

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES
1998 TURKISH DEMOGRAPHIC AND HEALTH SURVEY
EVER-MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION			
CLUSTER NO.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	PROVINCE _____
HOUSEHOLD NO.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	DISTRICT _____
REGION.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	SUBDISTRICT _____
URBAN (1) / RURAL (2).....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	VILLAGE _____
			QUARTER _____
			STREET _____ NO _____

NAME-SURNAME OF WOMAN _____	LINE NUMBER OF WOMAN..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE (DAY-MONTH)	_ _	_ _	_ _	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER'S NAME-SURNAME	_ _ _ _	_ _ _ _	_ _ _ _	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
RESULT (*)	_	_	_	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT DAY-MONTH VISIT HOUR	_ _	_ _		TOTAL NO OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

(*) RESULT CODES :	
1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED	5 PARTLY COMPLETED 7 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>

SUPERVISOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	FIELD EDITOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
DAY-MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	DAY-MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	DAY-MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Age	Year of birth	
	Has not had birthday in 1998	Has already had birthday in 1998
	Does not know	
0	1997	--
1	1996	1997
2	1995	1996
3	1994	1995
4	1993	1994
5	1992	1993
6	1991	1992
7	1990	1991
8	1989	1990
9	1988	1989
10	1987	1988
11	1986	1987
12	1985	1986
13	1984	1985
14	1983	1984
15	1982	1983
16	1981	1982
17	1980	1981
18	1979	1980
19	1978	1979
20	1977	1978
21	1976	1977
22	1975	1976
23	1974	1975
24	1973	1974
25	1972	1973
26	1971	1972
27	1970	1971
28	1969	1970
29	1968	1969
30	1967	1968
31	1966	1967
32	1965	1966
33	1964	1965
34	1963	1964

Age	Year of birth	
	Has not had birthday in 1998	Has already had birthday in 1998
	Does not know	
35	1962	1963
36	1961	1962
37	1960	1961
38	1959	1960
39	1958	1959
40	1957	1958
41	1956	1957
42	1955	1956
43	1954	1955
44	1953	1954
45	1952	1953
46	1951	1952
47	1950	1951
48	1949	1950
49	1948	1949
50	1947	1948
51	1946	1947
52	1945	1946
53	1944	1945
54	1943	1944
55	1942	1943
56	1941	1942
57	1940	1941
58	1939	1940
59	1938	1939
60	1937	1938
61	1936	1937
62	1935	1936
63	1934	1935
64	1933	1934
65	1932	1933
66	1931	1932
67	1930	1931
68	1929	1930
69	1928	1929

SECTION 1. RESPONDENT'S BACKGROUND

101	RECORD THE TIME	HOUR - MINUTES.....	<input type="text"/>	<input type="text"/>
102A	<p>First I would like to ask some questions about you and the place you lived. For most of the time until you were 12 years old, where did you live ?</p> <p>_____</p> <p>(NAME OF THE PLACE)</p> <p>Was it a province centre, district centre, a subdistrict or village ? Or did you live abroad ?</p>	<p>PROVINCE CENTRE.....1</p> <p>DISTRICT CENTRE.....2</p> <p>SUBDISTRICT OR VILLAGE.....3</p> <p>ABROAD.....4</p>		→103
102B	<p>In which province is this place now ?</p> <p>RECORD THE NAME AND CODE OF THE PROVINCE.</p>	<p>NAME OF PROVINCE</p> <p>_____ PROVINCE CODE</p>	<input type="text"/>	
103	<p>How long have you been living continuously in (NAME OF CURRENT PLACE OF INTERVIEW) ?</p>	<p>YEARS.....</p> <p>SINCE I WAS BORN.....95</p> <p>VISITOR.....96</p>	<input type="text"/>	→105
104A	<p>Where did you live before you moved here ?</p> <p>_____</p> <p>(NAME OF THE PLACE)</p> <p>Was that a province centre, district centre, a subdistrict or village ? Or did you live abroad ?</p>	<p>PROVINCE CENTRE.....1</p> <p>DISTRICT CENTRE.....2</p> <p>SUBDISTRICT OR VILLAGE.....3</p> <p>ABROAD.....4</p>		→104C
104B	<p>In which province is this place now ?</p> <p>RECORD THE NAME AND CODE OF THE PROVINCE.</p>	<p>NAME OF PROVINCE</p> <p>_____ PROVINCE CODE</p>	<input type="text"/>	
104C	What was the main reason for you to move here ?	<p>PERSONAL REASONS</p> <p>MARRIAGE.....01</p> <p>EDUCATION.....02</p> <p>LOOKING FOR JOB.....03</p> <p>CHANGE OF JOB/APPOINTMENT.....04</p> <p>RETURN TO HOMELAND.....05</p> <p>SPOUSAL REASONS</p> <p>TO ACCOMPANY HUSBAND.....06</p> <p>CHANGE OF JOB/APPOINTMENT..07</p> <p>LOOKING FOR JOB.....08</p> <p>FAMILIAL REASONS</p> <p>TO JOIN PARENTS.....09</p> <p>CHANGE OF JOB/APPOINTMENT..10</p> <p>LOOKING FOR JOB.....11</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		

105	In what month and year were you born ?	MONTH..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 9 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW YEAR.....9998
106	How old are you exactly ? What age have you completed ? CHECK ANSWERS TO 105 AND 106 USING AGE-BIRTH YEAR TABLE. IF INCONSISTENT PROBE AND CORRECT. AGE INFORMATION MUST BE RECORDED !	AGE IN COMPLETED YEARS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
107	Have you ever attended school ?	YES.....1 NO.....2 → 114
108	What is the highest level you have attended ?	PRIMARY.....1 SECONDARY.....2 HIGH SCHOOL.....3 UNIVERSITY.....4
109A	What is the highest grade you have completed at that level ?	GRADE..... <input style="width: 20px; height: 20px;" type="text"/>
109B	Did you graduate (receive diploma) from this school ?	YES.....1 NO.....2
110	CHECK 106 : <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AGE 24 OR BELOW <input style="width: 20px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> AGE 25 OR ABOVE <input style="width: 20px; height: 20px;" type="checkbox"/> </div> </div>	
111	Are you currently attending school ?	YES.....1 → 113 NO.....2

116B	<p>In addition to your mother tongue, which language(s) can you speak ?</p> <p style="text-align: center;">RECORD ALL MENTIONED.</p>	<p>TURKISH.....A</p> <p>KURDISH AND DIALECTS (KURMANCI, GORANI, ZAZA ETC)....B</p> <p>ARABIC.....C</p> <p>GREEK.....D</p> <p>ARMANIAN.....E</p> <p>HEBREW (LADINO).....F</p> <p>CIRCASSIAN.....G</p> <p>GEORGIAN.....H</p> <p>LAZ LANGUAGE.....I</p> <p>PERSIAN.....J</p> <p>BULGARIAN.....K</p> <p>RUMANIAN.....L</p> <p>SERBIAN.....M</p> <p>ENGLISH.....N</p> <p>GERMAN.....O</p> <p>OTHER _____ U (SPECIFY)</p> <p>KNOWS NO OTHER LANGUAGE.....Y</p>		
116C	<p>What is (was) your mother's and father's mother tongue ?</p> <p style="text-align: center;">USE THE CODES IN 116A.</p>	<p>MOTHER.....</p> <p>FATHER.....</p>		
117	<p>What is your religion ?</p> <p style="text-align: center;">IF THE ANSWER IS "MUSLIM" PROBE FOR RELIGIOUS SECT AND CIRCLE APPROPRIATE CODE.</p>	<p>MUSLIM</p> <p>SUNNI.....01</p> <p>ALAWI.....02</p> <p>OTHER _____ 03 (SPECIFY)</p> <p>CHRISTIAN.....06</p> <p>JEWISH.....07</p> <p>NO RELIGION.....10</p> <p>OTHER _____ 96 (SPECIFY)</p>		
<p>118 CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE :</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/></p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/></p> </td> </tr> </table> <p style="text-align: right;">→201</p>			<p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/></p>	<p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/></p>
<p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/></p>	<p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/></p>			
119A	<p>Now I would like to ask about the place in which you usually live.</p> <p>What is the name of the place in which you usually live ?</p> <p style="text-align: center;">_____ (NAME OF PLACE)</p> <p>Is that a province centre, a district centre, a subdistrict or village, or are you living abroad ?</p>	<p>PROVINCE CENTRE.....1</p> <p>DISTRICT CENTRE.....2</p> <p>SUBDISTRICT OR VILLAGE.....3</p> <p>ABROAD.....4 →20A</p>		

119B	In which province is that located ?	NAME OF PROVINCE <input type="text"/>	<input type="text"/>
		PROVINCE CODE	<input type="text"/>
120A	Now I would like to ask about the household you usually live. How many persons do usually live in your house ?	NUMBER.....	<input type="text"/>
120B	Does the house you usually live belong to a household member, is it rented from someone else, is it a lodging, or do you just live here without having to pay anything ?	OWNED BY A HOUSEHOLD MEMBER.....1 RENTED.....2 LODGING.....3 NO MONEY PAID.....4 OTHER7 (SPECIFY)	
121A	What is the source of drinking water for your household ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN...11→122A PUBLIC PIPED WATER OUTSIDE HOUSE/GARDEN.....12 WELL WATER WELL IN RESIDENCE/GARDEN.....21→122A PUBLIC WELL.....22 SURFACE WATER SPRING WATER PIPED INTO HOUSE/GARDEN.....31→122A SPRING/PUBLIC FOUNTAIN.....32 RIVER/STREAM/ POND/LAKE/DAM.....33 RAINWATER.....41→122A TANKER TRUCK.....51 BOTTLED WATER/DEMIJOHN/PET W...61→122A WATER STATION.....71 OTHER96 (SPECIFY)	
121B	How long does it take you to go there, get water, and come back ?	MINUTES..... ON PREMISES.....996	<input type="text"/>
122A	Is the toilet inside the house or outside ?	NO FACILITY/BUSH/FIELD.....0→123 INSIDE.....1 OUTSIDE.....2 INSIDE AND OUTSIDE.....3 OTHER7 (SPECIFY)	

122B	<p>What type of toilet system do you have in your household?</p> <p>PROBE IF THE TOILET SYSTEM IS CONNECTED TO DRAINAGE SYSTEM.</p> <p>IF CONNECTED:</p> <p>Is toilet used by only the members of your household or is it shared with other households?</p> <p>IF NOT CONNECTED:</p> <p>What is the facility for excreta disposal?</p>	<p>CONNECTED TO DRAINAGE SYSTEM</p> <p>USED ONLY BY THIS HOUSEHOLD...11</p> <p>SHARED WITH ANOTHER HOUSEHOLD...12</p> <p>PIT</p> <p>OPEN PIT.....21</p> <p>CLOSED PIT.....22</p> <p>NO FACILITY.....31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>
123	<p>What is the source of heating in winter for your house ?</p>	<p>RADIATOR (CENTRAL HEATING).....1</p> <p>RADIATOR (PRIVATE).....2</p> <p>NATURAL GAS STOVE.....3</p> <p>STOVE (COAL/WOOD).....4</p> <p>OTHER _____ 7</p> <p>(SPECIFY)</p>
124	<p>How many rooms in your household are used for sleeping ?</p>	<p>ROOMS USED FOR SLEEPING.... <input type="text"/></p>
125	<p>What is the main material of the floor ?</p>	<p>NATURAL FLOOR</p> <p>EARTH.....11</p> <p>RUDIMENTARY</p> <p>WOOD PLANKS.....21</p> <p>FINISHED FLOOR</p> <p>PARQUET/POLISHED WOOD.....31</p> <p>KARO.....32</p> <p>CEMENT.....34</p> <p>CARPET/WALL TO WALL CARPET...35</p> <p>MARLEY.....36</p> <p>MOSAIC.....37</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>
126	<p>I would like to get an estimate of the total income that enters your household each month. Is the total amount of money earned by the members of your household in a month:</p>	
126A	<p>More than 100 million ?</p>	<p>YES.....1</p> <p>NO.....2 → 126D</p>
126B	<p>More than 300 million ?</p>	<p>YES.....1</p> <p>NO.....2 → 127</p>
126C	<p>More than 500 million ?</p>	<p>YES.....1</p> <p>NO.....2 → 127</p>
126D	<p>Less than 50 million ?</p>	<p>YES.....1</p> <p>NO.....2</p>

