashing and dishwashing ?	YES.....1 NO.....2	>121A

121	What is the source of your drinking water ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN...11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 HAINWATER.....41 TANKER.....51 BOTTLED WATER.....61 OTHER _____ 71 (SPECIFY)		
121A	Now I would like to ask you questions about the toilet facility of your house. Is the toilet in the house or outside ?	INSIDE.....1 OUTSIDE.....2 NO TOILET FACILITY.....3 → 122C OTHER _____ 4 (SPECIFY)		
121B	What type of toilet is it ? Is it a flush toilet, a closed pit or an open pit ?	FLUSH TOILET.....1 CLOSED PIT.....2 OPEN PIT.....3		
121C	Is the toilet used by only those in this household, or is it shared by members of another household ?	THIS HOUSEHOLD ONLY.....1 SHARED.....2		
122B	Is there a place for washing hands in the toilet ?	YES.....1 NO.....2		
122C	What is the source of heating in winter ?	RADIATOR (CENTRAL HEATING).....1 RADIATOR (PRIVATE).....2 STOVE.....3 CHARCOAL BRAZIER.....4 OVEN.....5 OTHER _____ 6 (SPECIFY)		
124	How many rooms in your household are used for sleeping ?	ROOMS FOR SLEEPING..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

125	What is the main material of the floor ?	NATURAL FLOOR EARTH.....11 RUDIMENTARY WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CEMENT.....34 CARPET.....35 MARLEY.....36 MOSAIC.....37 OTHER _____ 41 (SPECIFY)
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126	Do you have the following in the household ?	YES	NO
	Refrigerator	REFRIGERATOR.....1	2
	Oven for Cooking	OVEN.....1	2
	Washing Machine	WASHING MACHINE.....1	2
	Dishwasher	DISHWASHER.....1	2
	Vacuum Cleaner	VACUUM CLEANER.....1	2
	Television	TELEVISION.....1	2
	Video Recorder	VIDEO RECORDER.....1	2
	Radio-Cassette Player	RADIO-CASSETTE PLAYER....1	2
	Music Set	MUSIC SET.....1	2
	Telephone	TELEPHONE.....1	2
	A Car (excluding tractors, taxis etc)	A CAR.....1	2
	Computer	COMPUTER.....1	2
	More than 30 Books (Excluding school books)	MORE THAN 30 BOOKS.....1	2

SECTION 2A. REPRODUCTION

201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2—>206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....4 NO.....2—>204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME..... <div style="display: inline-block; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div>
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2—>206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... <div style="display: inline-block; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div>
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2—>208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD..... <div style="display: inline-block; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div>
208	FIND THE TOTAL NUMBER OF CHILDREN EVER BORN : SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL..... <div style="display: inline-block; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div>
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> </div> <div style="text-align: left;"> PROBE AND CORRECT 201-208 AS NECESSARY </div> </div>	
210	CHECK 208: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </div> <div style="text-align: right;"> —————>225 </div> </div>	

CONTINUE WITH
THE BIRTH HISTORY
(Q.211)

BIRTH HISTORY

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. MAKE SURE TO RECORD DECEASED CHILDREN FROM MULTIPLE BIRTHS BEFORE THOSE SURVIVING.

212 What name was given (first, next) baby ? WRITE 'BABY' IF THE BABY DIED BEFORE A NAME WAS GIVEN.	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS	214 Is (NAME) a boy or a girl ?	214A Where were you living at the time of (NAME)s birth ? Which province was this place in ? IF IN CURRENT PLACE, CIRCLE "00" AND CONTINUE. OTHERWISE, RECORD NAME AND CODE OF THE PROVINCE. CIRCLE "90" IF ABROAD.
01 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
02 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
03 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
04 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
05 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90

215 In what month and year was (NAME) born ?	216 Is (NAME) still alive ?	217 IF ALIVE : How old was (NAME) at his last birthday ? RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY	220 IF DEAD : How old was he/she when she died ? IF "1 YEAR", PROBE : How many months old was (NAME) ? RECORD DAYS IF LESS THAN 1 MONTH, RECORD MONTHS IF LESS THAN 2 YEARS, RECORD YEARS OTHERWISE.
PROBE : What is his/her birthday ? OR : In what season was he/she born ? NOTE : THE YEAR OF BIRTH HAS TO BE DETERMINED			
MONTH..... YEAR.....	YES.....1 NO.....2 220 <	AGE IN YEARS (NEXT BIRTH)	DAYS.....1 MONTHS.....2 YEARS.....3
MONTH..... YEAR.....	YES.....1 NO.....2 220 <	AGE IN YEARS (NEXT BIRTH)	DAYS.....1 MONTHS.....2 YEARS.....3
MONTH..... YEAR.....	YES.....1 NO.....2 220 <	AGE IN YEARS (NEXT BIRTH)	DAYS.....1 MONTHS.....2 YEARS.....3
MONTH..... YEAR.....	YES.....1 NO.....2 220 <	AGE IN YEARS (NEXT BIRTH)	DAYS.....1 MONTHS.....2 YEARS.....3
MONTH..... YEAR.....	YES.....1 NO.....2 220 <	AGE IN YEARS (NEXT BIRTH)	DAYS.....1 MONTHS.....2 YEARS.....3

212 What name was given (next) baby ? WRITE 'X' IF THE BABY DIED BEFORE A NAME WAS GIVEN.	213 RECORD SINGLE OR MULTIPLE BIRTH STATES	214 Is (NAME) a boy or a girl ?	214A Where were you living at the time of (NAME)s birth ? Which province was this place in ? IF IN CURRENT PLACE, CIRCLE "00" AND CONTINUE. OTHERWISE, RECORD NAME AND CODE OF THE PROVINCE. CIRCLE "90" IF ABROAD.
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06 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
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07 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
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08 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
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09 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
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10 _____ (NAME)	SINGLE.....1 MULTIPLE.....2	BOY.....1 GIRL.....2	CURRENT PROVINCE.....00 PROVINCE NAME _____ ABROAD.....90
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TICK HERE IF NUMBER OF BIRTHS IS MORE THAN 10 AND CONTINUE IN ANOTHER QUESTIONNAIRE FORM.

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<p>215 In what month and year was (NAME) born ?</p> <p>PROBE : What is his/her birthday ? OR : In what season was he/she born ?</p> <p>NOTE : THE YEAR OF BIRTH HAS TO BE DETERMINED</p>	<p>216 Is (NAME) still alive ?</p>	<p>217 IF ALIVE :</p> <p>How old was (NAME) at his last birthday ?</p> <p>RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY</p>	<p>220 IF DEAD :</p> <p>How old was he/she when she died ?</p> <p>IF "1 YEAR", PROBE : How many months old was (NAME) ?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH, RECORD MONTHS IF LESS THAN 2 YEARS, RECORD YEARS OTHERWISE.</p>
<p>MONTH.....</p> <p>YEAR.....</p>	<p>YES.....1</p> <p>NO.....2</p> <p>220 <—</p>	<p>AGE IN YEARS</p> <p>(NEXT BIRTH)</p>	<p>DAYS.....1</p> <p>MONTHS.....2</p> <p>YEARS.....3</p>
<p>MONTH.....</p> <p>YEAR.....</p>	<p>YES.....1</p> <p>NO.....2</p> <p>220 <—</p>	<p>AGE IN YEARS</p> <p>(NEXT BIRTH)</p>	<p>DAYS.....1</p> <p>MONTHS.....2</p> <p>YEARS.....3</p>
<p>MONTH.....</p> <p>YEAR.....</p>	<p>YES.....1</p> <p>NO.....2</p> <p>220 <—</p>	<p>AGE IN YEARS</p> <p>(NEXT BIRTH)</p>	<p>DAYS.....1</p> <p>MONTHS.....2</p> <p>YEARS.....3</p>
<p>MONTH.....</p> <p>YEAR.....</p>	<p>YES.....1</p> <p>NO.....2</p> <p>220 <—</p>	<p>AGE IN YEARS</p> <p>(NEXT BIRTH)</p>	<p>DAYS.....1</p> <p>MONTHS.....2</p> <p>YEARS.....3</p>
<p>MONTH.....</p> <p>YEAR.....</p>	<p>YES.....1</p> <p>NO.....2</p> <p>220 <—</p>	<p>AGE IN YEARS</p> <p>(NEXT BIRTH)</p>	<p>DAYS.....1</p> <p>MONTHS.....2</p> <p>YEARS.....3</p>

221	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:
	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> NUMBERS ARE SAME <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> ↓ </div> <div style="text-align: center;"> NUMBERS ARE DIFFERENT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> → </div> </div> <div style="margin-top: 10px;"> (PROBE AND FIND OUT THE CAUSE OF THE INCONSISTENCY. MAKE ALL NECESSARY CORRECTIONS) </div>
	<div style="display: flex; justify-content: space-between;"> <div> CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED (215) FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (217) FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED (220) FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (220) </div> <div style="border: 1px solid black; width: 30px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; height: 20px;"></div> <div style="position: absolute; top: 20px; left: 0; right: 0; height: 20px;"></div> <div style="position: absolute; top: 40px; left: 0; right: 0; height: 20px;"></div> <div style="position: absolute; top: 60px; left: 0; right: 0; height: 20px;"></div> </div> </div>
222	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1988. IF NONE, ENTER 0 AND SKIP TO 224. <div style="border: 1px solid black; width: 20px; height: 20px; float: right; margin-top: 10px;"></div>
223	FOR EACH BIRTH AFTER JANUARY 1988 : - ENTER "D" IN MONTH AND YEAR OF BIRTH. - ENTER "H" FOR EACH OF THE 8 PRECEDING MONTHS. - WRITE THE NAME OF THE CHILD TO THE LEFT OF THE "D" CODE. NOTE : IN CASES WHEN YOU HAVE OBTAINED THE INFORMATION THAT THE PREGNANCY ENDED BEFORE 9 MONTHS, YOU SHOULD STILL MARK 8 "H"s. HOWEVER, PUT NOTES IN THE CALENDAR SECTION.
224	AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1988, IF APPLICABLE.

225	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8 → 228
226	How many months pregnant are you?	MONTHS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-left: 5px;"></div>
	ENTER "H" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.	
227	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3

227A	Do you want this child to be a boy or a girl ?	BOY.....1 GIRL.....2 INDIFFERENT.....3 OTHER.....4 (SPECIFY)
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228	Have you ever had a pregnancy that ended in a miscarriage?	YES.....1 NO.....2 → 228B
-----	------------------------------------------------------------	------------------------------

228A	In all, how many miscarriages have you had?	NUMBER OF MISCARRIAGES..... <input type="text"/>
------	---------------------------------------------	--------------------------------------------------

228B	Have you ever had a pregnancy that ended in an induced abortion?	YES.....1 NO.....2 → 228D
------	------------------------------------------------------------------	------------------------------

228C	In all, how many induced abortions have you had?	NUMBER OF INDUCED ABORTIONS..... <input type="text"/>
------	--------------------------------------------------	-------------------------------------------------------

228D	Have you ever had a pregnancy that ended in an still birth?	YES.....1 NO.....2 → 228F
------	-------------------------------------------------------------	------------------------------

228E	In all, how many still births have you had?	NUMBER OF STILL BIRTHS..... <input type="text"/>
------	---------------------------------------------	--------------------------------------------------

228F	CALCULATE THE TOTAL NUMBER OF PREGNANCIES.	TOTAL..... <input type="text"/>
------	--------------------------------------------	---------------------------------

TOTAL NUMBER OF PREGNANCIES ENDING IN MISCARRIAGES, INDUCED ABORTIONS OR STILL BIRTHS:

SUM THE ANSWERS TO 228A, 228C AND 228E

TOTAL NUMBER OF PREGNANCIES ENDING IN LIVE BIRTHS:

SUM THE NUMBER OF SINGLE BIRTHS

IN THE BIRTH HISTORY.

ADD TO THAT SUM THE NUMBER OF

MULTIPLE BIRTHS.

TOTAL NUMBER OF PREGNANCIES:

+

+

=

228G	<p>CHECK 228F:</p> <p>Just to make sure that I have this right: you have had in TOTAL _____ completed pregnancies in your life. Is that correct ?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-228F AS NECESSARY</p>	
228H	<p>CHECK 228A, 228C AND 228E :</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>HAD AT LEAST ONE ABORTION, MISCARRIAGE OR STILLBIRTH</p> <p><input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAD NO ABORTIONS, MISCARRIAGES OR STILLBIRTHS</p> <p><input type="checkbox"/> → 234</p> </div> </div>	
229	<p>Now I would like to ask about any recent miscarriages, abortions or still births which you may have had. When did the last such pregnancy end?</p>	<p>MONTH..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>YEAR..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>
229A	<p>Was this an induced abotion, a miscarriage, or a stillbirth ?</p>	<p>INDUCED ABORTION.....1</p> <p>MISCARRIAGE.....2</p> <p>STILLBIRTH.....3 → 230</p>
229H	<p>What was the main reason behind the decision to end this pregnancy with an abortion ?</p>	<p>DOCTOR'S RECOMMENDATION/DECISION.1</p> <p>BIRTH WOULD BE EXTRAMARITAL.....2</p> <p>DID NOT WANT A CHILD AT THAT TIME (SOCIAL-ECONOMIC REASONS).....3</p> <p>DID NOT WANT (ANOTHER) CHILD.....4</p> <p>THE PREVIOUS PREGNANCY HAD JUST ENDED.....6</p> <p>OTHER _____ 7</p> <p style="text-align: center;">(SPECIFY)</p>

230

CHECK 229:

LAST PREGNANCY ENDED
SINCE JANUARY 1988

LAST PREGNANCY ENDED
BEFORE JANUARY 1988

>234

231

How many months pregnant were you when the pregnancy ended?

MONTHS.....

WASTED PREGNANCIES AFTER JANUARY 1988
(IN COLUMNS 1 AND 2 OF THE CALENDAR)

- PROBE TO DETERMINE HOW PREGNANCY ENDED (INDUCED ABORTION, MISCARRIAGE, STILLBIRTH)

- ENTER THE APPROPRIATE CODE IN THE MONTH AND YEAR PREGNANCY TERMINATED.

CODES : F - MISCARRIAGE
K - INDUCED ABORTION
J - STILLBIRTH

- ENTER "H" IN EACH PRECEDING MONTH PREGNANT.

- IF THE PREGNANCY ENDED WITH AN INDUCED ABORTION, ENTER CODE FOR THE PERSON INITIATING THE ABORTION IN COLUMN 2 OF THE CALENDAR, IN THE MONTH AND YEAR OF TERMINATION.

CODES : L - HERSELF E - MIDWIFE/NURSE
A - RELATIVE / FRIEND T - DOCTOR IN HOSPITAL
N - TRADITIONAL MIDWIFE R - PRIVATE DOCTOR
W - OTHER

THEN ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO JANUARY 1988. REPEAT THE PROCEDURES AS DESCRIBED ABOVE FOR THESE PREGNANCIES.

ILLUSTRATIVE QUESTIONS :

- How did this pregnancy end ? (Was it an abortion, a miscarriage or a stillbirth etc)
- What was the total duration of this pregnancy ? How many months pregnant were you ?
- Who initiated the abortion ?

234

When did your last menstrual period start?

DAYS AGO.....1

WEEKS AGO.....2

MONTHS AGO.....3

YEARS AGO.....4

CURRENTLY MENSTRUATING.....993

IN MENOPAUSE.....994

BEFORE LAST BIRTH.....995

NEVER MENSTRUATED.....996

235

Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?

YES.....1

NO.....2

DK.....8

>250

236	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....5 (SPECIFY) DK.....8
-----	-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2B. MARRIAGE

250	What is your current marital status ? Are you married, divorced, widowed, or separated ? ACCEPT THOSE LIVING TOGETHER AS BEING MARRIED.	CURRENTLY MARRIED.....1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4	→ 252
-----	------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-------

251	Is your husband living with you now or is he staying elsewhere because of work, military service, a journey abroad etc. ?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2
-----	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

252	How many times did you marry ?	TIMES..... <input type="text"/>
-----	--------------------------------	---------------------------------

253	In what month and year did you marry (started living with) your (first) husband ?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98
-----	-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

254	How old were you when you started living with your (first) husband ?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98
-----	----------------------------------------------------------------------	---------------------------------------------------------------------

255	How old was your (first) husband when you started living with him ? IF THE WOMAN DOES NOT KNOW HER HUSBAND'S AGE AT MARRIAGE, ASK HOW MANY YEARS DIFFERENCE IS THERE BETWEEN HER AND HER HUSBAND AND ESTIMATE HER HUSBAND'S MARRIAGE AGE.	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

256

CHECK 253 AND 254 :

YEAR AND AGE
GIVEN ?

YES

NO

☐☐

>258

257

CHECK CONSISTENCY OF 253 AND 254 :

YEAR OF BIRTH (103)

IF YEAR OF BIRTH
NOT GIVEN IN 103IF NECESSARY, CALCULATE
YEAR OF BIRTH

CURRENT YEAR

PLUS

+

AGE AT MARRIAGE (254)

MINUS

-

CURRENT AGE (104)

=

CALCULATED
YEAR OF MARRIAGE

=

CALCULATED
YEAR OF BIRTH

IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (253) ?

YES

NO

☐☐

>PROBE AND CORRECT 253 AND 254.

258

DETERMINATION OF MONTHS WHEN THE WOMAN WAS MARRIED AND NOT MARRIED :

BEGINNING WITH THE MONTH OF INTERVIEW, DETERMINE MONTHS SINCE JANUARY 1988 WHEN THE WOMAN
WAS MARRIED. RECORD "X" IN COLUMN 6 FOR MONTHS MARRIED AND "O" FOR MONTHS NOT MARRIED.

FOR WOMEN NOT CURRENTLY MARRIED OR WITH MORE THAN MARRIAGE :

PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY
SUBSEQUENT MARRIAGE.

NOTE : ALL BOXES IN COLUMN 6 SHOULD BE FILLED AFTER YOU HAVE COMPLETED THIS SECTION.

WRITE DATES AND
EVENTS IMPORTANT
IN COMPLETING COLUMN 6
HERE

259	Did you have a civil marriage ceremony with your (last) husband ?	YES.....1 NO.....2
260	Did you have a religious marriage ceremony with your (last) husband ?	YES.....1 NO.....2
261	CHECK 259 AND 260 : <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAD BOTH CIVIL AND RELIGIOUS CEREMONIES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAD ONLY CIVIL OR ONLY RELIGIOUS CEREMONY (OR NEITHER) <input type="checkbox"/> </div> </div>	→ 265
262	Did you have the civil and religious ceremonies with your (last) husband in the same week ?	YES.....1 → 265 NO.....2
263	Which one took place earlier ?	CIVIL.....1 RELIGIOUS.....2
264	How much time elapsed between the two ceremonies ? RECORD "00" MONTHS IF LESS THAN ONE MONTH.	YEARS.....1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> MONTHS.....2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> DK.....998
265	How was your marriage with your (last) husband arranged ?	WE ARRANGED OURSELVES.....1 ARRANGED BY THE FAMILIES.....2 → 267 ESCAPED / ABDUCTED.....3 OTHER.....4 → 269 (SPECIFY)
266	Did you have to seek the consent of your family to get married to your (last) husband ?	YES.....1 NO.....2 → 268

267	Did your family seek your consent on your marriage to your (last) husband ?	YES.....1 NO.....2
268	Did your (last) husband or his family pay bridesmoney to your family ?	YES.....1 NO.....2
269	Are (were) you blood relatives with your (last) husband ?	YES.....1 NO.....2 → 301
270	What (was) is his relationship to you ?	FATHER'S BROTHER'S SON.....01 FATHER'S SISTER'S SON.....02 MOTHER'S SISTER'S SON.....03 MOTHER'S BROTHER'S SON.....04 OTHER _____ 05 (SPECIFY)

SECTION 3. CONTRACEPTION

301 Now I would like to talk with you about family planning. There are various methods that a married couple can use to avoid pregnancy. Which ways or methods have you heard ?

- LISTEN TO THE WOMAN'S RESPONSES WITHOUT INTERRUPTING. CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. KEEP HER CONTINUING BY ASKING "ANY OTHER METHOD ?".
- BEGINNING WITH THE UPPERMOST METHOD IN THE LIST, READ THE DESCRIPTIONS OF THE METHODS NOT MENTIONED SPONTANEOUSLY AND ASK WHETHER SHE HAS HEARD OF THE METHOD. IF SHE RECOGNIZES THE METHOD, CIRCLE "2" IN 302 ; IF NOT, CIRCLE "3". AFTER YOU HAVE COMPLETED THIS ROUTINE, ALL METHODS MUST HAVE BEEN CODED IN 302.
- BEGINNING WITH THE UPPERMOST METHOD IN THE LIST, ASK 303 AND 304 FOR ALL METHODS MENTIONED SPONTANEOUSLY OR AFTER PROBING IN 302.

NOTE : IF THE WOMAN SAYS "YES" TO 304, PROBE TO ASCERTAIN WHETHER THIS IS REALLY A "PLACE".