127	Do you have the following in your household ?	YES NO	
	Refrigerator	REFRIGERATOR.....1	2
	Gas or electric oven	GAS/ELECTRIC OVEN.....1	2
	Dishwasher	DISHWASHER.....1	2
	Washing machine	WASHING MACHINE.....1	2
	Vacuum cleaner	VACUUM CLEANER.....1	2
	Television	TELEVISION.....1	2
	Video	VIDEO.....1	2
	Camera	CAMERA.....1	2
	Music set with CD player	MUSIC SET WITH CD PLAYER...1	2
	Telephone	TELEPHONE.....1	2
	Cellular Telephone	CELLULAR TELEPHONE.....1	2
	Car (excluding tractors, taxis, etc.)	CAR.....1	2
	Computer	COMPUTER.....1	2

SECTION 2A. REPRODUCTION

201	<p>Now I would like to ask about all the births you have had during your life.</p> <p>Have you ever given birth ?</p>	<p>YES.....1</p> <p>NO.....2 → 206</p>				
202	<p>Do you have any sons or daughters to whom you have given birth who are now living with you ?</p>	<p>YES.....1</p> <p>NO.....2 → 204</p>				
203	<p>How many sons live with you ?</p> <p>And how many daughters live with you ?</p> <p>IF NONE, RECORD "00".</p>	<p>SONS AT HOME.....</p> <p>DAUGHTERS AT HOME.....</p> <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div>				
204	<p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you ?</p>	<p>YES.....1</p> <p>NO.....2 → 206</p>				
205	<p>How many sons are alive but do not live with you ?</p> <p>And how many daughters are alive but do not live with you ?</p> <p>IF NONE, RECORD "00".</p>	<p>SONS ELSEWHERE.....</p> <p>DAUGHTERS ELSEWHERE.....</p> <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div>				
206	<p>Have you ever given birth to a boy or a girl who was born alive but later died ?</p> <p>IF NO, PROBE:</p> <p>Any baby who cried or showed signs of life but only survived a few hours or days ?</p>	<p>YES.....1</p> <p>NO.....2 → 208</p>				
207	<p>In all, how many boys have died ?</p> <p>And how many girls have died ?</p> <p>IF NONE, RECORD "00".</p>	<p>BOYS DEAD.....</p> <p>GIRLS DEAD.....</p> <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div>				
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.</p> <p>IF NONE, RECORD "00".</p>	<p>TOTAL.....</p> <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div>				
209	<p>CHECK 208 :</p> <p>Just to make sure that I have this right: you have had in TOTAL ____ live births during your life.</p> <p>Is that correct ?</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>YES</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>NO</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: left;"> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p> </div> </div>					
210	<p>CHECK 208 :</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <p>ONE OR MORE LIVE BIRTHS</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>NO LIVE BIRTHS</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div> <p style="text-align: right;">→ 227</p>					

CONTINUE WITH THE BIRTH HISTORY (Q. 211)

BIRTH HISTORY

211 Now I would like to talk to you about all of your births. It is very important to learn about all of your births, whether still alive or not. Please let's start with the first one you had.
RECORD NAMES OF ALL THE 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 to your (first/next) baby ? WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS	214 Is (NAME) a boy or a girl ?	215 In what month and year was (NAME) born ? What is his/her birthday ? PROBE : In what season was he/she born ? NOTE: THE YEAR OF BIRTH FOR ALL CHILDREN, THE MONTH AND YEAR OF CHILDREN BORN AFTER 1993 HAVE TO BE DETERMINED !	216 Is (NAME) still alive ?
01 (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
02 (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
03 (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
04 (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
05 (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←

<p>217 IF ALIVE:</p> <p>How old was (NAME) at his/her last birthday ?</p> <p>RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.</p>	<p>218 IF ALIVE:</p> <p>Is (NAME) living with you ?</p>	<p>219 IF DEAD:</p> <p>How old was (NAME) when he/she died ?</p> <p>IF "1 YR.", PROBE:</p> <p>How many months old was (NAME)?</p> <p>RECORD</p> <p>DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS OTHERWISE.</p>	<p>220</p> <p>FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.</p> <p>IS THE DIFFERENCE 4 OR MORE YEARS ?</p>	<p>221</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME) ?</p>
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<p>AGE IN YEARS</p> <table border="1"> <tr><td></td><td></td></tr> </table>			<p>YES.....1</p> <p>NO.....2</p> <p>NEXT BIRTH</p>	<p>DAYS.....1</p> <p>MONTHS.....2</p> <p>YEARS.....3</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

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<p>AGE IN YEARS</p> <table border="1"> <tr><td></td><td></td></tr> </table>			<p>YES.....1</p> <p>NO.....2</p> <p>220</p>	<p>DAYS.....1</p> <p>MONTHS.....2</p> <p>YEARS.....3</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<p>YES.....1</p> <p>NO.....2</p> <p>NEXT BIRTH</p>	<p>YES.....1</p> <p>NO.....2</p>

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IF THE ANSWER IS YES GO BACK AND MAKE THE NECESSARY CHANGES.

212 What name was given to your (first/next) baby ? WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS	214 Is (NAME) a boy or a girl ?	215 In what month and year was (NAME) born ? What is his/her birthday ? PROBE : In what season was he/she born ? NOTE: THE YEAR OF BIRTH FOR ALL CHILDREN, THE MONTH AND YEAR OF CHILDREN BORN AFTER 1993 HAVE TO BE DETERMINED !	216 Is (NAME) still alive ?
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06 _____ (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
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07 _____ (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
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08 _____ (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
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09 _____ (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
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10 _____ (NAME)	SINGLE.....1 MULTIPLE....2	BOY.....1 GIRL.....2	MONTH..... YEAR..... 1 9	YES.....1 NO.....2 219 ←
-----------------------	-------------------------------	-------------------------	-----------------------------	--------------------------------

TICK HERE IF NUMBER OF LIVE BIRTHS IS MORE THAN 10 AND CONTINUE IN ANOTHER QUESTIONNAIRE FORM.	<input type="checkbox"/>
--	--------------------------

217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.	218 IF ALIVE: Is (NAME) living with you?	219 IF DEAD: How old was (NAME) when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS OTHERWISE.	220 FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE YEARS?	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 ↓ 220	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2 ↓ NEXT BIRTH	YES.....1 NO.....2
AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 ↓ 220	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2 ↓ NEXT BIRTH	YES.....1 NO.....2
AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 ↓ 220	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2 ↓ NEXT BIRTH	YES.....1 NO.....2
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AGE IN YEARS <div><div></div><div></div></div>	YES.....1 NO.....2 ↓ 220	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2 ↓ NEXT BIRTH	YES.....1 NO.....2

IF THE ANSWER IS YES GO BACK AND MAKE THE NECESSARY CHANGES.

222	FROM 1998 SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE ?	YES.....1 NO.....2 → 224
223A	Have you had any live births since the birth of (NAME OF LAST BIRTH) ?	YES.....1 NO.....2 → 224
223B	GO BACK AND MAKE THE NECESSARY CORRECTIONS.	
224	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY ABOVE: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> NUMBERS ARE SAME <input type="checkbox"/> </div> <div style="width: 30%;"> NUMBERS ARE DIFFERENT <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> → (PROBE, RECONCILE, AND MAKE NECESSARY CORRECTIONS) </div> </div> </div> <div style="margin-top: 20px;"> CHECK AND TICK: FOR EACH BIRTH: YEAR OF BIRTH (215) IS RECORDED..... <div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div> </div> <div style="margin-top: 10px;"> FOR EACH BIRTH AFTER 1993: MONTH OF BIRTH (215) IS RECORDED..... <div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div> </div> <div style="margin-top: 10px;"> FOR EACH LIVING CHILD: CURRENT AGE (217) IS RECORDED..... <div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div> </div> <div style="margin-top: 10px;"> (IF ANY) FOR EACH DEAD CHILD: AGE AT DEATH (219) IS RECORDED..... <div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div> </div> <div style="margin-top: 10px;"> FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBED TO DETERMINE EXACT NUMBER OF MONTHS (219) <div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div> </div>	
225	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1993. IF NONE, RECORD '0'. <div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div>	
226	<div style="font-size: 2em; float: left; margin-right: 10px;">C</div> FOR EACH BIRTH SINCE JANUARY 1993 ENTER 'D' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'H' IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME OF CHILD TO THE LEFT OF THE 'D' CODE.	
227	Are you pregnant now ?	YES.....1 NO.....2 UNSURE.....8 → 230A
228	How many months pregnant are you ? <div style="font-size: 2em; float: left; margin-right: 10px;">C</div> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H's IN COLUMN 1 OF THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	

229	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 have any more children at all ?	THEN.....1 LATER.....2 NOT WANT MORE CHILDREN.....3
230A	Have you ever had a pregnancy that ended in a miscarriage ?	YES.....1 NO.....2 → 230C
230B	In all, how many miscarriages have you had ?	NUMBER OF MISCARRIAGES..... <input style="width: 40px; height: 20px;" type="text"/>
230C	Have you ever had a pregnancy that ended in an induced abortion ?	YES.....1 NO.....2 → 230E
230D	In all, how many induced abortions have you had ?	NO. OF INDUCED ABORTIONS... <input style="width: 40px; height: 20px;" type="text"/>
230E	Have you ever had a pregnancy that ended in a still birth ?	YES.....1 NO.....2 → 230G
230F	In all, how many still births have you had ?	NUMBER OF STILL BIRTHS..... <input style="width: 40px; height: 20px;" type="text"/>
230G	CALCULATE THE TOTAL NUMBER OF PREGNANCIES. TOTAL NUMBER OF PREGNANCIES ENDING IN MISCARRIAGES, INDUCED ABORTIONS, OR STILL BIRTHS: SUM THE ANSWERS TO 230B, 230D, AND 230F. _____ 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 COMPLETED PREGNANCIES: = _____	TOTAL NUMBER OF COMPLETED PREGNANCIES..... <input style="width: 40px; height: 20px;" type="text"/>

230H	CHECK 230G: Just to make sure that I have this right. You have had in TOTAL _____ completed pregnancies. Is that correct ?	PROBE AND CORRECT 201-230G AS NECESSARY.
	YES <input type="checkbox"/> NO <input type="checkbox"/>	
230I	CHECK 230B, 230D AND 230F: HAD AT LEAST ONE INDUCED ABORTION, MISCARRIAGE OR STILLBIRTH	HAD NO INDUCED ABORTIONS, MISCARRIAGES, OR STILLBIRTHS
	<input type="checkbox"/>	→ 234
231A	Now I would like to ask about any recent induced abortions, miscarriages, or still births which you have had. When did the last such pregnancy ended ?	MONTH..... YEAR.....
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
231B	Was this an induced abortion, a miscarriage, or a still birth ?	INDUCED ABORTION.....1 MISCARRIAGE.....2 STILL BIRTH.....3
		→ 232
231C	Whose decision was to end your pregnancy with an induced abortion ?	DOCTOR.....01 HERSELF.....02 HUSBAND.....03 WOMAN AND HUSBAND TOGETHER.....04 OTHER _____ 96 (SPECIFY)
231D	What was the main reason that your pregnancy to end with an induced abortion ?	HEALTH REASONS RELATED TO MOTHER.....01 RELATED TO CHILD.....02 RELATED TO BOTH.....03 DID NOT WANT TO HAVE ANOTHER CHILD.....04 PREVIOUS PREGNANCY JUST ENDED.....05 OTHER _____ 96 (SPECIFY)