	302 Have you ever heard of this method ? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used this method ?	304 Do you know where this method could be obtained from ?
01 Pill. Women can avoid a pregnancy by taking a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 IUD Women can have the so called spiral or IUD placed in them by a doctor or a nurse which is left there and this avoids pregnancy.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 INJECTIONS Women can have an injection which stops them from becoming pregnant for a certain period of time.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
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	YES.....1 NO.....2
05 CONDOM There are methods that men can use so that their wives will not get pregnant. They can use a rubber sheath called condom during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 NORPLANT Now there is a new method. A small capsule is placed by a doctor underneath the skin of the arm and this avoids the women from getting pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2

	302 Have you ever heard of this method ? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used this method ?	304 Do you know where this method could be obtained from ?
07 TUBAL LIGATION Some women can have an operation of tubal ligation to avoid having any more children. Afterwards they continue to have their normal husband-wife relationship but they don't have children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had such an operation to avoid having any more children ? YES.....1 NO.....2	YES.....1 NO.....2
08 MALE STERILIZATION Some men can have an operation called vasectomy so that their wives would not get pregnant. Afterwards they have their normal husband-wife relationship but they don't have children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has (Had) your husband ever have such an operation ? YES.....1 NO.....2	YES.....1 NO.....2
09 RHYTHM (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	Do you know a place where a person can get information about rhythm if he/she wants to ? YES.....1 NO.....2
10 WITHDRAWAL Some men pull out during sexual intercourse, that is they can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know a place where a person can get information about withdrawal if he/she wants to ? YES.....1 NO.....2
11 ABSTINENCE In order to avoid pregnancy, some couples do not have sexual intercourse for several months.		YES.....1 NO.....2 ASK BY READING THE DESCRIPTION	
12 Have you heard of any other method that women or men can use to avoid pregnancy ? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303:

NOT A SINGLE "YES"
(NEVER USED)

☐

AT LEAST ONE "YES"
(EVER USED)

☐

→ SKIP TO 309

306	Have you ever used any method or tried in any way to delay or avoid getting pregnant ?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	→308
307	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. →338A		
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
309	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 NORPLANT.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 ABSTINENCE.....11 OTHER.....12 (SPECIFY)	→311
310	Where did you go to get this method the first time ? TRY TO ASCERTAIN THAT THE RESPONSE REFERS TO A PLACE. CONTINUE PROBING FOR RESPONSES SUCH AS "MY HUSBAND", "FRIEND" ETC.	PUBLIC SECTOR GOVERNMENT/INSTITUT.HOSP.....11 HEALTH CENTER/HEALTH HOUSE....12 PRIVATE SECTOR PRIVATE CLINIC OR HOSPITAL....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE NGO LIKE THE FP FOUNDATION OR THE FP ASSOC.....31 OTHER.....41 (SPECIFY) DK.....98	
311	Did you have children at that time ? IF YES: How many living children did you have at that time ? IF NONE, RECORD "00".	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	

312	CHECK 225 :	NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 331
↓				
313	CHECK 303:	WOMAN NOT STERILIZED <input type="checkbox"/>	WOMAN STERILIZED <input type="checkbox"/>	→ 315A
↓				
313A	CHECK 250 :	CURRENTLY MARRIED <input type="checkbox"/>	NOT MARRIED <input type="checkbox"/>	→ 331
↓				

314	Are you currently doing something to delay or avoid getting pregnant ?	YES.....1 NO.....2 → 331
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315	Which method are you using ?	PILL.....01 → 318 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 → 323 CONDOM.....05 NORPLANT.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 → 321 RHYTHM.....09 → 325A WITHDRAWAL.....10 ABSTINENCE.....11 OTHER.....12 → 325A (SPECIFY)
315A	CIRCLE '07' FOR TUBAL LIGATION.	

315B	You are saying that you are currently using withdrawal. Do you only use withdrawal or do you actually use another method in combination with it ?	YES.....1 NO.....2 → 325A
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315C	What is this method ? DO NOT MAKE ANY CORRECTIONS TO 315 IF ANOTHER METHOD IS MENTIONED. SKIP TO 325A AND PROCEED BY ACCEPTING WITHDRAWAL AS THE CURRENT METHOD USED.	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 NORPLANT.....06 → 325A TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 ABSTINENCE.....11 OTHER.....12 (SPECIFY)
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318	May I see the package of pills you are using now?	PACKAGE SEEN.....1
	RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> <input type="text"/> <input type="text"/> →323
		PACKAGE NOT SEEN.....2

319	Do you know the brand name of the pills you are now using?	BRAND NAME <input type="text"/> <input type="text"/> <input type="text"/> →323
	RECORD NAME OF BRAND.	DK.....98

321	In what month and year was the sterilization operation performed?	MONTH..... <input type="text"/> <input type="text"/>
		YEAR..... <input type="text"/> <input type="text"/>

322 ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO DATE OF OPERATION OR TO JANUARY 1988 IF OPERATION OCCURRED BEFORE 1988 WRITE THIS CODE UNTIL JANUARY 1988.

323	CHECK 315:	PUBLIC SECTOR
	SHE/HE STERILIZED <input type="checkbox"/>	GOVERNMENT HOSPITAL.....11
	USING ANOTHER METHOD <input type="checkbox"/>	HEALTH CENTER/HEALTH HOUSE...12
	Where did the sterilization take place?	PRIVATE SECTOR
	Where did you obtain (METHOD) the last time?	PRIVATE CLINIC OR HOSPITAL...21
		PHARMACY.....22
		PRIVATE DOCTOR.....23
	(NAME OF PLACE)	OTHER PRIVATE
		NGO LIKE THE FP FOUNDATION
		OR THE FP ASSOC.....31
		OTHER _____ 41
		(SPECIFY)
		DK.....98

324	CHECK 303: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> WOMAN NOT STERILIZED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> WOMAN STERILIZED <input type="checkbox"/> </div> </div>	→ 326
325A	Would you like to use a different method of family planning than the one you are currently using ?	YES.....1 NO.....2 → 326
325B	What method would you prefer to use ?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 NORPLANT.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 ABSTINENCE.....11 OTHER.....12 (SPECIFY) ANY METHOD.....77 NOT SURE.....88 → 326
325C	What is the most important reason that you do not use that method ?	DOCTOR WILL NOT PRESCRIBE IT...01 COST.....02 NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT ACCESS.....03 TOO FAR AWAY.....04 DO NOT KNOW HOW TO OBTAIN IT...05 DO NOT KNOW HOW TO USE IT.....06 HUSBAND OBJECTS.....07 RELIGIOUS REASONS.....08 OTHER.....09 (SPECIFY) DONT KNOW.....98
326	Who decided to use the method you are currently using ? Yourself, your husband, or did you decide together ?	HERSELF.....1 HER HUSBAND.....2 TOGETHER.....3

326A

What is the main reason you decided to use (CURRENT METHOD IN 315) rather than some other method of family planning ?

RECOMMENDATION OF
HEALTH PROFESSIONAL.....01
RECOMMENDATION OF
RELATIVE/FRIEND.....02
SIDE EFFECTS OF OTHER METHODS..03
CONVENIENCE.....04
EASILY OBTAINED.....05
COST.....06
WANTED PERMANENT METHOD.....07
HUSBAND PREFERRED THIS ONE.....08
WANTED MORE EFFECTIVE METHOD...09
OTHER _____ 10
(SPECIFY)
DK.....98

327

Are you having any problems in using (CURRENT METHOD)?

YES.....1
NO.....2

→329

328

What is the main problem?

HUSBAND DISAPPROVES/RELUCTANT..01
SIDE EFFECTS.....02
HEALTH CONCERNS.....03
DIFFICULT TO OBTAIN.....04
HIGH COST.....05
INCONVENIENT TO USE.....06
STERILIZED BUT WANTS
CHILDREN.....07
OTHER _____ 08
(SPECIFY)
DK.....98

329	<p>CHECK 315 AND 321 :</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> <p>WOMAN</p> <p>NOT</p> <p>STERILIZED <input type="checkbox"/></p> </div> <div style="width: 50%;"> <p>STERILIZED BEFORE JANUARY 1988 <input type="checkbox"/> → 348</p> <p>STERILIZED SINCE JANUARY 1988 <input type="checkbox"/> → 331</p> </div> </div>
329A	<p>CHECK 250 :</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> <p>CURRENTLY</p> <p>MARRIED <input type="checkbox"/></p> </div> <div style="width: 50%;"> <p>NOT</p> <p>MARRIED <input type="checkbox"/> → 331</p> </div> </div>
330	<p>ENTER METHOD CODE FROM 315 IN CURRENT MONTH IN COL.1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> - When did you start using this method continuously? _____ - How long have you been using this method continuously? _____ <p>NOTE : MAKE NOTES OF THE RESPONSES HERE. _____</p>
331	<p>CHECK COLUMN 6 OF THE CALENDAR :</p> <p>FOR MONTHS NOT MARRIED, CODE "N" IN COLUMN 1 OF THE CALENDAR</p>

331A CHECK COLUMN 1 OF THE CALENDAR :

UNCODED BOXES

☐

ALL BOXES CODED

☐

→332

331B CODING METHOD USE SINCE JANUARY 1988 IN COLUMNS 1 AND 2 OF THE CALENDAR :

BEGIN BY ASKING :

I would like to ask some questions about the periods during which your husband or you used a method to avoid getting pregnant.

- BEGIN WITH THE LAST METHOD USED. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE. USE NAMES OF CHILDREN, DURATIONS OF PREGNANCY, DATES OF BIRTH, DATES OF MARRIAGE ETC. TO PROBE.
- IN EACH MONTH OF USE, ENTER CODE FOR METHOD IN COLUMN 1. FOR MONTHS OF NONUSE, ENTER "0".
- ENTER CODES OF DISCONTINUATION IN COLUMN 2. DETERMINE LAST MONTH OF USE IN COLUMN 1, AND ENTER DISCONTINUATION CODES IN THIS MONTH IN COLUMN 2.
- ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO BECOME PREGNANT. ENTER THE RESPONSE IN COLUMN 2, TO THE LAST MONTH OF METHOD USE.

NOTE : NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS
THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1

ILLUSTRATIVE QUESTIONS:

COLUMN 1:

- When was the last time you used a method? Which method was that?
- When did you start using that method? How long after the birth of (NAME)?
- How long did you use the method then?

COLUMN 2:

- Why did you stop using the (METHOD) ?
- Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason?

IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:

"How many months did it take you to get pregnant after you stopped using (METHOD)?
AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

NOTE : EXTRA PROBING MAY BE NECESSARY FOR LONG PERIODS OF NONUSE : THESE MAY ACTUALLY
INCLUDE METHOD USE NOT MENTIONED OR A NOT MENTIONED PREGNANCY.

NOTE : ALL BOXES IN COLUMN 1 SHOULD BE FILLED AT THIS POINT.

332 CHECK COLUMN 6 OF CALENDAR (AND 253 IF NECESSARY) :

MARRIED IN
JANUARY 1988

NOT MARRIED IN JANUARY 1988,
BUT FIRST MARRIED BEFORE JAN 1988

FIRST MARRIED AFTER JAN 1988

>334

>338

332A CHECK COLUMN 1 OF CALENDAR :

METHOD USED IN MONTH OF JAN. 1988

NO METHOD USED
IN MONTH OF JANUARY 1988

>334

333 I see that you were using (METHOD) in Jan. 1988.

When did you start using (METHOD) that time?

THIS DATE SHOULD BE BEFORE JANUARY 1988 BUT
SHOULD NOT PRECEDE THE DATE OF BIRTH
OF ANY CHILD BORN BEFORE JANUARY 1988.

MONTH.....

YEAR.....

>338

334 I see that you were not using any method
of contraception in January 1988. Did you ever use
a method before that?

YES.....1

NO.....2

>338

335 CHECK 215:

HAD BIRTH
BEFORE JAN. 1988

NO BIRTH
BEFORE JAN. 1988

>337

336 Did you use a method between the birth of
(NAME OF LAST CHILD BORN BEFORE JAN. 1988)
and Jan. 1988 ?

YES.....1

NO.....2

>338

337 When did you stop using a method the last time
prior to Jan. 1988 ?

MONTH.....

YIL.....

338	CHECK 315:	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> NOT CURRENTLY USING A METHOD <input type="checkbox"/> </div> <div style="width: 30%; text-align: center;"> CURRENTLY USING RHYTHM, WITHDRAWAL, ABSTINENCE OR OTHER TRADITIONAL METHOD <input type="checkbox"/> ↓ (SKIP TO 344) </div> <div style="width: 30%;"> CURRENTLY USING A <input type="checkbox"/> MODERN METHOD </div> </div>	348
338A	CHECK 250 :	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> CURRENTLY MARRIED <input type="checkbox"/> </div> <div style="width: 30%; text-align: center;"> NOT MARRIED <input type="checkbox"/> </div> </div>	344
339	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	341 344
340	What are the reasons you do not intend to use a method ? RECORD ALL ANSWERS IF THERE IS MORE THAN ONE ANSWER. IF ONLY ONE REASON IS MENTIONED, ACCEPT THIS AS THE PRINCIPAL REASON AND CODE IT IN THE BOX. What is the main (principal) reason ? <div style="text-align: right; margin-top: 20px;"> CODE THE PRINCIPAL REASON IN BOX → </div>	WANTS CHILDREN.....A LACK OF KNOWLEDGE.....B PARTNER OPPOSED.....C COST TOO MUCH.....D SIDE EFFECTS.....E HEALTH CONCERNS.....F HARD TO GET METHODS.....G SIN/ RELIGIOUS REASONS.....H OPPOSED TO FAMILY PLANNING.....I FATALISTIC.....J OTHER PEOPLE OPPOSED.....K INFREQUENT SEX.....L DIFFICULT TO GET PREGNANT.....M MENOPAUSAL/HAD HYSTERECTOMY.....N INCONVENIENT.....O OTHER.....P (SPECIFY) DK.....R	344
341	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
342	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 NORPLANT.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 ABSTINENCE.....11 OTHER.....12 (SPECIFY) UNSURE.....98	344

343	Where can you get this method (METHOD MENTIONED IN 342) <div style="border: 1px solid black; width: 200px; height: 30px; margin: 10px auto;"></div> (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 HEALTH CENTER/HEALTH HOUSE....12 PRIVATE SECTOR PRIVATE CLINIC OR HOSPITAL... 21 PHARMACY..... 22 PRIVATE DOCTOR..... 23 OTHER PRIVATE NGO LIKE FP FOUNDATION OR FP ASSOC.....31 OTHER41 (SPECIFY) DK..... 98	} 347 } 347 } 347 } 348
344	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	} 348
345	Where is that? <div style="border: 1px solid black; width: 200px; height: 30px; margin: 10px auto;"></div> (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT/INSTITUT.HOSP.....11 HEALTH CENTER/HEALTH HOUSE....12 PRIVATE SECTOR PRIVATE CLINIC OR HOSPITAL...21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE NGO LIKE FP FOUNDATION OR FP ASSOC.....31 OTHER41 (SPECIFY) DK..... 98	} 348
347	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	

348	CHECK 302:		
	HAS HEARD OF THE PILL	HAS NOT HEARD OF THE PILL	
	<input type="checkbox"/>	<input type="checkbox"/>	→ 353
	v		

349 I would like to ask you a few questions on the contraceptive pill.

Do you think the pill is a reliable method to use to avoid pregnancies ? Does it provide satisfactory protection from becoming pregnant ?

YES, IT IS RELIABLE.....1
NO, IT IS NOT RELIABLE.....2
DK.....8

350 Do you think using the pill is easy or difficult ?

EASY.....1
DIFFICULT.....2
DK.....8

351 Do you think using the pill can harm a woman's health ?

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

352 What (was) is your (last) husband's view on the pill ? Is he against it's use, or does he have no objections to pill use ?

HUSBAND AGAINST PILL USE.....1
HUSBAND NOT AGAINST PILL USE....2
SAYS HUSBAND DOES NOT KNOW PILL..3
DK.....8

353	CHECK 302:		
	HAS HEARD OF IUD	HAS NOT HEARD OF IUD	
	<input type="checkbox"/>	<input type="checkbox"/>	→ 358
	v		

354 Do you think IUD is a reliable method to use to avoid pregnancies ? Does it provide satisfactory protection from becoming pregnant ?

YES, IT IS RELIABLE.....1
NO, IT IS NOT RELIABLE.....2
DK.....8

355 Do you think using IUD is easy or difficult ?

EASY.....1
DIFFICULT.....2
DK.....8

356 Do you think having an IUD inserted in a woman can harm her health ?

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

357 What (was) is your (last) husband's view on the IUD ? (Was) Is he against it's use, or (would) does he have objections to pill use ?

HUSBAND AGAINST IUD USE.....1
HUSBAND NOT AGAINST IUD USE....2
SAYS HUSBAND DOESNOT KNOW IUD....3
DK.....8

358	CHECK 302:		
	HAS HEARD OF THE CONDOM	HAS NOT HEARD OF THE CONDOM	
	<input type="checkbox"/>	<input type="checkbox"/>	> 362

359	Do you think that using condom is a reliable method to avoid pregnancy ? Does it provide satisfactory protection from becoming pregnant ?	YES, IT IS RELIABLE.....1 NO, IT IS NOT RELIABLE.....2 DK.....8
-----	-------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

360	Do you think using condom is easy or difficult ?	EASY.....1 DIFFICULT.....2 DK.....8
-----	--------------------------------------------------	-------------------------------------------

361	What (was) is your (last) husband's view on the condom ? (Was) Is he against it's use, or (would) does he have no objections to use of condom ?	HUSBAND AGAINST CONDOM USE.....1 HUSBAND NOT AGAINST CONDOM USE...2 SAYS HUSBAND DOESNT KNOW CONDOM..3 DK.....8
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362	CHECK 302:		
	HAS HEARD OF WITHDRAWAL	HAS NOT HEARD OF WITHDRAWAL	
	<input type="checkbox"/>	<input type="checkbox"/>	> 366

363	Let us talk about the withdrawal method. Do you think withdrawal is a reliable method to use to avoid pregnancies ? Does it provide satisfactory protection from becoming pregnant ?	YES.....1 NO.....2 DK.....8
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364	Do you think using withdrawal is easy or difficult ?	EASY.....1 DIFFICULT.....2 DK.....8
-----	------------------------------------------------------	-------------------------------------------

365	What (was) is your (last) husband's view on the withdrawal ? (Was) Is he against it's use, or (would) does he have no objections to the use of withdrawal ?	HUSBAND AGAINST WITHDRAWAL.....1 HUSBAND NOT AGAINST WITHDRAWAL...2 SAYS HUSBAND DOESNT KNOW WITHDR..3 DK.....8
-----	-------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

366	Do you think that using family planning methods is against religion ?	YES.....1→ 368 SOME METHODS ARE AGAINST RELIGION.....2 NO.....3 DK.....4→ 368
367	Which method(s) do you think (are) is against religion ? RECORD ALL MENTIONED.	PILL.....A IUD.....B INJECTIONS.....C DIAPHRAGM/FOAM/JELLY.....D CONDOM.....E NORPLANT.....F TUBAL LIGATION.....G MALE STERILIZATION.....H RHYTHM.....I WITHDRAWAL.....J ABSTINENCE.....K OTHER.....L (SPECIFY) ABORTION.....M
368	(Did) Does your husband have any objections to any family planning method or to family planning in general on religious grounds ?	YES.....1 THINKS SOME METHODS ARE AGAINST RELIGION.....2 NO.....3 DK.....4

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 222:
ONE OR MORE BIRTHS SINCE JAN. 1988 ☐ NO BIRTHS SINCE JAN. 1988 ☐ (SKIP TO 444)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS - DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL FORM).

Now I would like to ask you some more questions about the health of all your children born in the past five years.
(We will talk about one child at a time.)

LINE NUMBER FROM Q. 212			
FROM Q. 212 AND Q. 216	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to become pregnant later or did you not want at all ?	THEN.....1 (SKIP TO 405)<_____ LATER.....2 NO MORE.....3 (SKIP TO 405)<_____ 	THEN.....1 (SKIP TO 405)<_____ LATER.....2 NO MORE.....3 (SKIP TO 405)<_____
404	How much longer would you like to have waited?	MONTHS.....1 <input type="checkbox"/> YEARS.....2 <input type="checkbox"/> DK.....998	MONTHS.....1 <input type="checkbox"/> YEARS.....2 <input type="checkbox"/> DK.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy ? IF YES, Whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A MIDWIFE/NURSE.....B OTHER PERSONS TRADITIONAL MIDWIFE.....D OTHER.....F (SPECIFY) NO ONEG (SKIP TO 409)<_____ 	HEALTH PROFESSIONAL DOCTOR.....A MIDWIFE/NURSE.....B OTHER PERSONS TRADITIONAL MIDWIFE.....D OTHER.....F (SPECIFY) NO ONEG (SKIP TO 409)<_____

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
408	How many antenatal visits did you have during the pregnancy of (NAME)?	NO. OF VISITS..... DK.....98	NO. OF VISITS..... DK.....98	NO. OF VISITS..... DK.....98
408A	During the pregnancy of (NAME), did you receive any advice on breastfeeding from this (these) person(s) that you consulted?	YES.....1 NO.....2		
409	When you were pregnant with (NAME) were you given an injection, a tetanus injection in the arm to prevent the baby from tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 411)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 411)<----- DK.....8
410	During this pregnancy how many times did you get this tetanus injection?	TIMES..... DK.....8	TIMES..... DK.....8	TIMES..... DK.....8
410A	How many months pregnant were you when you had the tetanus injection for the first time?	MONTH..... DK.....98	MONTH..... DK.....98	MONTH..... DK.....98
411	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR HOSP./MATERNITY HOSP...21 HEALTH CENTER.....22 PRIVATE SECTOR PRIVATE HOSP./CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOMEN.....11 OTHER HOMEN.....12 PUBLIC SECTOR HOSP./MATERNITY HOSP...21 HEALTH CENTER.....22 PRIVATE SECTOR PRIVATE HOSP./CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOMEN.....11 OTHER HOMEN.....12 PUBLIC SECTOR HOSP./MATERNITY HOSP...21 HEALTH CENTER.....22 PRIVATE SECTOR PRIVATE HOSP./CLINIC...31 OTHER.....41 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	Who assisted with the delivery of (NAME) ? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A MIDWIFE/NURSE.....B OTHER PERSONR TRADITIONAL MIDWIFE.....C NEIGHBOUR/RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A MIDWIFE/NURSE.....B OTHER PERSONR TRADITIONAL MIDWIFE.....C NEIGHBOUR/RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A MIDWIFE/NURSE.....B OTHER PERSONR TRADITIONAL MIDWIFE.....C NEIGHBOUR/RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H
412A	How many months did your pregnancy to (NAME) last ?	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
412B	CHECK 411 : BIRTH IN A HEALTH INSTITUTION?	YES <input type="checkbox"/> _{>414} NO <input type="checkbox"/> ↓	YES <input type="checkbox"/> _{>414} NO <input type="checkbox"/> ↓	YES <input type="checkbox"/> _{>414} NO <input type="checkbox"/> ↓
412C	What is the main reason for not having done (NAME)s birth in a health institution ?	ACCESSIBILITY PROBLEMS...01 DISTRUST OF INSTITUTIONS OR PERSONNEL.....02 HAPPENED SUDDENLY.....03 PROBLEMS IN USING HEALTH INSTITUTIONS.....04 TRADITIONS ETC.....05 OTHER.....06 (SPECIFY) NO SPECIFIC REASON.....07 DK.....98 (SKIP TO 418)	ACCESSIBILITY PROBLEMS...01 DISTRUST OF INSTITUTIONS OR PERSONNEL.....02 HAPPENED SUDDENLY.....03 PROBLEMS IN USING HEALTH INSTITUTIONS.....04 TRADITIONS ETC.....05 OTHER.....06 (SPECIFY) NO SPECIFIC REASON.....07 DK.....98 (SKIP TO 420)	ACCESSIBILITY PROBLEMS...01 DISTRUST OF INSTITUTIONS OR PERSONNEL.....02 HAPPENED SUDDENLY.....03 PROBLEMS IN USING HEALTH INSTITUTIONS.....04 TRADITIONS ETC.....05 OTHER.....06 (SPECIFY) NO SPECIFIC REASON.....07 DK.....98 (SKIP TO 420)
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
418	Has your period returned since the birth of (NAME) ?	YES1 (SKIP TO 420) < _____ NO2		
419	CODING PERIODS OF AMENNHOREA TO THE CALENDAR	ENTER "X" IN COLUMN 3 OF CALENDAR AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY) SKIP TO 421		
420	For how many months after the birth of (NAME) did you not have a period ?	ENTER "X" IN COL.3 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.3 IN MONTH AFTER BIRTH. NOTE THE RESPONSE HERE _____		
421	CHECK 225: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)		
422	Have you resumed sexual relations since the birth of (NAME) ?	YES1 (SKIP TO 424) < _____ NO2		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
423	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (SKIP TO 424A)			
424	For how many months after the birth of (NAME) did you not have sexual relations ?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "O" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH. NOTE THE RESPONSE HERE _____		
424A	Have you ever swaddled (NAME) ?	YES.....1 NO.....2		
424B	Have you ever swaddled (NAME) with earth ?	YES.....1 NO.....2		
424C	Was (NAME) given to you soon after birth ?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
424D	Did you give the colostrum to (NAME) ?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
425	Did you ever breastfeed (NAME) ?	YES.....1 (SKIP TO 428)<_____ NO.....2	YES.....1 (SKIP TO 436)<_____ NO.....2	YES.....1 (SKIP TO 436)<_____ NO.....2
426	ENTER "N" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
427	Why did you not breastfeed (NAME) ?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 438)<_____	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 438)<_____	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 438)<_____								
428	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS.....2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>										
429	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 436)										
430	Are you still breast- feeding (NAME) ?	YES.....1 NO.....2 (SKIP TO 436)<_____										
431	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH											
432	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS <table border="1"><tr><td></td><td></td></tr></table>										
433	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS <table border="1"><tr><td></td><td></td></tr></table>										