<p>234</p>	<p>When did your last menstrual period start ?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p> <p>RECORD THE ANSWER AS GIVEN.</p>	<table border="0"> <tr> <td>DAYS AGO.....1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO.....2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO.....3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO.....4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CURRENTLY PREGNANT.....993</td> <td></td> <td></td> </tr> <tr> <td>IN MENOPAUSE.....994</td> <td></td> <td></td> </tr> <tr> <td>BEFORE LAST BIRTH.....995</td> <td></td> <td></td> </tr> <tr> <td>NEVER MENSTRUATED.....996</td> <td></td> <td></td> </tr> </table>	DAYS AGO.....1	<input type="text"/>	<input type="text"/>	WEEKS AGO.....2	<input type="text"/>	<input type="text"/>	MONTHS AGO.....3	<input type="text"/>	<input type="text"/>	YEARS AGO.....4	<input type="text"/>	<input type="text"/>	CURRENTLY PREGNANT.....993			IN MENOPAUSE.....994			BEFORE LAST BIRTH.....995			NEVER MENSTRUATED.....996		
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<p>235</p>	<p>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 ?</p>	<table border="0"> <tr> <td>YES.....1</td> <td></td> </tr> <tr> <td>NO.....2</td> <td></td> </tr> <tr> <td>DON'T KNOW.....8</td> <td>→250</td> </tr> </table>	YES.....1		NO.....2		DON'T KNOW.....8	→250																		
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<p>236</p>	<p>During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant ?</p>	<table border="0"> <tr> <td>DURING HER PERIOD.....1</td> <td></td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED.....2</td> <td></td> </tr> <tr> <td>IN THE MIDDLE OF THE CYCLE.....3</td> <td></td> </tr> <tr> <td>JUST BEFORE HER PERIOD BEGINS...4</td> <td></td> </tr> <tr> <td>OTHER _____ 7</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW.....8</td> <td></td> </tr> </table>	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 _____ 7		(SPECIFY)		DON'T KNOW.....8											
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SECTION 2B. MARRIAGE

250	Are you currently married ? ACCEPT THOSE LIVING TOGETHER AS BEING MARRIED.	YES, CURRENTLY MARRIED.....1 NO, CURRENTLY NOT MARRIED.....2	→253
252	What is your current marital status ? Are you widowed, divorced, or separated ?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	→255
253	Is your husband living with you now, or is he staying elsewhere because of work, military service, a journey abroad ?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
254	ENTER THE LINE NUMBER OF HER HUSBAND FROM HOUSEHOLD SCHEDULE. IF NOT IN THE LIST, WRITE '96'.	<input type="text"/>	
255	Did you marry only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	
257	CHECK 255: MARRIED ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> In what month and year did you marry (started living with) your husband ? Now, let's talk about your first husband. In what month and year did you marry (started living with) your husband ?	MONTH..... <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....9998	→259
258	How old were you when you started living with your (first) husband ?	AGE..... <input type="text"/>	
259	How old was your (first) husband when you started living with him ? IF THE WOMAN DOES NOT KNOW HER (FIRST) HUSBAND'S AGE AT MARRIAGE, ASK HOW MANY YEARS DIFFERENCE IS THERE BETWEEN HER AND HER (FIRST) HUSBAND AND ESTIMATE HER (FIRST) HUSBAND'S MARRIAGE AGE.	AGE..... <input type="text"/> DON'T KNOW.....98	

262	<p>C CHECK 250, IF CURRENTLY MARRIED ENTER 'X' IN THE MONTH OF INTERVIEW IN COLUMN 3 OF CALENDAR.</p> <p>THEN, DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1993. ENTER 'X' IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT IN UNION.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR THE DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, PROBE FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF ANY, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>NOTE : AFTER YOU HAVE COMPLETED THESE, ALL THE BOXES IN COLUMN 3 FROM JANUARY 1993 TO INTERVIEW MONTH SHOULD BE FILLED.</p>					
263	<p>Now I want to ask some questions about your marriage(s).</p> <p>CHECK 255: IF MARRIED ONLY ONCE, ASK ABOUT HER CURRENT/LAST HUSBAND. IF MARRIED MORE THAN ONCE, FIRST ASK ABOUT HER CURRENT/LAST HUSBAND AND THEN ABOUT HER FIRST HUSBAND.</p> <p>WRITE NAME(S) OF HER HUSBAND(S) AND USE THESE NAMES WHEN ASKING QUESTIONS.</p>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">CURRENT/LAST HUSBAND</th> <th style="width: 50%; text-align: center;">FIRST HUSBAND</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">NAME _____</td> <td style="text-align: center;">NAME _____</td> </tr> </tbody> </table>	CURRENT/LAST HUSBAND	FIRST HUSBAND	NAME _____	NAME _____	
CURRENT/LAST HUSBAND	FIRST HUSBAND					
NAME _____	NAME _____					
265A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <p>Did you have a civil marriage ceremony with your husband ?</p> </td> <td style="width: 30%; vertical-align: top;"> <p>YES.....1</p> <p>NO.....2</p> </td> <td style="width: 30%; vertical-align: top;"> <p>YES.....1</p> <p>NO.....2</p> </td> </tr> </table>	<p>Did you have a civil marriage ceremony with your husband ?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>		
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265B	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <p>Did you have a religious ceremony with your husband ?</p> </td> <td style="width: 30%; vertical-align: top;"> <p>YES.....1</p> <p>NO.....2</p> </td> <td style="width: 30%; vertical-align: top;"> <p>YES.....1</p> <p>NO.....2</p> </td> </tr> </table>	<p>Did you have a religious ceremony with your husband ?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>		
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265C	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <p>CHECK 265A AND 265B:</p> </td> <td style="width: 30%; vertical-align: top;"> <p>CIVIL AND RELIGIOUS CEREMONIES....1</p> <p>ONLY CIVIL CEREMONY.....2→268</p> <p>ONLY RELIGIOUS CEREMONY OR NO CEREMONY...3→267E</p> </td> <td style="width: 30%; vertical-align: top;"> <p>CIVIL AND RELIGIOUS CEREMONIES....1</p> <p>ONLY CIVIL CEREMONY.....2</p> <p>ONLY RELIGIOUS CEREMONY OR NO CEREMONY...3</p> </td> </tr> </table>	<p>CHECK 265A AND 265B:</p>	<p>CIVIL AND RELIGIOUS CEREMONIES....1</p> <p>ONLY CIVIL CEREMONY.....2→268</p> <p>ONLY RELIGIOUS CEREMONY OR NO CEREMONY...3→267E</p>	<p>CIVIL AND RELIGIOUS CEREMONIES....1</p> <p>ONLY CIVIL CEREMONY.....2</p> <p>ONLY RELIGIOUS CEREMONY OR NO CEREMONY...3</p>	268	
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266	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <p>Which marriage ceremony took place earlier?</p> </td> <td style="width: 30%; vertical-align: top;"> <p>CIVIL.....1</p> <p>RELIGIOUS.....2</p> </td> <td style="width: 30%; vertical-align: top;"> <p>CIVIL.....1</p> <p>RELIGIOUS.....2</p> </td> </tr> </table>	<p>Which marriage ceremony took place earlier?</p>	<p>CIVIL.....1</p> <p>RELIGIOUS.....2</p>	<p>CIVIL.....1</p> <p>RELIGIOUS.....2</p>		
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267A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <p>How much time elapsed between two ceremonies ?</p> <p>RECORD '00' DAYS IF BOTH TOOK PLACE ON THE SAME DAY.</p> <p>IF LESS THAN ONE MONTH RECORD AS DAY, IF LESS THAN TWO YEARS RECORD AS MONTH, OTHERWISE RECORD AS YEAR.</p> </td> <td style="width: 30%; vertical-align: top;"> <p>YEARS.....1</p> <p>MONTHS.....2</p> <p>DAYS.....3</p> </td> <td style="width: 30%; vertical-align: top;"> <p>YEARS.....1</p> <p>MONTHS.....2</p> <p>DAYS.....3</p> </td> </tr> </table>	<p>How much time elapsed between two ceremonies ?</p> <p>RECORD '00' DAYS IF BOTH TOOK PLACE ON THE SAME DAY.</p> <p>IF LESS THAN ONE MONTH RECORD AS DAY, IF LESS THAN TWO YEARS RECORD AS MONTH, OTHERWISE RECORD AS YEAR.</p>	<p>YEARS.....1</p> <p>MONTHS.....2</p> <p>DAYS.....3</p>	<p>YEARS.....1</p> <p>MONTHS.....2</p> <p>DAYS.....3</p>		
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		CURRENT/LAST HUSBAND	FIRST HUSBAND
		NAME _____	NAME _____
267B	CHECK 266:	RELIGIOUS IS EARLIER CIVIL IS EARLIER →268	RELIGIOUS IS EARLIER CIVIL IS EARLIER →268
267C	What is (was) the main reason that you have religious ceremony before the civil ceremony ? RECORD ALL MENTIONED.	TRADITION.....A PREGNANCY/BIRTH.....B CHILD GOING SCHOOL...C CONFIDENCE.....D NEIGH. PRESSURE.....E REACHED ELIGIBLE AGE TO HAVE CIVIL CEREMONY.....F TO START THEIR MARITAL LIFE.....G OTHER _____ U (SPECIFY)	TRADITION.....A PREGNANCY/BIRTH.....B CHILD GOING SCHOOL...C CONFIDENCE.....D NEIGH. PRESSURE.....E REACHED ELIGIBLE AGE TO HAVE CIVIL CEREMONY.....F TO START THEIR MARITAL LIFE.....G OTHER _____ U (SPECIFY)
267D		SKIP TO 268.	SKIP TO 268.
267E	ASK IF CURRENTLY MARRIED (Q. 250=1). In the future do you and/or your husband intend to have a civil ceremony ?	YES, ONLY WOMAN.....1 YES, ONLY HUSBAND....2 YES, BOTH.....3 NO, NONE OF THEM....4 OTHER _____ 7 (SPECIFY) DON'T KNOW.....8	
268	How was your marriage with your husband arranged ? Have you decided together or was it arranged by your families ?	BY OURSELVES.....1 BY FAMILIES.....2 270← ESCAPED/ABDUCTED....3 OTHER _____ 7 (SPECIFY) 272←	BY OURSELVES.....1 BY FAMILIES.....2 270← ESCAPED/ABDUCTED....3 OTHER _____ 7 (SPECIFY) 272←
269	Did you have to seek consent of your family to get married ?	YES.....1 NO.....2 272←	YES.....1 NO.....2 272←
270	Did your family seek your consent on your marriage ?	YES.....1 NO.....2	YES.....1 NO.....2

		CURRENT/LAST HUSBAND	FIRST HUSBAND
		NAME _____	NAME _____
271	Do you think that your family would insist on your marriage, even if you do not agree to marry ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
272	Did your husband or his family pay bridesmoney to your family ? IF YES: Was it given in cash or in kind ?	NO.....1 YES, IN CASH.....2 YES, IN KIND.....3 YES, BOTH.....4 OTHER _____ 7 (SPECIFY)	NO.....1 YES, IN CASH.....2 YES, IN KIND.....3 YES, BOTH.....4 OTHER _____ 7 (SPECIFY)
273A	When you first started to live with your husband, was there anyone else living with you in your household at that time ?	YES.....1 NO.....2 275A ←	YES.....1 NO.....2 275A ←
273B	Who else was with you ? Who else? RECORD ALL MENTIONED.	WOMAN'S MOTHER/FATHER.....A SIBLING(S).....B GRANDMOTHER/FATHER.C OTHER RELATIVES....D CHILDREN.....E HER HUSBAND'S MOTHER/FATHER.....F SIBLING(S).....G GRANDMOTHER/FATHER.H OTHER RELATIVES....I CHILDREN.....J NOT RELATIVES OF HER OR HER HUSBAND.....K OTHER _____ U (SPECIFY) OTHER _____ V (SPECIFY)	WOMAN'S MOTHER/FATHER.....A SIBLING(S).....B GRANDMOTHER/FATHER.C OTHER RELATIVES....D CHILDREN.....E HER HUSBAND'S MOTHER/FATHER.....F SIBLING(S).....G GRANDMOTHER/FATHER.H OTHER RELATIVES....I CHILDREN.....J NOT RELATIVES OF HER OR HER HUSBAND.....K OTHER _____ U (SPECIFY) OTHER _____ V (SPECIFY)
274	Approximately, how many years did you live with these person(s).	YEARS..... <input type="text"/> <input type="text"/> STILL LIVING WITH...96	YEARS..... <input type="text"/> <input type="text"/> STILL LIVING WITH...96
275A	Do (did) you have any relativeness with your husband ?	YES.....1 NO.....2 278 ←	YES.....1 NO.....2 277 ←

		CURRENT/LAST HUSBAND NAME _____	FIRST HUSBAND NAME _____
276A	What is (was) 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 _____ 96 (SPECIFY)	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 _____ 96 (SPECIFY)
276B	What was the main reason to marry with a relative ?	PROTECTING FAMILY ASSET.....01 NOT TO ALLOW NONRELATIVES INTO FAMILY.....02 ADVANTAGE OF KNOWING HIM BEFORE.....03 LOVED.....04 ARRANGED DURING INFANCY.....05 OTHER _____ 96 (SPECIFY)	PROTECTING FAMILY ASSET.....01 NOT TO ALLOW NONRELATIVES INTO FAMILY.....02 ADVANTAGE OF KNOWING HIM BEFORE.....03 LOVED.....04 ARRANGED DURING INFANCY.....05 OTHER _____ 96 (SPECIFY)
277	How was this marriage ended ? Were you divorced or widowed ?		DIVORCED.....1 WIDOWED.....2
278		IF MARRIED MORE THAN ONCE .PROCEED WITH HER FIRST HUSBAND IN Q. 265A. IF NOT SKIP TO Q. 301.	SKIP TO 301.

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning. There are various methods that a married couple can use to avoid pregnancy.

- CIRCLE CODE '1' IN IN Q. 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
- THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY AND ASK WHETHER SHE HAS HEARD THE METHOD. CIRCLE CODE '2' IF METHOD IS RECOGNIZED AND CODE '3' IF NOT RECOGNIZED.
- THEN FOR EACH METHOD WITH CODE '1' OR '2' CIRCLED IN 301 OR 302, ASK 303.
- AFTER ASKING ABOUT ALL METHODS PROCEED TO 304.

301 Which ways or methods have you heard ?		SPON- TANEOUS YES	302 Have you ever heard this method ?		303 Have you ever used this method ?
			PROBED YES	NO	
01	PILL Woman can avoid a pregnancy by taking a pill every day.	1	2	3	YES.....1 NO.....2
02	IUD Women can have the so called spiral or IUD placed in them by a doctor or a nurse.	1	2	3	YES.....1 NO.....2
03	INJECTABLES Woman can have an injection by a doctor or a nurse which stops them from becoming pregnant for a certain period of time.	1	2	3	YES.....1 NO.....2
04	NORPLANT Woman can have small rods placed in their arm and this can prevent pregnancy for several years.	1	2	3	YES.....1 NO.....2
05	DIAPHRAGM, FOAM, JELLY Woman can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES.....1 NO.....2
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	3	YES.....1 NO.....2
07	TUBAL LIGATION Women can have an operation of tubal ligation to avoid having any more children.	1	2	3	Have you ever had such an operation to avoid having any more children ? YES.....1 NO.....2
08	MALE STERILIZATION Men can have an operation called vasectomy so that their wives would not get pregnant.	1	2	3	Has (had) your husband ever have such an operation ? YES.....1 NO.....2

301 Which ways or methods have you heard ?	SPON- TANEOUS YES	302 Have you ever heard this method ? PROBED YES NO	303 Have you ever used this method ?
09 RHYTHM Some couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	1	2 3	YES.....1 NO.....2
10 WITHDRAWAL Some men pull out during sexual intercourse before climax.	1	2 3	YES.....1 NO.....2
11 Have you heard of any other method that women or men can use to avoid pregnancy ?	1 _____ (SPECIFY) _____ (SPECIFY) _____ (SPECIFY)	3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2

304 CHECK 303:

NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

→ 308

305 Have you ever used anything or tried in any way to delay or avoid getting pregnant ?

YES.....1 → 307
NO.....2

306 C ENTER "O" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. → 331

307 What have you used or done ?	
CORRECT 303 AND 304 (AND 302 IF NECESSARY).	

<p>308 Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.</p> <p>What was the first method you ever used ?</p>	<p>PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10</p> <p>OTHER _____ 96 (SPECIFY)</p>
---	--

309	Did you have any children at that time ? IF YES: How many living children did you have at that time ? IF NONE, RECORD "00".	NUMBER OF CHILDREN.....
-----	---	--

310	CHECK 303: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> NOT HAD TUBAL LIGATION <input type="checkbox"/> </div> <div style="text-align: center;"> HAD TUBAL LIGATION <input type="checkbox"/> </div> </div>	→ 314A
-----	---	--------

311	CHECK 227: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div style="text-align: center;"> PREGNANT <input type="checkbox"/> </div> </div>	→ 324B
-----	---	--------

312	CHECK 250: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> </div> <div style="text-align: center;"> NOT MARRIED <input type="checkbox"/> </div> </div>	→ 324B
-----	---	--------

313	Are you currently doing something or using any method to delay or avoid getting pregnant ?	YES.....1 NO.....2 → 325
-----	--	-----------------------------

314	Which method are you using ?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)
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314A	CIRCLE '07' FOR TUBAL LIGATION.	→ 324A → 323 → 324A
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318	Where did the tubal ligation operation take place ? <div style="border-bottom: 1px solid black; width: 100%; margin: 10px 0;"></div> (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSPITAL...11 MATERNITY HOUSE.....12 MOTHER-CHILD HEALTH AND FAMILY PLANNING (MCHFP) CENTRE...13 SSK HOSPITAL/DISPENSARY.....16 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE POLYCLINIC.....22 PRIVATE DOCTOR.....23 PRIVATE NURSE/MIDWIFE.....24 OTHER PRIVATE SECTOR _____ 29 (SPECIFY) UNIVERSITY HOSPITAL.....31 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98
-----	---	--

319	Do you regret that you or your husband had the operation not to have any (more) children ?	YES.....1 NO.....2 → 321
320	Why do you regret the operation ?	WOMAN WANTS ANOTHER CHILD.....01 PARTNER WANTS ANOTHER CHILD....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER _____ 96 (SPECIFY)
321	In what month and year was this operation performed ?	MONTH..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
322	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK 321:</p> <p>HAD TUBAL LIGATION OPERATION BEFORE JANUARY 1993 <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>ENTER CODE FOR TUBAL LIGATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1993.</p> <p>THEN SKIP TO 329A.</p> </div> <div style="width: 45%; text-align: center;"> <div style="font-size: 48px; font-weight: bold; margin: 0 auto;">C</div> </div> <div style="width: 45%;"> <p>HAD TUBAL LIGATION OPERATION AFTER JANUARY 1993 <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>ENTER CODE FOR TUBAL LIGATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>THEN SKIP TO 324B.</p> </div> </div>	
323	How do you determine the times not to have sexual intercourse ?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS.....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER _____ 96 (SPECIFY)
324A	<div style="display: flex; align-items: flex-start;"> <div style="font-size: 48px; font-weight: bold; margin-right: 10px;">C</div> <div> <p>ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD. ENTER METHOD CODE IN EACH MONTH OF USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p style="margin-left: 20px;">When did you start using this method continuously ?</p> <p style="margin-left: 20px;">How long have you been using this method continuously ?</p> </div> </div>	
324B	<div style="display: flex; align-items: flex-start;"> <div style="font-size: 48px; font-weight: bold; margin-right: 10px;">C</div> <div> <p>CHECK COLUMN 3 OF CALENDAR:</p> <p>IN COLUMN 1 OF CALENDAR ENTER "N" FOR MONTHS WOMAN NOT MARRIED.</p> </div> </div>	

324C	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">C</div> <div style="display: flex; justify-content: space-between;"> <div> <p>CHECK COLUMN 1 OF CALENDAR:</p> <p>THERE ARE EMPTY BOXES</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div> <p>ALL BOXES ARE FILLED</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div>	<div style="border-left: 1px solid black; height: 100px; margin-left: 10px;"></div> <p style="margin-top: 0;">→326A</p>
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325 I would like to ask you some questions about the times you may have used a method to avoid getting pregnant during the last few years.

C START WITH THE MOST RECENT USE. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE BACK TO JANUARY 1993. USE NAMES OF CHILDREN, DATES OF BIRTH, AND STARTING AND ENDING DATES OF PREGNANCIES AS REFERENCE POINTS.

IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR '0' FOR NONUSE.

ILLUSTRATIVE QUESTIONS FOR 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 ?

IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. TO DO THIS, DETERMINE THE LAST MONTH OF METHOD USE. IN COLUMN 2 ENTER THE CODE FOR DISCONTINUATION.

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 GET PREGNANT.

ILLUSTRATIVE QUESTIONS FOR COLUMN 2:

- *Why did you stop using the (METHOD) ?
- *Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you 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: PAY PARTICULAR ATTENTION FOR LONG PERIODS OF NONUSE. THERE MAY BE SOME PERIODS OF METHOD USE OR A PREGNANCY DURING THESE PERIODS.

NOTE: AFTER COMPLETING THIS SECTION, ALL THE BOXES IN COLUMN 1 OF CALENDAR MUST BE FILLED.

326A	<p>CHECK 314:</p> <p>CIRCLE THE CODE OF CURRENTLY USED METHOD.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>NOT ASKED.....</td> <td style="text-align: right;">00</td> <td style="border-left: 1px solid black; padding-left: 5px;">→331</td> </tr> <tr> <td>PILL.....</td> <td style="text-align: right;">01</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>IUD.....</td> <td style="text-align: right;">02</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>INJECTABLES.....</td> <td style="text-align: right;">03</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>NORPLANT.....</td> <td style="text-align: right;">04</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>DIAPHRAGM/FOAM/JELLY.....</td> <td style="text-align: right;">05</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>CONDOM.....</td> <td style="text-align: right;">06</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>TUBAL LIGATION.....</td> <td style="text-align: right;">07</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>MALE STERILIZATION.....</td> <td style="text-align: right;">08</td> <td style="border-left: 1px solid black;">→329A</td> </tr> <tr> <td>RHYTHM.....</td> <td style="text-align: right;">09</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>WITHDRAWAL.....</td> <td style="text-align: right;">10</td> <td style="border-left: 1px solid black;"></td> </tr> <tr> <td>OTHER METHOD.....</td> <td style="text-align: right;">96</td> <td style="border-left: 1px solid black;"></td> </tr> </table>	NOT ASKED.....	00	→331	PILL.....	01		IUD.....	02		INJECTABLES.....	03		NORPLANT.....	04		DIAPHRAGM/FOAM/JELLY.....	05		CONDOM.....	06		TUBAL LIGATION.....	07		MALE STERILIZATION.....	08	→329A	RHYTHM.....	09		WITHDRAWAL.....	10		OTHER METHOD.....	96	
NOT ASKED.....	00	→331																																				
PILL.....	01																																					
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DIAPHRAGM/FOAM/JELLY.....	05																																					
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MALE STERILIZATION.....	08	→329A																																				
RHYTHM.....	09																																					
WITHDRAWAL.....	10																																					
OTHER METHOD.....	96																																					

326B	Would you like to use a different method of family planning than the one you are currently using ?	YES.....1 NO.....2	→327
326C	Which method would you prefer to use ?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 ANY METHOD.....77 NOT SURE.....88 OTHER _____ 96 (SPECIFY)	
326D	What is the reason that you do not use (METHOD MENTIONED IN 326C) ?	DOCTOR DOES NOT ADVISE.....01 EXPENSIVE.....02 NOT AVAILABLE/ACCESS PROBLEMS..03 TOO FAR AWAY/HARD TO FIND HERE.04 DON'T KNOW HOW TO OBTAIN.....05 DON'T KNOW HOW TO USE IT.....06 HUSBAND OBJECTS.....07 RELIGIOUS REASONS.....08 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	→327
326E	Why ?	TOO YOUNG.....01 TOO OLD.....02 HAD MANY BIRTHS BEFORE.....03 DOES NOT HAVE ENOUGH CHILDREN YET.....04 HEALTH REASONS _____ 05 (SPECIFY) OTHER _____ 96 (SPECIFY)	

330

People select the place where they get family planning services for various reasons.

What was the main reason you went to (NAME OF PLACE IN Q.328 OR Q.318) to obtain (METHOD) instead of some other place you know about ?

RECORD RESPONSE AND CIRCLE CODE.

ACCESS-RELATED REASONS

CLOSER TO HOME.....11
CLOSER TO MARKET/WORK.....12
AVAILABILITY OF TRANSPORT....13

SERVICE-RELATED REASONS

STAFF MORE COMPETENT/
FRIENDLY.....21
CLEANER FACILITY.....22
OFFERS MORE PRIVACY.....23
SHORTER WAITING TIME.....24
LONGER/SUITABLE HOURS
OF OPERATION.....25
USE OTHER SERVICES AT
FACILITY.....26

LOWER COST/CHEAPER.....31
WANTED ANONYMITY.....41
HAD TUBAL LIGATION
DURING DELIVERY.....51

OTHER _____ 96

(SPECIFY)

DON'T KNOW.....98

→337

331

CHECK 227:

NOT PREGNANT
OR UNSURE ☐

CURRENTLY
PREGNANT ☐

→332

331A

What is the main reason you are not using a method of contraception to avoid pregnancy ?