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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434	At any time yesterday or last night was (NAME) given any of the following :			
		YES	NO	
	Plain water ?	PLAIN WATER.....1	2	
	Sugar water ?	SUGAR WATER.....1	2	
	Fruit juice ?	FRUIT JUICE.....1	2	
	Tea ?	TEA.....1	2	
	Baby formula ?	BABY FORMULA.....1	2	
	Yoghurt ?	YOGHURT.....1	2	
	Pudding ?	PUDDING.....1	2	
	Juice of cooked meal ?	JUICE OF COOKED MEAL.1	2	
	Turkish delight ?	TURKISH DELIGHT.....1	2	
	Cow's milk ?	COW'S MILK.....1	2	
	Pasteurized milk ?	PASTEURIZED MILK.....1	2	
	Other liquids ?	OTHER LIQUIDS.....1	2	
	Any solid or mushy food ?	SOLID/MUSHY FOOD.....1	2	

435	CHECK 434 : FOOD OR LIQUID GIVEN YESTERDAY ?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 440)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 439)	

436	For how many months did you breastfeed (NAME) ?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH OF BIRTH.
		IF BREASTFED FOR LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.
		NOTE THE RESPONSE HERE _____

437	Why did you stop breastfeeding (NAME) ?	MOTHER ILL/WEAK.....01	MOTHER ILL/WEAK.....01	MOTHER ILL/WEAK.....01
		CHILD ILL/WEAK.....02	CHILD ILL/WEAK.....02	CHILD ILL/WEAK.....02
		CHILD DIED.....03	CHILD DIED.....03	CHILD DIED.....03
		NIPPLE/BREAST PROBLEM...04	NIPPLE/BREAST PROBLEM...04	NIPPLE/BREAST PROBLEM...04
		INSUFFICIENT MILK.....05	INSUFFICIENT MILK.....05	INSUFFICIENT MILK.....05
		MOTHER WORKING.....06	MOTHER WORKING.....06	MOTHER WORKING.....06
		CHILD REFUSED.....07	CHILD REFUSED.....07	CHILD REFUSED.....07
		WEANING AGE.....08	WEANING AGE.....08	WEANING AGE.....08
		BECAME PREGNANT.....09	BECAME PREGNANT.....09	BECAME PREGNANT.....09
		STARTED USING CONTRACEPTION.....10	STARTED USING CONTRACEPTION.....10	STARTED USING CONTRACEPTION.....10
		OTHER.....11	OTHER.....11	OTHER.....11
	(SPECIFY)	(SPECIFY)	(SPECIFY)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
438	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 440)	DEAD <input type="checkbox"/> ↓	ALIVE <input type="checkbox"/> ↓ (SKIP TO 440)
439	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk) ?	YES.....1 NO.....2 (SKIP TO 441) <—	YES.....1 NO.....2 (SKIP TO 443) <—	YES.....1 NO.....2 (SKIP TO 443) <—
440	How many months old was (NAME) when you started giving the following on a regular basis ? Formula or milk other than breastmilk ? Plain or sugar water ? Yoghurt ? Any other liquids ? Any other solid or mushy food ? IF LESS THAN 1 MONTH, RECORD "00".	AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 (SKIP TO 443)	AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> NOT GIVEN.....96 (SKIP TO 443)
441	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 443)	DEAD <input type="checkbox"/> ↓	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
442	Was (NAME) drink anything from a bottle with a nipple yesterday or last night ?	YES.....1 NO.....2		
442B	Was (NAME) given a dummy or teats yesterday or last night ?	YES.....1 NO.....2		
443	GO BACK TO 403 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 444.			

444	CHECK 215 : IS THERE ANY BIRTH IN 1985,1986 OR 1987 ?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	>449
	NAME OF LAST BIRTH PRIOR TO 1987 : _____ (NAME)		

445	Did you ever breastfeed (NAME) ?	YES.....1 NO.....2	>447
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446	For how many months did you breastfeed (NAME) ?	MONTHS..... <input type="text"/> <input type="text"/>
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447	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... <input type="text"/> <input type="text"/> HAS NOT RETURNED/ DID NOT RETURN.....96
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448	For how many months after the birth of (NAME) did you not have husband-wife relationship?	MONTHS..... <input type="text"/> <input type="text"/> NOT RESUMED.....96
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449	CHECK 401 : ONE OR MORE BIRTHS SINCE JAN. 1988	<input type="checkbox"/> ↓ (SKIP TO 451)	NO BIRTHS SINCE JAN. 1988	<input type="checkbox"/>	> 601
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SECTION 4B. IMMUNIZATION AND HEALTH

451 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL THESE BIRTHS. BEGIN WITH THE LAST BIRTH (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS - DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL FORM).

LINE NUMBER FROM Q.212	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>
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	LAST BIRTH	NEXT-TO-LAST-BIRTH	SECOND-FROM-LAST BIRTH
	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"/>

452 Does (NAME) have a card where his/her vaccinations are written down? IF YES: May I see this card, please? ASK FOR THE IDENTITY CARD WITH THE VACCINATION CARD, TO BE USED LATER.	YES, CARD SEEN.....1 (SKIP TO 454) <_____	YES, CARD SEEN.....1 (SKIP TO 454) <_____	YES, CARD SEEN.....1 (SKIP TO 454) <_____
	YES, CARD NOT SEEN.....2 (SKIP TO 456) <_____	YES, CARD NOT SEEN.....2 (SKIP TO 456) <_____	YES, CARD NOT SEEN.....2 (SKIP TO 456) <_____
	NO CARD.....3	NO CARD.....3	NO CARD.....3

453 Did (NAME) ever have a vaccination card?	YES.....1 (SKIP TO 456) <_____	YES.....1 (SKIP TO 456) <_____	YES.....1 (SKIP TO 456) <_____
	NO.....2	NO.....2	NO.....2

454 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. CHECK CONSISTENCY OF DATES AND BE CAREFUL OF APPOINTMENT DATES. (2) WRITE "44" IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.																																																																																																																																																		
	<div style="display: flex; justify-content: space-around;"> <div>DAY</div> <div>MO</div> <div>YR</div> </div> <table border="1"> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	BCG						P1						P2						P3						D1						D2						D3						MEA						<div style="display: flex; justify-content: space-around;"> <div>DAY</div> <div>MO</div> <div>YR +</div> </div> <table border="1"> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	BCG						P1						P2						P3						D1						D2						D3						MEA						<div style="display: flex; justify-content: space-around;"> <div>DAY</div> <div>MO</div> <div>YR</div> </div> <table border="1"> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	BCG						P1						P2						P3						D1						D2						D3						MEA				
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	<p>Has (NAME) received any vaccination that are not recorded on this card?</p> <p>RECORD "YES" ONLY IF WOMAN MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY < COLUMN IN 454 AND SKIP TO 457A)</p> <p>NO.....2 DK.....8 (SKIP TO 457A) <_____</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY < COLUMN IN 454 AND SKIP TO 458)</p> <p>NO.....2 DK.....8 (SKIP TO 458) <_____</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE "66" IN THE CORRESPONDING DAY < COLUMN IN 454 AND SKIP TO 458)</p> <p>NO.....2 DK.....8 (SKIP TO 458) <_____</p>
456	<p>Did (NAME) ever receive any vaccinations to prevent him/her from diseases ?</p>	<p>YES.....1 NO.....2 (SKIP TO 457A) <_____</p> <p>DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 458) <_____</p> <p>DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 458) <_____</p> <p>DK.....8</p>
457	<p>Please tell me if (NAME) (has) received any of the following vaccinations :</p> <p>READ NAME OF VACCINATION FIRST READ DESCRIPTION IF NAME IS NOT KNOWN</p> <p>A BCG vaccination against tuberculosis, which leaves a scar on the left arm or shoulder?</p> <p>A polio vaccine, as drops in the mouth?</p> <p>IF YES: How many times?</p> <p>A vaccination which is called the composite vaccine and provides protection from diphtheria, whooping-cough and tetanus ?</p> <p>IF YES: How many times?</p> <p>An injection against measles?</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>YES.....1 NO.....2 DK.....8</p> <p>HOW MANY TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p> <p>HOW MANY TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>YES.....1 NO.....2 DK.....8</p> <p>HOW MANY TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p> <p>HOW MANY TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>YES.....1 NO.....2 DK.....8</p> <p>HOW MANY TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p> <p>HOW MANY TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p>

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457A	CHECK 454 AND 457 : CHILD RECEIVED ANY OF THE VACCINES ?		
	<div style="display: flex; justify-content: space-between;"> <div> "YES" TO ONE OR MORE <input type="checkbox"/> ↓ </div> <div> NO TO ALL <input type="checkbox"/> ↓ (SKIP TO 458) </div> </div>		
457B	Where did (NAME) receive the vaccination the last time ?		
	MCH/FP.....1 HOSP./MATERNITY HOSP....2 HEALTH CENTER.....3 PRIVATE HOSP./CLINIC....4 MOBILE TEAMS.....5 OTHER.....6 (SPECIFY)		
458	CHECK 216 : CHILD ALIVE?		
	ALIVE <input type="checkbox"/> ↓ (SKIP TO 460)	DEAD <input type="checkbox"/> ↓	ALIVE <input type="checkbox"/> ↓ (SKIP TO 460)
		DEAD <input type="checkbox"/> ↓	ALIVE <input type="checkbox"/> ↓ (SKIP TO 460)
459	GO BACK TO 452 FOR NEXT BIRTH. IF NO MORE BIRTHS, SKIP TO 601.		
460	Has (NAME) been ill with a fever at any time in the last 2 weeks ?		
	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
461	Has (NAME) been ill with a cough at any time in the last 2 weeks ?		
	YES.....1 NO.....2 (SKIP TO 465)← DK.....8	YES.....1 NO.....2 (SKIP TO 465)← DK.....8	YES.....1 NO.....2 (SKIP TO 465)← DK.....8
462	Has (NAME) been ill with a cough in the last 24 hours ?		
	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
463	For how many days (has the cough lasted / did the cough last) ?		
	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
	IF LESS THAN 1 DAY, RECORD '00'		
464	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths ?		
	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
465	CHECK 460 AND 461 : FEVER OR COUGH ?		
	'YES' IN EITHER 460 OR 461 <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> → 470	'YES' IN EITHER 460 OR 461 <input type="checkbox"/> ↓
		OTHER <input type="checkbox"/> → 470	'YES' IN EITHER 460 OR 461 <input type="checkbox"/> ↓
		OTHER <input type="checkbox"/> → 470	'YES' IN EITHER 460 OR 461 <input type="checkbox"/> ↓

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466	Was anything given to treat the fever / cough ?	YES.....1 NO.....2 (SKIP TO 468)<_____ DK.....8	YES.....1 NO.....2 (SKIP TO 468)<_____ DK.....8	YES.....1 NO.....2 (SKIP TO 468)<_____ DK.....8
467	What was given to treat the fever / cough ? Anything else ? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B PILL OR SYRUP FOR FEVER.....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E HOME REMEDY.....G OTHER _____ H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B PILL OR SYRUP FOR FEVER.....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E HOME REMEDY.....G OTHER _____ H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B PILL OR SYRUP FOR FEVER.....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E HOME REMEDY.....G OTHER _____ H (SPECIFY)
468	Did you seek advice or treatment for the feve/cough ?	YES.....1 NO.....2 (SKIP TO 470)<_____ DK.....8	YES.....1 NO.....2 (SKIP TO 470)<_____ DK.....8	YES.....1 NO.....2 (SKIP TO 470)<_____ DK.....8
468A	Where did you seek advice or treatment ? Anywhere else ? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT.HOSPITAL.....A HEALTH CENTER.....B PRIVATE SECTOR PRIV.CLINIC/HOSP.....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER _____ M (SPECIFY)	PUBLIC SECTOR GVT.HOSPITAL.....A HEALTH CENTER.....B PRIVATE SECTOR PRIV.CLINIC/HOSP.....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER _____ M (SPECIFY)	PUBLIC SECTOR GVT.HOSPITAL.....A HEALTH CENTER.....B PRIVATE SECTOR PRIV.CLINIC/HOSP.....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER _____ M (SPECIFY)
469	How many days after the beginning of fever/cough did you seek advice or treatment ?	ON THE FIRST DAY.....00 DAYS..... <input type="text"/> <input type="text"/>	ON THE FIRST DAY.....00 DAYS..... <input type="text"/> <input type="text"/>	ON THE FIRST DAY.....00 DAYS..... <input type="text"/> <input type="text"/>
470	Has (NAME) had diarrhea in the last 15 days?	YES.....1 NO.....2 (SKIP TO 489)<_____ DK.....8	YES.....1 NO.....2 (SKIP TO 489)<_____ DK.....8	YES.....1 NO.....2 (SKIP TO 489)<_____ DK.....8
472	Did (NAME) have diarrhea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
473	For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN ONE DAY, RECORD "00".	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
475	CHECK 425/430: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> ↓ (SKIP TO 478)	NO <input type="checkbox"/> ↓ (SKIP TO 478)	
476	During (NAME)'s diarrhea, did you make any changes in the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 478) <—		
477	Did you increase the number of breastfeeds or reduce them or did you stop completely ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
478	(Aside from breastmilk) Was (NAME) given the same amount to drink as before the diarrhea, or more, or less ?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
479	Did you give anything to (NAME) to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 481) <— DK.....8	YES.....1 NO.....2 (SKIP TO 481) <— DK.....8	YES.....1 NO.....2 (SKIP TO 481) <— DK.....8
480	What did you give ? Anything else? RECORD ALL MENTIONED	ORS PACKAGE (SALT WATER PACKAGE FOR DIARRHEA).....A ORS PREPARED AT HOME (HOME MADE SALT WATER SOLUTION).....B ANTIBIOTIC (PILL OR SYRUP)C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F TEA-AYRAN ETC.....G OTHER.....H (SPECIFY)	ORS PACKAGE (SALT WATER PACKAGE FOR DIARRHEA).....A ORS PREPARED AT HOME (HOME MADE SALT WATER SOLUTION).....B ANTIBIOTIC (PILL OR SYRUP)C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F TEA-AYRAN ETC.....G OTHER.....H (SPECIFY)	ORS PACKAGE (SALT WATER PACKAGE FOR DIARRHEA).....A ORS PREPARED AT HOME (HOME MADE SALT WATER SOLUTION).....B ANTIBIOTIC (PILL OR SYRUP)C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F TEA-AYRAN ETC.....G OTHER.....H (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
481	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 489)<_____	YES.....1 NO.....2 (SKIP TO 489)<_____	YES.....1 NO.....2 (SKIP TO 489)<_____												
481B	Where did you seek advice or treatment ? Anywhere else ? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERN./INSTITUT.HOSP...A HEALTH CENTRE.....B PRIVATE SECTOR PRIVATE HOSP/CLINIC....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER _____ M (SPECIFY)	PUBLIC SECTOR GOVERN./INSTITUT.HOSP...A HEALTH CENTRE.....B PRIVATE SECTOR PRIVATE HOSP/CLINIC....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER _____ M (SPECIFY)	PUBLIC SECTOR GOVERN./INSTITUT.HOSP...A HEALTH CENTRE.....B PRIVATE SECTOR PRIVATE HOSP/CLINIC....F PHARMACY.....G PRIVATE DOCTOR.....H OTHER _____ M (SPECIFY)												
482	How many days after the beginning of diarrhea did you seek advice or treatment ?	ON THE FIRST DAY.....00 DAYS..... <table border="1"><tr><td></td><td></td></tr></table>			ON THE FIRST DAY.....00 DAYS..... <table border="1"><tr><td></td><td></td></tr></table>			ON THE FIRST DAY.....00 DAYS..... <table border="1"><tr><td></td><td></td></tr></table>								
489	Does (NAME) have an identity card issued to his name ? IF YES : May I see it ?	YES, CARD SEEN.....1 YES, BUT CARD NOT SEEN..2 (SKIP TO 495)<_____	YES, CARD SEEN.....1 YES, BUT CARD NOT SEEN..2 (SKIP TO 495)<_____	YES, CARD SEEN.....1 YES, BUT CARD NOT SEEN..2 (SKIP TO 495)<_____												
490	WRITE MONTH AND YEAR OF BIRTH FROM IDENTITY CARD	<table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR					<table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR					<table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR				
491	CHECK 215 : WRITE MONTH AND YEAR OF BIRTH AS REPORTED BY THE WOMAN	<table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR					<table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR					<table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR				
492	COMPARE MONTH AND YEAR IN 490 AND 491 COMPARE YEAR IF MONTH NOT PROVIDED IN 491	MONTH-YEAR SAME.....1 (SKIP TO 495)<_____	MONTH-YEAR SAME.....1 (SKIP TO 495)<_____	MONTH-YEAR SAME.....1 (SKIP TO 495)<_____												
		MONTH AND/OR YEAR DIFFERENT.....2	MONTH AND/OR YEAR DIFFERENT.....2	MONTH AND/OR YEAR DIFFERENT.....2												
493	I see that the date of birth on (NAME)s identity card and the date you had given to me are different (MENTION BOTH DATES). Which one is wrong ?	WOMEN'S DECLARATION WRONG.....1 (SKIP TO 495)<_____	WOMEN'S DECLARATION WRONG.....1 (SKIP TO 495)<_____	WOMEN'S DECLARATION WRONG.....1 (SKIP TO 495)<_____												
		IDENTITY CARD WRONG....2	IDENTITY CARD WRONG....2	IDENTITY CARD WRONG....2												

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
494	What is the reason for this inaccuracy in the identity card ?	_____ _____ _____	_____ _____ _____	_____ _____ _____
495	GO BACK TO 452 FOR NEXT BIRTH. IF NO MORE BIRTHS, GO TO 601			

SECTION 6. FERTILITY PREFERENCES

601	CHECK 250 :	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NOT CURRENTLY MARRIED</p> <input type="checkbox"/> </div> </div>	→612	
602	CHECK 315 :	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>NEITHER STERILIZED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>SHE OR HE STERILIZED</p> <input type="checkbox"/> </div> </div>	→612	
603	CHECK 225 :	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> </div> <div style="width: 45%;"> <p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p> </div> </div>	<p>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE / NONE.....2</p> <p>SAYS THAT SHE CANNOT GET PREGNANT.....3</p> <p>UNDECIDED OR DK.....8</p>	→610
603A	CHECK 225 :	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>How many more children would you like to have in the future ?</p> </div> <div style="width: 45%;"> <p>PREGNANT <input type="checkbox"/></p> <p>How many more children would you like to have in the future, not counting the one you are currently pregnant with ?</p> </div> </div>	<p>NUMBER..... <input style="width: 40px;" type="text"/></p> <p>OTHER ANSWERS _____ 96— (SPECIFY)</p>	→604
603B	CHECK 225 :	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>How many boys, how many girls ?</p> </div> <div style="width: 45%;"> <p>PREGNANT <input type="checkbox"/></p> <p>How many boys and how many girls would you like to have, not counting the one you are currently pregnant with ?</p> </div> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <p>BOYS</p> <p>GIRLS</p> <p>EITHER</p> </div> <p>NUMBER... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p>OTHER _____ 999996 (SPECIFY)</p>	

604	CHECK 225 :	<p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>↓ ↓</p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>SOON / NOW.....994</p> <p>SAYS THAT SHE CANNOT GET PREGNANT.....995</p> <p>OTHER.....996</p> <p>(SPECIFY)</p> <p>DK.....998</p>	>610
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605	CHECK 216 AND 225 :	<p>HAS LIVING CHILD(REN) OR PREGNANT ?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>↓</p>		>610
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606	CHECK 225 :	<p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>↓ ↓</p> <p>How old would you like your youngest child to be when your next child is born?</p> <p>How old would you like the child you are expecting to be when your next child is born?</p>	<p>AGE OF CHILD YEARS.....<input type="text"/></p> <p>DK.....98</p>
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610	Have you and your husband ever discussed the number of children you would like to have?	<p>YES.....1</p> <p>NO.....2</p>
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611	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want ?	<p>SAME NUMBER.....1</p> <p>MORE CHILDREN.....2</p> <p>FEWER.....3</p> <p>DK.....8</p>
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612	CHECK 216 :	<p>HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓ ↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER.....<input type="text"/></p> <p>OTHER ANSWERS.....96</p> <p>(SPECIFY)</p>
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613	What do you think is the best period of time between the birth of one child and the birth of the next child?	<p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>OTHER.....996</p> <p>(SPECIFY)</p>
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SECTION 7A. BACKGROUND CHARACTERISTICS OF HUSBAND AND WOMEN'S WORK