NOT MARRIED.....11

FERTILITY-RELATED REASONS

NOT HAVING SEX.....21
INFREQUENT SEX.....22
MENOPAUSAL/HYSTERECTOMY.....23
SUBFECUND/INFECUND.....24
POSTPARTUM/BREASTFEEDING.....25
WANTS (MORE) CHILDREN.....26

OPPOSITION TO USE

WOMAN OPPOSED.....31
HUSBAND OPPOSED.....32
OTHERS OPPOSED.....33
RELIGIOUS REASONS.....34

LACK OF KNOWLEDGE

KNOWS NO METHOD.....41
KNOWS NO SOURCE.....42

METHOD-RELATED REASONS

HEALTH CONCERNS.....51
SIDE EFFECTS.....52
LACK OF ACCESS/TOO FAR.....53
COST TOO MUCH.....54
INCONVENIENT TO USE.....55
INTERFERES WITH BODY'S
NORMAL PROCESSES.....56

OTHER _____ 96

(SPECIFY)

DON'T KNOW.....98

332	Do you know of a place where you can obtain a method of family planning ?	YES.....1 NO.....2 → 337
333	Where is that ? <div style="border-bottom: 1px solid black; width: 30%; margin: 10px auto;"></div> <div style="text-align: center; font-size: small;">(NAME OF PLACE)</div> <div style="border-bottom: 1px solid black; width: 30%; margin: 10px auto;"></div> <div style="text-align: center; font-size: small;">(NAME OF PLACE)</div>	<div style="font-size: small;">PUBLIC SECTOR</div> GOVERNMENT/SAMPLE HOSPITAL....A MATERNITY HOUSE.....B MOTHER-CHILD HEALTH AND FAMILY PLANNING (MCHFP) CENTRE....C HEALTH CENTRE.....D HEALTH HOUSE.....E SSK HOSPITAL/DISPENSARY.....F OTHER PUBLIC SECTOR _____ G <div style="text-align: center; font-size: x-small;">(SPECIFY)</div> <div style="font-size: small;">PRIVATE SECTOR</div> PRIVATE HOSPITAL.....H PRIVATE POLYCLINIC.....I PRIVATE DOCTOR.....J PRIVATE MIDWIFE/NURSE.....K PHARMACY.....L OTHER PRIVATE SECTOR _____ M <div style="text-align: center; font-size: x-small;">(SPECIFY)</div> UNIVERSITY HOSPITAL.....N COMMUNITY VOLUNTEERS/ ASSOCIATION/FOUNDATION.....O MARKET/SHOP.....P FRIEND/RELATIVE/NEIGHBOUR.....R TRAD. MIDWIFE/MIDWIFE GRAN.....S OTHER _____ U <div style="text-align: center; font-size: x-small;">(SPECIFY)</div>
337	Do you think a woman's chance of becoming pregnant is influenced by breastfeeding ?	YES.....1 NO.....2 DON'T KNOW.....8 → 401
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding ?	INCREASED.....1 → 401 DECREASED.....2 DEPENDS.....3 DON'T KNOW.....8
339	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div> </div> <div style="text-align: center;"> NO BIRTHS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div> </div> </div>	
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy ?	YES.....1 NO.....2 → 401

341	<p>CHECK 227 AND 314:</p> <table border="0"> <tr> <td data-bbox="347 300 521 373">NOT PREGNANT OR UNSURE AND HAD NO TUBAL LIGATION</td> <td data-bbox="548 338 578 373"><input type="checkbox"/></td> <td data-bbox="659 300 813 401">EITHER PREGNANT OR HAD TUBAL LIGATION</td> <td data-bbox="786 338 815 373"><input type="checkbox"/></td> <td data-bbox="1295 352 1346 373">→ 401</td> </tr> </table>	NOT PREGNANT OR UNSURE AND HAD NO TUBAL LIGATION	<input type="checkbox"/>	EITHER PREGNANT OR HAD TUBAL LIGATION	<input type="checkbox"/>	→ 401
NOT PREGNANT OR UNSURE AND HAD NO TUBAL LIGATION	<input type="checkbox"/>	EITHER PREGNANT OR HAD TUBAL LIGATION	<input type="checkbox"/>	→ 401		
342	<table border="0"> <tr> <td data-bbox="315 464 829 512">Are you currently relying on breastfeeding to avoid getting pregnant ?</td> <td data-bbox="906 464 1243 512"> YES.....1 NO.....2 </td> </tr> </table>	Are you currently relying on breastfeeding to avoid getting pregnant ?	YES.....1 NO.....2			
Are you currently relying on breastfeeding to avoid getting pregnant ?	YES.....1 NO.....2					

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 225: ONE OR MORE LIVE BIRTHS SINCE JAN. 1993	<input type="checkbox"/>	NO LIVE BIRTHS SINCE JAN. 1993	<input type="checkbox"/>		→601
-----	---	--------------------------	--------------------------------	--------------------------	--	------

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.
(IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES- DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL QUESTIONNAIRE).

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 Q212.	LAST BIRTH LINE NUMBER.....	<input type="checkbox"/> <input type="checkbox"/>	NEXT TO LAST BIRTH LINE NUMBER.....	<input type="checkbox"/> <input type="checkbox"/>
403					
404	FROM Q212	NAME	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
	FROM Q216				

405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all ?	THEN.....1 LATER.....2 NO MORE.....3	<div>407A ←</div> <div>407A ←</div> <div>407A ←</div>	THEN.....1 LATER.....2 NO MORE.....3	<div>407A ←</div> <div>407A ←</div> <div>407A ←</div>
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406	How much longer would you like to have waited ?	MONTHS.....1 YEARS.....2 DON'T KNOW.....998	<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div>998</div>	MONTHS.....1 YEARS.....2 DON'T KNOW.....998	<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div>998</div>
-----	---	---	--	---	--

407A	When you were pregnant with (NAME) did you see anyone for antenatal care for this pregnancy ? IF YES: Whom did you see ? Anyone else ? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAD. MIDWIFE.....D OTHER U (SPECIFY) NO ONE.....Y	<div>A B</div> <div>D</div> <div>U</div> <div>Y</div>	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAD. MIDWIFE.....D OTHER U (SPECIFY) NO ONE.....Y	<div>A B</div> <div>D</div> <div>U</div> <div>Y</div>
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		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____

407B Where did you go for antenatal care ?

RECORD ALL MENTIONED.

(NAME OF PLACE)

(NAME OF PLACE)

PUBLIC SECTOR

GOVT./SAMPLE HOSP.....A
MATERNITY HOUSE.....B
MCHFP CENTER.....C
HEALTH CENTER.....D
HEALTH HOUSE.....E
SSK HOSP/DISPANSERY....F
OTHER PUBLIC SECTOR

(SPECIFY) G

PRIVATE

PRIVATE HOSP.....H
PRIVATE POLYCLINIC....I
PRIVATE DOCTOR.....J
PRIVATE NURSE/MIDWIFE..K
OTHER PRIVATE MEDICAL

(SPECIFY) M

UNIVERSITY HOSPITAL.....N

OTHER _____ U
(SPECIFY)

PUBLIC SECTOR

GOVT./SAMPLE HOSP.....A
MATERNITY HOUSE.....B
MCHFP CENTER.....C
HEALTH CENTER.....D
HEALTH HOUSE.....E
SSK HOSP/DISPANSERY....F
OTHER PUBLIC SECTOR

(SPECIFY) G

PRIVATE

PRIVATE HOSP.....H
PRIVATE POLYCLINIC....I
PRIVATE DOCTOR.....J
PRIVATE NURSE/MIDWIFE..K
OTHER PRIVATE MEDICAL

(SPECIFY) M

UNIVERSITY HOSPITAL.....N

OTHER _____ U
(SPECIFY)

		SKIP TO 408.	SKIP TO 408.
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407C During your pregnancy with (NAME)
why did not you receive antenatal
care ?

RECORD ALL MENTIONED.

NO NEED.....A
ACCESSIBILITY
PROBLEMS.....B
DISTRUST OF INSTITUTIONS
OR PERSONNEL.....C
PROBLEMS IN USING HEALTH
INSTITUTIONS.....D
TRADITIONS ETC.....E
MONETARY REASONS.....F
POOR SERVICE.....G
DON'T KNOW WHERE.....H
OTHER _____ U
(SPECIFY)
DON'T KNOW.....X

NO NEED.....A
ACCESSIBILITY
PROBLEMS.....B
DISTRUST OF INSTITUTIONS
OR PERSONNEL.....C
PROBLEMS IN USING HEALTH
INSTITUTIONS.....D
TRADITIONS ETC.....E
MONETARY REASONS.....F
POOR SERVICE.....G
DON'T KNOW WHERE.....H
OTHER _____ U
(SPECIFY)
DON'T KNOW.....X

407D		SKIP TO 409F.	SKIP TO 409F.
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	LAST BIRTH	NEXT TO LAST BIRTH
	NAME _____	NAME _____

408 How many months pregnant were you with (NAME) when you first received antenatal care ?	MONTH..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98	MONTH..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98
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409A During your pregnancy with (NAME) when you go for the first time for antenatal care did you go because there was a problem or was it an ordinary control ?	THERE WAS A PROBLEM.....01 ORDINARY CONTROL.....02 OTHER 96 (SPECIFY) DON'T KNOW.....98	THERE WAS A PROBLEM.....01 ORDINARY CONTROL.....02 OTHER 96 (SPECIFY) DON'T KNOW.....98
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409B How many times did you receive antenatal care during your pregnancy with (NAME) ?	NO. OF TIMES..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98	NO. OF TIMES..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98
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409D In any of your antenatal checks, were you;	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>Weighted ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Measured ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure measured ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood test ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine test ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Abdomen measured ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Listened to baby's heartbeat ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Ultrasound ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Internal examination ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	Weighted ?	1	2	Measured ?	1	2	Blood pressure measured ?	1	2	Blood test ?	1	2	Urine test ?	1	2	Abdomen measured ?	1	2	Listened to baby's heartbeat ?	1	2	Ultrasound ?	1	2	Internal examination ?	1	2	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>WEIGHTED.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MEASURED.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD TEST.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE TEST.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ABDOMEN MEASURED.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LISTENED TO BABY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ULTRASOUND.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INTERNAL EXAMINATION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	WEIGHTED.....	1	2	MEASURED.....	1	2	BLOOD PRESSURE.....	1	2	BLOOD TEST.....	1	2	URINE TEST.....	1	2	ABDOMEN MEASURED.....	1	2	LISTENED TO BABY.....	1	2	ULTRASOUND.....	1	2	INTERNAL EXAMINATION.....	1	2
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409E Have you been given information about the following subjects in any of your antenatal checks ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>Diet ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Danger signs of pregnancy ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Breastfeeding ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Family planning ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Delivery ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Postnatal care ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	Diet ?	1	2	Danger signs of pregnancy ?	1	2	Breastfeeding ?	1	2	Family planning ?	1	2	Delivery ?	1	2	Postnatal care ?	1	2	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>DIET.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DANGER SIGNS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BREASTFEEDING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAMILY PLANNING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DELIVERY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTNATAL CARE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	DIET.....	1	2	DANGER SIGNS.....	1	2	BREASTFEEDING.....	1	2	FAMILY PLANNING.....	1	2	DELIVERY.....	1	2	POSTNATAL CARE.....	1	2
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409F Have you taken any of the following when you were pregnant with (NAME) ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>Iron tablets ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Vitamins ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Folic acid ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other medication ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	Iron tablets ?	1	2	Vitamins ?	1	2	Folic acid ?	1	2	Other medication ?	1	2	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>IRON TABLETS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VITAMINS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FOLIC ACID.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER MEDICATION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	IRON TABLETS.....	1	2	VITAMINS.....	1	2	FOLIC ACID.....	1	2	OTHER MEDICATION.....	1	2
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OTHER MEDICATION.....	1	2																														

	LAST BIRTH	NEXT TO LAST BIRTH
	NAME _____	NAME _____
410 When you were pregnant with (NAME) were you give an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth ?	YES.....1 NO.....2 <div style="text-align: center;">412 ←</div> DON'T KNOW.....8	YES.....1 NO.....2 <div style="text-align: center;">412 ←</div> DON'T KNOW.....8
411A During this pregnancy how many times did you get this injection ?	NO. OF TIMES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW.....8	NO. OF TIMES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW.....8
411B In which month of your pregnancy did you get the first tetanus injection ?	MONTH..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW.....98	MONTH..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW.....98
412 Where did you give birth to (NAME) ? <div style="border-bottom: 1px solid black; width: 200px; margin: 10px auto;"></div> <div style="text-align: center; margin-top: 5px;">(NAME OF PLACE)</div>	<div>HOME</div> WOMAN'S HOME.....01 OTHER HOME.....02 <div>PUBLIC SECTOR</div> GOVT. /SAMPLE HOSP....11 MATERNITY HOUSE.....12 MCHFP CENTER.....13 HEALTH CENTER.....14 HEALTH HOUSE.....15 SSK HOSP/DISPANSERY...16 OTHER PUBLIC SECTOR <div style="text-align: right;">_____ 19</div> <div style="text-align: center;">(SPECIFY)</div> <div>PRIVATE SECTOR</div> PRIVATE HOSPITAL.....21 PRIVATE POLYCLINIC....22 PRIVATE DOCTOR.....23 PRIVATE NURSE/MIDWIFE.24 OTHER PRIVATE SECTOR <div style="text-align: right;">_____ 29</div> <div style="text-align: center;">(SPECIFY)</div> UNIVERSITY HOSPITAL.....31 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div>HOME</div> WOMAN'S HOME.....01 OTHER HOME.....02 <div>PUBLIC SECTOR</div> GOVT. /SAMPLE HOSP....11 MATERNITY HOUSE.....12 MCHFP CENTER.....13 HEALTH CENTER.....14 HEALTH HOUSE.....15 SSK HOSP/DISPANSERY...16 OTHER PUBLIC SECTOR <div style="text-align: right;">_____ 19</div> <div style="text-align: center;">(SPECIFY)</div> <div>PRIVATE SECTOR</div> PRIVATE HOSPITAL.....21 PRIVATE POLYCLINIC....22 PRIVATE DOCTOR.....23 PRIVATE NURSE/MIDWIFE.24 OTHER PRIVATE SECTOR <div style="text-align: right;">_____ 29</div> <div style="text-align: center;">(SPECIFY)</div> UNIVERSITY HOSPITAL.....31 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>

	LAST BIRTH	NEXT TO LAST BIRTH
	NAME _____	NAME _____

413	Who assisted with the delivery of (NAME)? Anyone else ? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL MIDWIFE....D RELATIVE/FRIENDS.....E OTHER _____ U (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL MIDWIFE....D RELATIVE/FRIENDS.....E OTHER _____ U (SPECIFY) NO ONE.....Y
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413A	How many months did your pregnancy to (NAME) last ?	MONTH..... <table border="1"><tr><td></td><td></td></tr></table> AT TIME.....94 BEFORE ITS TIME.....95			AY..... <table border="1"><tr><td></td><td></td></tr></table> AT TIME.....94 BEFORE ITS TIME.....95		

413B	CHECK 412: BIRTH IN A HEALTH INSTITUTION ?	YES NO <input type="checkbox"/> →414 <input type="checkbox"/>	YES NO <input type="checkbox"/> →414 <input type="checkbox"/>
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413C	What was the main reason for not having done (NAME) birth in a health institution ?	NO REASON.....00 ACCESSIBILITY PROBLEMS...01 DISTRUST OF HEALTH FACILITY OR PERSONNEL.....02 HAPPENED SUDDENLY.....03 PROBLEMS IN USING HEALTH INSTITUTION.....04 EXPENSIVE.....05 TRADITIONS ETC.....06 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	NO REASON.....00 ACCESSIBILITY PROBLEMS...01 DISTRUST OF HEALTH FACILITY OR PERSONNEL.....02 HAPPENED SUDDENLY.....03 PROBLEMS IN USING HEALTH INSTITUTION.....04 EXPENSIVE.....05 TRADITIONS ETC.....06 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98
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414	Around the time of the birth of (NAME) did you have any of the following problems :	YES NO	YES NO
	Regular labour lasting more than 12 hours?	LABOUR MORE THAN 12 HOURS...1 2	LABOUR MORE THAN 12 HOURS...1 2
	Excessive bleeding that you think was life threatening ?	EXCESSIVE BLEEDING.....1 2	EXCESSIVE BLEEDING.....1 2
	A high fever with bad smelling vaginal discharge ?	FEVER/BAD SMELLING VAG. DISCHARGE.....1 2	FEVER/BAD SMELLING VAG. DISCHARGE.....1 2
	Convulsions not caused by fever ?	CONVULSIONS.....1 2	CONVULSIONS.....1 2
	Episiotomy ?	EPISIOTOMY.....1 2	EPISIOTOMY.....1 2

	LAST BIRTH	NEXT TO LAST BIRTH
	NAME _____	NAME _____

414A CHECK 412:	YES NO <input type="checkbox"/> <input type="checkbox"/> → 415B	YES NO <input type="checkbox"/> <input type="checkbox"/> → 415B
↓		

415 Was (NAME) delivered by caesarean section?	YES.....1 NO.....2 415B ←	YES.....1 NO.....2 415B ←
--	---------------------------------	---------------------------------

415A What was the reason for having a caesarean ?	_____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	_____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
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415B Did you have any of the following complications within 40 days period after the birth of (NAME) ?	YES NO	YES NO
Excessive (vaginal) bleeding ?	EXCESSIVE BLEEDING....1 2	EXCESSIVE BLEEDING....1 2
Very high fever ?	VERY HIGH FEVER.....1 2	VERY HIGH FEVER.....1 2
Convulsions ?	CONVULSIONS.....1 2	CONVULSIONS.....1 2
Bad smelling (vaginal) discharge ?	VAGINAL DISCHARGE....1 2	VAGINAL DISCHARGE....1 2
Lower abdominal pain ?	LOWER ABDOMINAL PAIN..1 2	LOWER ABDOMINAL PAIN..1 2
Severe back pain ?	SEVERE BACK PAIN.....1 2	SEVERE BACK PAIN.....1 2
Painful urination ?	PAINFUL URINATION....1 2	PAINFUL URINATION....1 2
Giddiness ?	GIDDINESS.....1 2	GIDDINESS.....1 2
Severe headache ?	SEVERE HEADACHE.....1 2	SEVERE HEADACHE.....1 2
Swollen and painful breast ?	SWOLLEN BREAST.....1 2	SWOLLEN BREAST.....1 2

415C CHECK 415B:	YES NO <input type="checkbox"/> <input type="checkbox"/> → 415E	YES NO <input type="checkbox"/> <input type="checkbox"/> → 416
↓		

415D Did you seek any treatment or advice from a health personnel on any of these complications ? IF YES: From whom ?	HEALTH PERSONNEL DOCTOR.....A NURSE/MIDWIFE.....B OTHER _____ U (SPECIFY) NO ADVICE/ NO TREATMENT.....Y	HEALTH PERSONNEL DOCTOR.....A NURSE/MIDWIFE.....B OTHER _____ U (SPECIFY) NO ADVICE/ NO TREATMENT.....Y
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	LAST BIRTH	NEXT TO LAST BIRTH
	NAME _____	NAME _____
415E	<p>Do you have any of the following complications now ?</p> <p>Uterine prolapse ? IF YES: Did you get treatment for it ?</p> <p>Urinary incontinence ? IF YES: Did you get treatment for it ?</p> <p>Vaginal discharge ? IF YES: Did you get treatment for it ?</p> <p>Urinary infection ? IF YES: Did you get treatment for it ?</p> <p>Menstrual disorder ? IF YES: Did you get treatment for it ?</p>	<p>NO.....0 YES, GOT TREATMENT.....1 YES, NO TREATMENT.....2</p> <p>NO.....0 YES, GOT TREATMENT.....1 YES, NO TREATMENT.....2</p> <p>NO.....0 YES, GOT TREATMENT.....1 YES, NO TREATMENT.....2</p> <p>NO.....0 YES, GOT TREATMENT.....1 YES, NO TREATMENT.....2</p> <p>NO.....0 YES, GOT TREATMENT.....1 YES, NO TREATMENT.....2</p>
416	<p>When (NAME) was born, was he/she very large, larger than average, average, smaller than average or very small ?</p>	<p>VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8</p>
417	<p>Was (NAME) weighted at birth ?</p>	<p>YES.....1 NO.....2</p> <p style="text-align: right;">419 ←</p>
418	<p>How much did (NAME) weigh ?</p> <p>RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.</p>	<p style="text-align: center;">GRAMS</p> <p>FROM CARD...1 <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table></p> <p>FROM RECALL.2 <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table></p> <p>DON'T KNOW.....99998</p>
419	<p>Has your period returned since the birth of (NAME) ?</p>	<p>YES.....1 NO.....2</p> <p style="text-align: right;">421 ← 422 ←</p>

	LAST BIRTH	NEXT TO LAST BIRTH
	NAME _____	NAME _____
420 Did your period return between the birth of (NAME) and your next pregnancy ?		YES.....1 NO.....2 <div style="text-align: right;">424 ←</div>
421 For how many months after the birth of (NAME) did you not have a period ?	MONTH..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98	MONTH..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98
422 CHECK 227: RESPONDENT CURRENTLY PREGNANT ?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> <div style="text-align: center;">424</div>	
423 Have you resumed sexual relations since the birth of (NAME) ?	YES.....1 NO.....2 <div style="text-align: right;">425 ←</div>	
424 For how many months after the birth of (NAME) did you not have sexual relations ?	MONTH..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98	MONTH..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW.....98
425 Did you ever breastfeed (NAME) ?	YES.....1 NO.....2 <div style="text-align: right;">431 ←</div>	YES.....1 NO.....2 <div style="text-align: right;">431 ←</div>
426 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 DAYS.....2	IMMEDIATELY.....000 HOURS.....1 DAYS.....2
427 CHECK 404: CHILD ALIVE ?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;">429</div>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;">429</div>
428 Are you still breastfeeding ?	YES.....1 NO.....2 <div style="text-align: right;">432 ←</div>	YES.....1 NO.....2 <div style="text-align: right;">432 ←</div>

	LAST BIRTH	NEXT TO LAST BIRTH
	NAME _____	NAME _____

429	For how many months did you breastfeed (NAME) ?	MONTH..... <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>
	DON'T KNOW.....98	DON'T KNOW.....98	DON'T KNOW.....98

430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)
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431	CHECK 404: CHILD ALIVE ?	ALIVE <input type="checkbox"/> ↓ 434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440.	DEAD <input type="checkbox"/> ↓ 434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440.
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432	How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>
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433	How many times did you breastfeed (NAME) yesterday during the daylight hours ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF DAYTIME FEEDINGS..... <input type="text"/> <input type="text"/>
-----	--	---	---

434	Did (NAME) drink anything from a bottle with a nipple yesterday or last night ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
-----	---	---	---

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
435	At any time yesterday or last night, was (NAME) given any of the following ?	Y N DK	Y N DK
	Plain water ?	PLAIN WATER.....1 2 8	PLAIN WATER.....1 2 8
	Sugar water ?	SUGAR WATER.....1 2 8	SUGAR WATER.....1 2 8
	Juice ?	JUICE.....1 2 8	JUICE.....1 2 8
	Tea ?	TEA.....1 2 8	TEA.....1 2 8
	Baby formula ?	BABY FORMULA.....1 2 8	BABY FORMULA.....1 2 8
	Yoghurt ?	YOGHURT.....1 2 8	YOGHURT.....1 2 8
	Pudding ?	PUDDING.....1 2 8	PUDDING.....1 2 8
	Juice of cooked meal ?	JUICE OF COOKED ME..1 2 8	JUICE OF COOKED ME..1 2 8
	Turkish delight ?	TURKISH DELIGHT....1 2 8	TURKISH DELIGHT....1 2 8
	Bottled milk ?	BOTTLED MILK.....1 2 8	BOTTLED MILK.....1 2 8
	Fresh milk ?	FRESH MILK.....1 2 8	FRESH MILK.....1 2 8
	Other liquids ?	OTHER LIQUIDS.....1 2 8	OTHER LIQUIDS.....1 2 8
	Any other solid or semi solid foods ?	SOLID/SEMI SOLID FOODS.....1 2 8	SOLID/SEMI SOLID FOOD.....1 2 8
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN ADDITIONAL QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 440.