702	Did your (last) husband ever attend school ?	YES.....1 NO.....2	→705
703	What is the highest level he attended ?	PRIMARY SCHOOL.....1 SECONDARY SCHOOL.....2 HIGH SCHOOL.....3 UNIVERSITY.....4	
704	What is the highest grade he completed at that level ?	GRADE.....	
704B	Did he graduate from this school ?	YES.....1 NO.....2	
705	What job (did) does your (last) husband do ? DO NOT WRITE IN THE BOXES	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> _____ _____ _____	
705B	(Did) Does your (last) husband pay social security when doing this job ? IF YES : According to which schedule ?	NO.....0 SSK.....1 EMEKLİ SANDIGİ.....2 BAG-KUR.....3 OTHER4 (SPECIFY) DK.....8	
705C	(Did) Does your (last) husband have health insurance ? IF YES : According to which schedule ?	NO.....0 SSK.....1 EMEKLİ SANDIGİ.....2 BAG-KUR.....3 PRIVATE.....4 GREEN CARD.....5 OTHER6 (SPECIFY) DK.....8	

705D	Does (did) your (last) husband read a newspaper or a magazine, for instance, at least once a week ?	YES.....1 NO.....2
705E	Does (did) your (last) husband listen to radio, for instance, at least once a week ?	YES.....1 NO.....2
705F	Does (did) your (last) husband watch television, for instance, at least once a week ?	YES.....1 NO.....2
705G	What is (was) your (last) husband's mother tongue ? RECORD ONLY ONE RESPONSE.	TURKISH.....01 KURDISH, ZAZA.....02 ARABIC.....03 ARMENIAN.....04 CIRCASSIAN.....05 GEORGIAN.....06 HEBREW.....07 PERSIAN.....08 GREEK.....09 LAZ LANGUAGE.....10 EAST EUROPEAN LANGUAGES (BULGARIAN, RUSSIAN, SERBIAN, RUMANIAN, BOSNIAN ETC).....11 WEST EUROPEAN LANGUAGES (ENGLISH, FRENCH, GERMAN, SPANISH, ITALIAN ETC).....12 OTHER.....13 (SPECIFY)
705H	In addition to his mother tongue, which language(s) does (did) your (last) husband speak and/or understand ? RECORD ALL MENTIONED.	TURKISH.....A KURDISH, ZAZA.....B ARABIC.....C ARMENIAN.....D CIRCASSIAN.....E GEORGIAN.....F HEBREW.....G PERSIAN.....H GREEK.....I LAZ LANGUAGE.....J EAST EUROPEAN LANGUAGES (BULGARIAN, RUSSIAN, SERBIAN, RUMANIAN, BOSNIAN ETC).....K WEST EUROPEAN LANGUAGES (ENGLISH, FRENCH, GERMAN, SPANISH, ITALIAN ETC).....L OTHER.....M (SPECIFY) KNOWS NO OTHER LANGUAGE.....P

705I What language(s) do (did) you usually use to speak with your (last) husband ?

RECORD ALL MENTIONED.

TURKISH.....A
 KURDISH, ZAZA.....B
 ARABIC.....C
 ARMENIAN.....D
 CIRCASSIAN.....E
 GEORGIAN.....F
 HEBREW.....G
 PERSIAN.....H
 GREEK.....I
 LAZ LANGUAGE.....J
 EAST EUROPEAN LANGUAGES
 (BULGARIAN, RUSSIAN, SERBIAN,
 RUMANIAN, BOSNIAN ETC).....K
 WEST EUROPEAN LANGUAGES
 (ENGLISH, FRENCH, GERMAN,
 SPANISH, ITALIAN ETC).....L
 OTHER.....M
 (SPECIFY)

705J What is (was) your (last) husband's mother's mother tongue ?

RECORD ONLY ONE RESPONSE.

TURKISH.....01
 KURDISH, ZAZA.....02
 ARABIC.....03
 ARMENIAN.....04
 CIRCASSIAN.....05
 GEORGIAN.....06
 HEBREW.....07
 PERSIAN.....08
 GREEK.....09
 LAZ LANGUAGE.....10
 EAST EUROPEAN LANGUAGES
 (BULGARIAN, RUSSIAN, SERBIAN,
 RUMANIAN, BOSNIAN ETC).....11
 WEST EUROPEAN LANGUAGES
 (ENGLISH, FRENCH, GERMAN,
 SPANISH, ITALIAN ETC).....12
 OTHER.....13
 (SPECIFY)

705K What is (was) your (last) husband's father's mother tongue ?

RECORD ONLY ONE RESPONSE.

TURKISH.....01
 KURDISH, ZAZA.....02
 ARABIC.....03
 ARMENIAN.....04
 CIRCASSIAN.....05
 GEORGIAN.....06
 HEBREW.....07
 PERSIAN.....08
 GREEK.....09
 LAZ LANGUAGE.....10
 EAST EUROPEAN LANGUAGES
 (BULGARIAN, RUSSIAN, SERBIAN,
 RUMANIAN, BOSNIAN ETC).....11
 WEST EUROPEAN LANGUAGES
 (ENGLISH, FRENCH, GERMAN,
 SPANISH, ITALIAN ETC).....12
 OTHER.....13
 (SPECIFY)

708	Have you lived in only one settlement or in more than one settlements since January 1988 ?	ONE SETTLEMENT.....1 MORE THAN ONE SETTLEMENT.....2—>710
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709	ENTER (IN COL.7 OF CALENDAR) THE APPROPRIATE CODE FOR SETTLEMENT OF CURRENT RESIDENCE ("1" PROVINCE CENTRE, "2" DISTRICT CENTRE, "3" SUB-DISTRICT / VILLAGE, "4" ABROAD). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1988 —>711	
-----	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

710	<p>In what month and year did you move to (NAME OF SETTLEMENT WOMEN IS CURRENTLY RESIDING)</p> <p>- ENTER IN COL.7 OF CALENDAR "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS. ENTER THE CODE OF THE CURRENT PLACE OF SETTLEMENT UP TO AND INCLUDING THE MONTH OF INTERVIEW.</p> <p>CODES : 1- PROVINCE CENTRE 2- DISTRICT CENTRE 3- SUBDISTRICT OR VILLAGE 4- ABROAD</p> <p>- CONTINUE PRObing FOR PREVIOUS SETTLEMENTS AND RECORD MOVES AND TYPES OF SETTLEMENTS ACCORDINGLY.</p> <p>- WRITE NAMES OF SETTLEMENTS TO THE RIGHT OF THE CALENDAR.</p> <p>ILLUSTRATIVE QUESTIONS</p> <p>- Where did you live before.....? _____</p> <p>- In what month and year did you arrive there? _____</p> <p>- Is that place in an urban settlement or a rural settlement ? _____</p>
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711	<p>REFER TO PLACE OF RESIDENCE IN JANUARY 1988 :</p> <p>When did you move to (PLACE OF RESIDENCE IN JANUARY 1988)?</p> <p>THE DATE ENTERED HERE SHOULD BE BEFORE JANUARY 1988.</p>	<p>LIVED THERE SINCE BIRTH.....96 LIVED THERE SINCE MARRIAGE.....97</p> <p>MONTH..... <input type="text"/> <input type="text"/></p> <p>DK MONTH.....98</p> <p>YEAR..... <input type="text"/> <input type="text"/></p> <p>DK YEAR.....98</p>
-----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

713	<p>Now I would like to ask you questions about working.</p> <p>Aside from your own housework, are currently working ?</p>	<p>YES.....1—>717 NO.....2</p>
-----	---------------------------------------------------------------------------------------------------------------------------	---------------------------------------

714	<p>You say that you are not working. As you know, some women sell small things, sell goods at the marketplace, work on the family farm or business, look after children, work as cleaning ladies etc. Are you doing any of these at the moment, or any other work of similar nature ?</p>	<p>YES.....1 NO.....2—>717B</p>
-----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

717 What type of work are you doing ? What kind of job are you in ?

DO NOT WRITE IN THE BOXES.

--	--

717A Do you pay social security when doing this job ?

IF YES : According to which schedule ?

NO.....0

SSK.....1

EMEKLİ SANDIĞI.....2

BAG-KUR.....3

OTHER.....4

(SPECIFY)

717B Are you covered by health insurance ?

IF YES : According to which schedule ?

NO.....0

SSK.....1

EMEKLİ SANDIĞI.....2

BAG-KUR.....3

PRIVATE.....4

GREEN CARD.....5

OTHER.....6

(SPECIFY)

717C Did you work before you got married ?

YES.....1

NO.....2

723 CHECK 215 AND 216

DOES SHE HAVE CHILD(REN)
BORN SINCE JANUARY 1988 AND
SURVIVING AT PRESENT ?

YES

☐

↓

NO

☐

→733

724 CHECK 713 AND 714 :

CURRENTLY WORKING ?

YES

☐

↓

NO

☐

→733

725 While you are working, do you usually have (NAME OF YOUNGEST CHILD AT HOME) with you, sometimes have him/her with you, or never have him/her with you?

USUALLY.....1→733

SOMETIMES.....2

NEVER.....3

WORKS AT HOME, NO NEED.....4

726 Who takes care of (NAME OF YOUNGEST CHILD) while you are working ?

HUSBAND.....01

OLDER CHILDREN.....02

OTHER RELATIVES.....03

NEIGHBOURS.....04

FRIENDS.....05

CHILD SITTER.....06

CHILD GOES TO SCHOOL.....07

INSTITUTIONAL CHILDCARE.....08

WORKS AT HOME, NO NEED FOR
CHILD TO BE LOOKED AFTER.....09

OTHER.....10

(SPECIFY)

SECTION 7B. VALUES, ATTITUDES AND BELIEFS

733 CHECK 250 :

MARRIED

CURRENTLY

NOT MARRIED

> 735

734 Now I have questions to you regarding house work.
Can you please tell me who usually takes care of the
following in your home ?

Cooking ?

Cleaning ?

Washing the dishes ?

Ironing ?

Shopping ?

Keeping the family budget ?

Going to offices outside home (paying bills etc) ?

HER SELF	HUSB.	OTHER PERSN IN FAMIL.	PERSN. OUT OF FAMIL.	NO ONE
A	B	C	D	E
A	B	C	D	E
A	B	C	D	E
A	B	C	D	E
A	B	C	D	E
A	B	C	D	E
A	B	C	D	E

735 CHECK 217 :

HAS AT LEAST ONE LIVING CHILD
YOUNGER THAN 5 YEARS OF AGE

NO LIVING CHILDRE UNDER AGE 5

> 738

736 Who usually takes (took) care of the following tasks
concerning childcare ?

Preparing food for children ?

Dressing up children ?

Looking after children in times of illness ?

Playing with children ?