SECTION 4B. IMMUNIZATION AND HEALTH

440	ENTER LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES- DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL QUESTIONNAIRE)																																																																																																		
441	LINE NUMBER FROM Q212.	LAST BIRTH LINE NO. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	NEXT TO LAST BIRTH LINE NO. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>																																																																																																
442	FROM Q212. FROM Q216.	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601) </div>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> (GO TO 442 IN ADDI. QUEST. OR, IF NO MORE BIRTHS, GO TO 601) </div>																																																																																																
443	Do you have a card where (NAME'S) vaccinations are written down ? IF YES: May I see it please ?	YES, SEEN.....1- <div style="text-align: center;">445 ←</div> YES, NOT SEEN.....2- <div style="text-align: center;">447 ←</div> NO CARD.....3	YES, SEEN.....1- <div style="text-align: center;">445 ←</div> YES, NOT SEEN.....2- <div style="text-align: center;">447 ←</div> NO CARD.....3																																																																																																
444	Did you ever have a vaccination card for (NAME) ?	YES.....1- <div style="text-align: center;">447 ←</div> NO.....2-	YES.....1- <div style="text-align: center;">447 ←</div> NO.....2-																																																																																																
445	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. PAY ATTENTION TO APPOINTMENT DAYS AND THE CONSISTENCY OF VACCINATION DATES. (2) WRITE '44' IN THE DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE IS RECORDED.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1.</td><td></td><td></td><td></td></tr> <tr><td>P2.</td><td></td><td></td><td></td></tr> <tr><td>P3.</td><td></td><td></td><td></td></tr> <tr><td>D1.</td><td></td><td></td><td></td></tr> <tr><td>D2.</td><td></td><td></td><td></td></tr> <tr><td>D3.</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1.</td><td></td><td></td><td></td></tr> <tr><td>H2.</td><td></td><td></td><td></td></tr> <tr><td>H3.</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YEAR	BCG				P1.				P2.				P3.				D1.				D2.				D3.				MEA				H1.				H2.				H3.				<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1.</td><td></td><td></td><td></td></tr> <tr><td>P2.</td><td></td><td></td><td></td></tr> <tr><td>P3.</td><td></td><td></td><td></td></tr> <tr><td>D1.</td><td></td><td></td><td></td></tr> <tr><td>D2.</td><td></td><td></td><td></td></tr> <tr><td>D3.</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1.</td><td></td><td></td><td></td></tr> <tr><td>H2.</td><td></td><td></td><td></td></tr> <tr><td>H3.</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YEAR	BCG				P1.				P2.				P3.				D1.				D2.				D3.				MEA				H1.				H2.				H3.			
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		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
446	Has (NAME) received any vaccination that are not recorded on this card ? RECORD 'YES' IF ONLY RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3 MEASLES AND/OR HEPATITIS B 1-3.	YES.....1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445)..... NO.....2 DON'T KNOW.....8 454 ←	YES.....1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445)..... NO.....2 DON'T KNOW.....8 454 ←
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting infectious diseases ?	YES.....1 NO.....2 454 ← DON'T KNOW.....8	YES.....1 NO.....2 454 ← DON'T KNOW.....8
448	Please tell me if (NAME) received any of the following vaccinations:		
448A	BCG: A vaccination against tuberculosis, that is an injection in the left arm or shoulder that caused a scar ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
448B	Polio vaccination: That is drops in the mouth ?	YES.....1 NO.....2 448E ← DON'T KNOW.....8	YES.....1 NO.....2 448E ← DON'T KNOW.....8
448C	How many times ?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448E	DPT vaccination: This vaccination includes diphtheria, whooping-cough and tetanus. And it is usually given at the same time as polio drops.	YES.....1 NO.....2 448G ← DON'T KNOW.....8	YES.....1 NO.....2 448G ← DON'T KNOW.....8
448F	How many times ?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448G	Measles vaccination ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
448H	How many times ?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448I	Hepatitis B vaccination ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
448J	How many times ?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
454	Has (NAME) had diarrhea in the last 15 days?	YES.....1 NO.....2 <div style="text-align: center;">464 ←</div> DON'T KNOW.....8	YES.....1 NO.....2 <div style="text-align: center;">464 ←</div> DON'T KNOW.....8
455	Was there any blood in the stools ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
456	On the worst day of diarrhea, how many bowel movements did (NAME) have ?	NUMBER OF BOWEL MOVEMENTS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW.....98
457	Was (NAME) given the same amount to drink as before the diarrhea, or more or less ?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
458	Was (NAME) given the same amount of food to eat as before the diarrhea, or more or less ?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
459	When (NAME) had diarrhea was he/she given any of the following to drink ?	Y N DK	Y N DK
	A fluid made from a special packet called ORS ?	ORS PKT.....1 2 8	ORS PKT.....1 2 8
	Home made sugar-salt-water solution ?	HOME MADE ORS.....1 2 8	HOME MADE ORS.....1 2 8
	Milk or infant formula ?	MILK/INFANT FORM.....1 2 8	MILK/INFANT FORM.....1 2 8
	Soup ?	SOUP.....1 2 8	SOUP.....1 2 8
	Ayran (yoghurt based drink) ?	AYRAN.....1 2 8	AYRAN.....1 2 8
	Water ?	WATER.....1 2 8	WATER.....1 2 8
	Tea ?	TEA.....1 2 8	TEA.....1 2 8
	Rice-pudding ?	RICE PUDDING.....1 2 8	RICE PUDDING.....1 2 8
	Other liquid ?	OTHER LIQUID.....1 2 8	OTHER LIQUID.....1 2 8
460	Was anything (else) given to treat the diarrhea ?	YES.....1 NO.....2 <div style="text-align: center;">462 ←</div> DON'T KNOW.....8	YES.....1 NO.....2 <div style="text-align: center;">462 ←</div> DON'T KNOW.....8

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
461	What was given to treat the diarrhea ? Anything else ? RECORD ALL MENTIONED.	PILL OR SYRUP.....A INJECTION.....B (I.V) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ U (SPECIFY)	PILL OR SYRUP.....A INJECTION.....B (I.V) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ U (SPECIFY)
462	Did you seek advice or treatment for the diarrhea ?	YES.....1 NO.....2 <div style="text-align: right;">464 ←</div>	YES.....1 NO.....2 <div style="text-align: right;">464 ←</div>
463	Where did you seek advice or treatment ? Anywhere else ? RECORD ALL MENTIONED. _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT./SAMPLE HOSP.....A MATERNITY HOUSE.....B MCHFP CENTER.....C HEALTH CENTER.....D HEALTH HOUSE.....E SSK HOSP/DISPANSERY...F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP.....H PRIVATE CLINIC.....I PRIVATE DOCTOR.....J PRIVATE NURSE/MIDWIFE..K PHARMACY.....L OTHER PRIVATE SECTOR _____ M (SPECIFY) UNIVERSITY HOSPITAL.....N COMM.VOLUNTEERS/ASSOC./ FOUNDATIONS.....O RELATIVE/FRIENDS/NEIGHB..R OTHER _____ U (SPECIFY)	PUBLIC SECTOR GOVT./SAMPLE HOSP.....A MATERNITY HOUSE.....B MCHFP CENTER.....C HEALTH CENTER.....D HEALTH HOUSE.....E SSK HOSP/DISPANSERY...F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP.....H PRIVATE CLINIC.....I PRIVATE DOCTOR.....J PRIVATE NURSE/MIDWIFE..K PHARMACY.....L OTHER PRIVATE SECTOR _____ M (SPECIFY) UNIVERSITY HOSPITAL.....N COMM.VOLUNTEERS/ASSOC./ FOUNDATIONS.....O RELATIVE/FRIENDS/NEIGHB..R OTHER _____ U (SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 601.	GO BACK TO 442 IN ADDITIONAL QUESTIONNAIRE; OR, IF NO MORE BIRTHS GO TO 601.

SECTION 6. FERTILITY PREFERENCES

601	CHECK 250:	<p>CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/></p>	→ 612
601A	CHECK 314:	<p>WOMAN NOT HAD TUBAL LIGATION OR HUSBAND NOT STERILIZED <input type="checkbox"/></p> <p>WOMAN HAD TUBAL LIGATION OR HUSBAND STERILIZED <input type="checkbox"/></p>	→ 612
602	CHECK 227:	<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>CURRENTLY 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 → 604</p> <p>SAYS SHE CAN'T GET PREGNANT.....3 → 606</p> <p>UNDECIDED/DON'T KNOW.....8 → 604</p>
602A	CHECK 227:	<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>CURRENTLY 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; border: 1px solid black;" type="text"/></p> <p>OTHER ANSWERS _____ 96 (SPECIFY)</p>
603	CHECK 227:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child ?</p> </div> <div style="width: 45%;"> <p>CURRENTLY PREGNANT <input type="checkbox"/></p> <p>After the child you are expecting now, how long would you like to wait before the birth of another child ?</p> </div> </div>	<p>MONTHS.....1 <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>YEARS.....2 <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>SOON/NOW.....993 → 606</p> <p>SAYS SHE CAN'T GET PREGNANT.....994</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW.....998</p>

604	CHECK 227:	NOT PREGNANT OR UNSURE <input type="checkbox"/> CURRENTLY PREGNANT <input type="checkbox"/>	→ 607
605	If you become pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much ?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 313: USING A METHOD ?	NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>	→ 612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months ?	YES.....1 NO.....2 DON'T KNOW.....8	→ 609
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future ?	YES.....1 NO.....2 DON'T KNOW.....8	→ 610
609	Which method would you prefer to use ?	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 TUBAL LIGATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98	→ 612

610 What is the main reason that you think you will never use a method ?

FERTILITY-RELATED REASONS
 INFREQUENT SEX.....22
 MENOPAUSAL/HYSTERECTOMY.....23
 SUBFECUND/INFECUND.....24
 WANTS MORE CHILDREN.....26

 OPPOSITION TO USE
 WOMAN OPPOSED.....31
 HUSBAND OPPOSED.....32
 OTHERS OPPOSED.....33
 RELIGIOUS REASONS.....34

 LACK OF KNOWLEDGE
 KNOWS NO METHOD.....41
 KNOWS NO SOURCE.....42

 METHOD-RELATED REASONS
 HEALTH CONCERNS.....51
 SIDE EFFECTS.....52
 LACK OF ACCESS/TOO PAR.....53
 COST TOO MUCH.....54
 INCONVENIENT TO USE.....55
 INTERFERES WITH BODY'S
 NORMAL PROCESSES.....56

 OTHER _____ 96
 (SPECIFY)
 DON'T KNOW.....98

612 CHECK 216:

HAS LIVING CHILDREN ☐

NO LIVING CHILDREN ☐

If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be ?

If you could choose exactly the number of children to have in your whole life, how many would that be ?

PROBE FOR A NUMERIC RESPONSE.