HER SELF	HUSB.	OTHER PERSN IN FAMIL.	PERSN. OUT OF FAMIL.	NO ONE
A	B	C	D	E
A	B	C	D	E
A	B	C	D	E
A	B	C	D	E

737	Who decides in your family whether to take your sick child to a doctor or not ?	SELF.....1 HUSBAND.....2 SELF AND HUSBAND TOGETHER.....3 MOTHER-FATHER IN LAW.....4 RESPONDENT'S PARENTS.....5 OTHER6 (SPECIFY)																								
738	<p>I will now read to you a few sentences. I would like to learn what you think about the ideas in these sentences. Do you think they are right or wrong ?</p> <p>Men are usually wiser than women.</p> <p>A man can beat up his wife in case of inobedience.</p> <p>A woman should not argue with her husband if she does not share the same views with him.</p> <p>It is quite normal for a married man to go out on his own when he wants to.</p>	<table> <tr> <th>AGREE</th><th>DISAGREE</th><th>HAS NO IDEA</th></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> </table>	AGREE	DISAGREE	HAS NO IDEA	1	2	8	1	2	8	1	2	8	1	2	8									
AGREE	DISAGREE	HAS NO IDEA																								
1	2	8																								
1	2	8																								
1	2	8																								
1	2	8																								
739	Which of the following do you think constitutes a sufficient reason for seeking divorce ?	<table> <tr> <th>SUFFICIENT</th><th>INSUFFICIENT</th><th>HAS NO IDEA</th></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> <tr> <td>1</td><td>2</td><td>8</td></tr> </table>	SUFFICIENT	INSUFFICIENT	HAS NO IDEA	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
SUFFICIENT	INSUFFICIENT	HAS NO IDEA																								
1	2	8																								
1	2	8																								
1	2	8																								
1	2	8																								
1	2	8																								
1	2	8																								
1	2	8																								

740	RECORD THE TIME	HOUR..... MINUTES.....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
741	PRESENCE OF OTHERS DURING INTERVIEW : CIRCLE ALL APPROPRIATE ALTERNATIVES.	NO ONE.....A CHILDREN UNDER 10.....B HUSBAND.....C MOTHER IN LAW.....D RESPONDENTS MOTHER.....E OTHER MEN.....F OTHER WOMEN.....G	
742	WAS THE INTERVIEW INTERRUPTED ? IF YES, FOR HOW LONG, APPROXIMATELY ? (IN MINUTES)	NO.....000 YES.....1	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
743	WHAT IS THE RELIABILITY OF THE RESPONSES, IN YOUR OPINION ?	POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4	
744	WHAT LANGUAGE WAS USED DURING THE INTERVIEW ?	TURKISH.....1 KURDISH.....2 ARABIC.....3 OTHER.....4 (SPECIFY)	801
745	WAS AN INTERPRETER USED DURING THE INTERVIEW ?	YES.....1 NO.....2	

INTERVIEWERS OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent : _____

Comments on Specific Questions: _____

Any Other Comments : _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

SECTION 8. HEIGHT AND WEIGHT

801	CHECK 222 :	<input type="checkbox"/> ↓	HAS ONE OR MORE BIRTHS SINCE JANUARY 1988	HAS NO BIRTHS SINCE JANUARY 1988	<input type="checkbox"/> → END
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INTERVIEWER : IN 802 (COLUMNS 2-4) RECORD THE LINE NUMBER OF EACH CHILD BORN SINCE JANUARY 1988 AND STILL ALIVE. IN 803 AND 804 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1988. IN 806 AND 808 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. IN 809 RECORD THE ARM CIRCUMFERENCE OF THE RESPONDENT.

(NOTE : ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1988 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1988, USE ADDITIONAL FORMS).

	<input type="checkbox"/> 1 RESPONDENT	<input type="checkbox"/> 2 YOUNGEST LIVING CHILD	<input type="checkbox"/> 3 NEXT-TO- YOUNGEST LIVING CHILD	<input type="checkbox"/> 4 SECOND-TO- YOUNGEST LIVING CHILD
802 LINE NO. FROM Q.212		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
803 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
804 DATE OF BIRTH FROM Q.104 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
805 BCG SCAR ON TOP OF LEFT SHOULDER (TUBERCULOSIS INJECTION SCAR)		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
806 HEIGHT (in centimeters)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
807 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
808 WEIGHT (in kilograms)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
808A ARM CIRCUMFERENCE (in centimeters)	<input type="text"/> <input type="text"/> <input type="text"/>			
809 DATE WEIGHED AND MEASURED	DAY..... MONTH.... YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... MONTH.... YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... MONTH.... YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... MONTH.... YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
810 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)
811 NAME OF MEASURER: _____	<input type="text"/> <input type="text"/>			

C A L E N D A R

INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1, 6 AND 7 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL 1 : BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

D BIRTHS
H PREGNANCIES
K INDUCED ABORTIONS
F MISCARRIAGES
J STILL BIRTHS

0 NO METHOD USED

1 PILL
2 IUD
3 INJECTIONS
4 DIAPHRAGM/FOAM/JELLY
5 CONDOM
6 NORPLANT
7 TUBAL LIGATION
8 MALE STERILIZATION
9 RHYTHM
C WITHDRAWAL
G ABSTINENCE
W OTHER

(SPECIFY)

N MONTHS OUT OF WEDLOCK
(METHOD USE NOT ASKED)

COL 2 : DISCONTINUATION OF CONTR. USE AND PERSON INITIATING ABORTION

1 BECAME PREGNANT WHILE USING
2 WANTED TO GET PREGNANT
3 HUSBAND DISAPPROVED
4 SIDE EFFECTS
5 HEALTH CONCERNS
6 ACCESS/AVAILABILITY
7 WANTED MORE EFFECTIVE METHOD
8 INCONVENIENT TO USE
9 INFREQUENT SEX/HUSBAND AWAY
P COST
Y FATALISTIC
M DIFFICULT TO GET PREGNANT/MENOPAUSE
B DIVORCE/SEPARATION/DEATH OF HUSBAND
W OTHER

(SPECIFY)

O DON'T KNOW

L STARTED IT HERSELF
A RELATIVE/NEIGHBOUR
N TRADITIONAL MIDWIFE
E MIDWIFE/NURSE
T DOCTOR IN HOSPITAL
R DOCTOR IN PRIVATE CLINIC
W OTHER

(SPECIFY)

COL 3 : POSTPARTUM AMENORRHEA

X PERIOD DID NOT RETURN
0 LESS THAN ONE MONTH

COL 4 : POSTPARTUM ABSTINENCE

X NO SEXUAL RELATION
0 LESS THAN ONE MONTH

COL 5 : BREASTFEEDING

X BREASTFEEDING
0 LESS THAN ONE MONTH
N NEVER BREASTFED

COL 6 : MARRIAGE

X MARRIED
0 NOT MARRIED

COL 7 : MOVES AND TYPES OF SETTLEMENTS

X CHANGE OF SETTLEMENT
1 PROVINCE CENTRE
2 DISTRICT CENTRE
3 SUBDISTRICT / VILLAGE
4 ABROAD

		1	2	3	4	5	6	7		
12 DEC	01								01 DEC	
11 NOV	02								02 NOV	
10 OCT	03								03 OCT	
09 SEP	04								04 SEP	
08 AUG	05								05 AUG	1
07 JUL	06								06 JUL	9
06 JUN	07								07 JUN	9
05 MAY	08								08 MAY	3
04 APR	09								09 APR	
03 MAR	10								10 MAR	
02 FEB	11								11 FEB	
01 JAN	12								12 JAN	
12 DEC	13								13 DEC	
11 NOV	14								14 NOV	
10 OCT	15								15 OCT	
09 SEP	16								16 SEP	
08 AUG	17								17 AUG	1
07 JUL	18								18 JUL	9
06 JUN	19								19 JUN	9
05 MAY	20								20 MAY	2
04 APR	21								21 APR	
03 MAR	22								22 MAR	
02 FEB	23								23 FEB	
01 JAN	24								24 JAN	
12 DEC	25								25 DEC	
11 NOV	26								26 NOV	
10 OCT	27								27 OCT	
09 SEP	28								28 SEP	
08 AUG	29								29 AUG	1
07 JUL	30								30 JUL	9
06 JUN	31								31 JUN	9
05 MAY	32								32 MAY	1
04 APR	33								33 APR	
03 MAR	34								34 MAR	
02 FEB	35								35 FEB	
01 JAN	36								36 JAN	
12 DEC	37								37 DEC	
11 NOV	38								38 NOV	
10 OCT	39								39 OCT	
09 SEP	40								40 SEP	
08 AUG	41								41 AUG	1
07 JUL	42								42 JUL	9
06 JUN	43								43 JUN	9
05 MAY	44								44 MAY	0
04 APR	45								45 APR	
03 MAR	46								46 MAR	
02 FEB	47								47 FEB	
01 JAN	48								48 JAN	
12 DEC	49								49 DEC	
11 NOV	50								50 NOV	
10 OCT	51								51 OCT	
09 SEP	52								52 SEP	
08 AUG	53								53 AUG	1
07 JUL	54								54 JUL	9
06 JUN	55								55 JUN	8
05 MAY	56								56 MAY	9
04 APR	57								57 APR	
03 MAR	58								58 MAR	
02 FEB	59								59 FEB	
01 JAN	60								60 JAN	
12 DEC	61								61 DEC	
11 NOV	62								62 NOV	
10 OCT	63								63 OCT	
09 SEP	64								64 SEP	
08 AUG	65								65 AUG	1
07 JUL	66								66 JUL	9
06 JUN	67								67 JUN	8
05 MAY	68								68 MAY	8
04 APR	69								69 APR	
03 MAR	70								70 MAR	
02 FEB	71								71 FEB	
01 JAN	72								72 JAN	

LAST CHILD BORN PRIOR TO JAN. 1988

NAME: _____

MONTH..

YEAR...

PROVINCE CODES :

01. ADANA	16. BURSA	31. HATAY	46. K. MARAŞ	61. TRABZON
02. ADIYAMAN	17. ÇANAKKALE	32. ISPARTA	47. MARDİN	62. TUNCELİ
03. AFYON	18. ÇANKIRI	33. İÇEL	48. MUĞLA	63. Ş. URFA
04. AĞRI	19. ÇORUM	34. İSTANBUL	49. MUŞ	64. UŞAK
05. AMASYA	20. DENİZLİ	35. İZMİR	50. NEVŞEHİR	65. VAN
06. ANKARA	21. DİYARBAKIR	36. KARS	51. NİĞDE	66. YOZGAT
07. ANTALYA	22. EDİRNE	37. KASTAMONU	52. ORDU	67. ZONGULDAK
08. ARTVİN	23. ELAZIĞ	38. KAYSERİ	53. RİZE	68. AKSARAY
09. AYDIN	24. ERZİNCAN	39. KIRKLARELİ	54. SAKARYA	69. BAYBURT
10. BALIKESİR	25. ERZURUM	40. KIRŞEHİR	55. SAMSUN	70. KARAMAN
11. BİLECİK	26. ESKİŞEHİR	41. KOCAELİ	56. SİİRT	71. KIRIKKALE
12. BİNGÖL	27. GAZİANTEP	42. KONYA	57. SİNOP	72. BATMAN
13. BİTLİS	28. GİRESUN	43. KÜTAHYA	58. SİVAS	73. ŞIRNAK
14. BOLU	29. GÜMÜŞHANE	44. MALATYA	59. TEKİRDAĞ	74. BARTIN
15. BURDUR	30. HAKKARİ	45. MANİSA	60. TOKAT	75. ARDAHAN
				76. IĞDIR

CONVERSION OF YEARS OF BIRTH FROM RUMI CALENDAR
TO MILADI CALENDAR YEARS :

$$\text{RUMI YEAR} + 584 = \text{MİLADİ YEAR}$$