NUMBER.....
 OTHER _____ 96
 (SPECIFY)

→614

613 How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter ?

BOYS
 NUMBER.....
 OTHER _____ 96
 (SPECIFY)

 GIRLS
 NUMBER.....
 OTHER _____ 96
 (SPECIFY)

 EITHER
 NUMBER.....
 OTHER _____ 96
 (SPECIFY)

614	Do you approve of couples using a method to avoid getting pregnant ?	APPROVE.....1 DISAPPROVE...2 NO OPINION...3																								
615	Is it acceptable or not acceptable to you for information on family planning to be provided: <div style="margin-left: 40px;"> On the radio ? On the television ? In newspapers/magazines ? In secondary schools ? In high schools ? </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">ACCEPT- ABLE</th> <th style="text-align: center;">NOT ACCEPT- ABLE</th> <th style="text-align: center;">DO NOT KNOW</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELEVISION....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEWSP./MAGZ....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>SECONDARY.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>HIGH.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DO NOT KNOW	RADIO.....1	2		8	TELEVISION....1	2		8	NEWSP./MAGZ....1	2		8	SECONDARY.....1	2		8	HIGH.....1	2		8
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NEWSP./MAGZ....1	2		8																							
SECONDARY.....1	2		8																							
HIGH.....1	2		8																							
616	In the last few months have you heard about family planning: <div style="margin-left: 40px;"> On the radio ? On the television ? In newspaper or magazine? From a poster ? From brochures or leaflets ? From billboards or cloth posters ? Any other place ? </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>TELEVISION....1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>POSTER.....1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>BROCHURES/LEAFLETS.....1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>BILLBOARDS/CLOTH POSTERS....1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>ANOTHER PLACE.....1</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>		YES	NO	RADIO.....1	2		TELEVISION....1	2		NEWSPAPER OR MAGAZINE.....1	2		POSTER.....1	2		BROCHURES/LEAFLETS.....1	2		BILLBOARDS/CLOTH POSTERS....1	2		ANOTHER PLACE.....1	2	
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ANOTHER PLACE.....1	2																									
618	In the last few months have you discussed the practice of family planning with friends, neighbours, or relatives ?	YES.....1 NO.....2 → 620																								
619	With whom ? Anyone else ? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIEND/RELATIVE.....I NEIGHBOUR.....J OTHER _____ U (SPECIFY)																								
620	CHECK 250: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> CURRENTLY MARRIED <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px auto;"></div> </div> <div style="text-align: center;"> NOT CURRENTLY MARRIED <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px auto;"></div> </div> </div>	→ 701																								
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves of couples using a method to avoid pregnancy ?	APPROVES.....1 DISAPPROVES...2 DON'T KNOW...8																								

622B	CHECK 313 AND 314: USING A METHOD ? <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> CURRENTLY USING A METHOD <input type="checkbox"/> </div> <div style="text-align: center;"> CURRENTLY NOT USING A METHOD/NOT ASKED <input type="checkbox"/> </div> </div>	623
622C	Before you started to use (METHOD), did you or your husband/partner talk about which method you are going to use ?	YES.....1 NO.....2 DOESN'T REMEMBER.....8
622D	After you started to use (METHOD) did you and your husband/partner talk about the method ?	YES.....1 NO.....2 DOESN'T REMEMBER.....8
622E	CHECK 314: CIRCLE METHOD CODE:	PILL.....01 IUD.....02 INJECTABLES.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 → 623 TUBAL LIGATION.....07 MALE STERILIZATION.....08 → 623 RHYTHM.....09 WITHDRAWAL.....10 → 623 OTHER METHOD.....96
622F	Did your husband/partner support you about the use of (METHOD) ?	SUPPORTED.....1 DIDN'T SUPPORT.....2 INDIFFERENT/UNINTERESTED.....3 DON'T KNOW.....8
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want ?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8
628A	Do you think that the use of family planning is against religion ?	YES.....1 → 628c SOME METHODS ARE.....2 NO.....3 NOT RELIGIOUS/NO RELIGION.....4 → 628c DON'T KNOW.....8

628B	<p>Which method(s) do you think (are) is against religion ?</p> <p>Any other ?</p> <p>RECORD ALL MENTIONED.</p>	<p>PILL.....A</p> <p>IUD.....B</p> <p>INJECTABLES.....C</p> <p>NORPLANT.....D</p> <p>DIAPHRAGM/FOAM/JELLY.....E</p> <p>CONDOM.....F</p> <p>TUBAL LIGATION.....G</p> <p>MALE STERILIZATION.....H</p> <p>RHYTHM.....I</p> <p>WITHDRAWAL.....J</p> <p>OTHER METHOD _____ U</p> <p>(SPECIFY)</p> <p>INDUCED ABORTION.....M</p>
628C	<p>Does your husband have any objections to any family planning method or to family planning in general on religious grounds ?</p>	<p>YES.....1</p> <p>THINKS SOME METHODS ARE AGAINST RELIGION.....2</p> <p>NO.....3</p> <p>DON'T KNOW.....8</p>
630	<p>Did you ever reinforce or try to persuade any of your friends or relatives for the use of family planning methods ?</p>	<p>YES.....1</p> <p>NO.....2</p>

SECTION 7A. HUSBAND'S BACKGROUND

701	CHECK 205 :	<div> <div>CURRENTLY MARRIED</div> <div><input type="checkbox"/></div> <div>CURRENTLY NOT MARRIED</div> <div><input type="checkbox"/></div> </div>	→703
702	How old is your husband ?	AGE.....	<input type="text"/>
703	Did your (last) husband ever attend school ?	YES.....1 NO.....2	→706A
704	What was the highest level of school he attended ?	PRIMARY1 SECONDARY.....2 HIGH.....3 UNIVERSITY.....4 DON'T KNOW.....8	→706A
705	What was the highest grade he completed at that level ?	GRADE..... DON'T KNOW.....8	<input type="text"/>
705A	Did he graduate from that school ?	YES.....1 NO.....2 DON'T KNOW.....8	
706A	What is/was your (last) husband's occupation ? That is, what kind of work does/did he mainly do ?	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	
706B	Did/does he pay social security when doing this job ?	NO.....0 SSK.....1 EMEKLİ SANDIĞI.....2 BAĞ-KUR.....3 OTHER7 (SPECIFY) DON'T KNOW.....8	
	IF YES : According to which schedule ?		

706C	CHECK 706A, CIRCLE THE APPROPRIATE WORK CODE	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>AGRICULTURE.....01</p> <p>ANIMAL HUSBANDRY.....02</p> <p>AGRICULTURE AND A.HUSBANDRY...03</p> <p>FORESTRY.....04</p> <p>FISHERY.....05</p> <p>MINING.....06</p> <p>MANUFACTURE INDUSTRY (FOOD)...07</p> <p>MANUFACTURE INDUSTRY (TEXTILE).08</p> <p>MANUFACTURE INDUSTRY (METAL)...09</p> <p>MANUFACTURE INDUSTRY (OTHER)...10</p> <p>ELECTRICITY/GAS/WATER.....11</p> <p>CONSTRUCTION.....12</p> <p>WHOLESALE/RETAIL TRADE.....13</p> <p>HOTEL AND RESTAURANT.....14</p> <p>TRANSPORTATION/COMMUNICATION..15</p> <p>HEALTH.....16</p> <p>EDUCATION/CULTURE.....17</p> <p>PUBLIC ADMINISTRATION.....18</p> <p>TOURISM.....19</p> <p>BANKING/INSURANCE.....20</p> <p>OTHER SOCIAL SERVICES.....21</p> <p>PERSONAL SERVICES.....22</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> </div> <div style="width: 2%;"></div> <div style="width: 48%;"></div> </div>
706D	CHECK 706A, CIRCLE THE APPROPRIATE CODE FOR THE POSITION AT WORK	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>EMPLOYER EMPLOYING TEN OR MORE THAN TEN PERSONS.....01</p> <p>SMALL EMPLOYER EMPLOYING LESS THAN TEN PERSONS.....02</p> <p>SALARIED (GOVERNMENT OFFICIAL).03</p> <p>WAGED (PUBLIC SECTOR).....04</p> <p>WAGED (PRIVATE SECTOR).....05</p> <p>FOR HIS OWN.....06</p> <p>UNPAID FAMILY LABOURER.....07</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> </div> <div style="width: 2%;"></div> <div style="width: 48%;"></div> </div>
706E	CHECK 706A : <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>AGRICULTURE (01) OR AGRICULTURE AND ANIMAL HUSBANDRY (03)</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>OTHER WORK CODES</p> <p><input type="checkbox"/></p> </div> </div> <div style="text-align: right; margin-top: 10px;">→706G</div>	
706F	Whom the land that your (last) husband works/worked on belongs/belonged to ?	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>HIS LAND.....01</p> <p>FAMILY LAND.....02</p> <p>RENTED LAND.....03</p> <p>SOMEONE ELSE'S LAND.....04</p> <p>STATE LAND.....05</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> </div> <div style="width: 2%;"></div> <div style="width: 48%;"></div> </div>

706G	<p>Is/was your (last) husband covered by health insurance ? Does/did he have health insurance ?</p> <p>IP YES : According to which schedule ?</p>	<p>NO.....0</p> <p>SSK.....1</p> <p>EMEKLİ SANDIĞI.....2</p> <p>BAĞ-KUR.....3</p> <p>PRIVATE INSURANCE.....4</p> <p>GREEN CARD.....5</p> <p>OTHER _____ 7</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....8</p>
708A	<p>What is/was your (last) husband's mother tongue ?</p> <p>RECORD ONLY ONE RESPONSE.</p>	<p>TURKISH.....01</p> <p>KURDISH AND DIALECTS (KURMANCI, GORANI, ZAZACA ETC).02</p> <p>ARABIC.....03</p> <p>GREEK.....04</p> <p>ARMENIAN.....05</p> <p>HEBREW(LADINO).....06</p> <p>CIRCASSIAN.....07</p> <p>GEORGIAN.....08</p> <p>LAZ LANGUAGE.....09</p> <p>PERSIAN.....10</p> <p>BULGARIAN.....11</p> <p>RUMANIAN.....12</p> <p>SERBIAN.....13</p> <p>ENGLISH.....14</p> <p>GERMAN.....15</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>
708B	<p>In addition to his mother tongue, which language(s) does/did your (last) husband speak ?</p> <p>RECORD ALL MENTIONED.</p>	<p>TURKISH.....A</p> <p>KURDISH AND ITS DIALECTS (KURMANCI, GORANI, ZAZACA ETC).B</p> <p>ARABIC.....C</p> <p>GREEK.....D</p> <p>ARMENIAN.....E</p> <p>HEBREW(LADINO).....F</p> <p>CIRCASSIAN.....G</p> <p>GEORGIAN.....H</p> <p>LAZ LANGUAGE.....I</p> <p>PERSIAN.....J</p> <p>BULGARIAN.....K</p> <p>RUMANIAN.....L</p> <p>SERBIAN.....M</p> <p>ENGLISH.....N</p> <p>GERMAN.....O</p> <p>OTHER _____ U</p> <p>(SPECIFY)</p> <p>KNOWS NO OTHER LANGUAGE.....Y</p>

708C	What is (was) the mother tongues of your (last) husband's mother and father ? USE THE CODES IN 708A.	HUSBAND'S MOTHER..... HUSBAND'S FATHER.....	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
708D	What is/was your (last) husband's religion ? IF THE RESPONSE IS "MUSLIM" THEN PROBE FOR SECT. CODE ACCORDING TO THE GIVEN RESPONSE.	MUSLIM SUNNI.....01 ALAWI.....02 OTHER 03 (SPECIFY) CHRISTIAN06 JEWISH.....07 NO RELIGION.....10 OTHER 96 (SPECIFY)	
708E	Have you lived in only one or in more than one settlements since January 1993 ?	ONE SETTLEMENT.....1 MORE THAN ONE SETTLEMENT.....2	→708G
708F	<div style="font-size: 2em; font-weight: bold; float: left; margin-right: 10px;">C</div> <ul style="list-style-type: none"> ■ ENTER (IN COLUMN 4 OF CALENDAR) THE APPROPRIATE CODE FOR SETTLEMENT ('1' PROVINCE CENTER, '2' DISTRICT CENTER, '3' SUB-DISTRICT/VILLAGE, '4' ABROAD). ■ ENTER (IN COLUMN 5 OF THE CALENDAR) THE PROVINCE CODE FOR THE SETTLEMENT. ■ BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1993 BY FILLING COLUMNS 4 AND 5. ■ THEN SKIP TO 709. 		
708G	In what month and year did you move to (NAME OF THE SETTLEMENT OF CURRENT RESIDENCE) ? <div style="font-size: 2em; font-weight: bold; float: left; margin-right: 10px;">C</div> <p>ENTER (IN COLUMNS 4 AND 5 OF THE CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE.</p> <p>FOR COLUMN 4: FOR THE FOLLOWING MONTHS ENTER THE APPROPRIATE CODE FOR SETTLEMENT. ('1' PROVINCE CENTER, '2' DISTRICT CENTER, '3' SUB-DISTRICT/VILLAGE, '4' ABROAD).</p> <p>FOR COLUMN 5: FOR THE FOLLOWING MONTHS ENTER THE PROVINCE CODE THAT THE SETTLEMENT IS CURRENTLY LOCATED.</p> <p>CONTINUE PROBING FOR PREVIOUS SETTLEMENTS AND RECORD MOVES, TYPES OF SETTLEMENTS AND PROVINCE CODES ACCORDINGLY.</p> <p>RECORD ALSO THE MOVES BETWEEN THE SAME TYPE OF SETTLEMENTS OR BETWEEN THE TYPES OF SETTLEMENTS IN THE SAME PROVINCE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> > Where did you live before..... ? > In what month and year did you arrive here ? > Is that place a province center, a district center, a subdistrict/village or abroad? > In which province islocated ? 		

SECTION 7B. WOMAN'S WORK AND STATUS

709	<p>Now I would like to ask you questions about working.</p> <p>Aside from your own housework, are you currently working?</p>	<p>YES.....1 → 712</p> <p>NO.....2</p>				
710	<p>As you know, some women sell small things, sell goods at the market place, 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 → 712</p> <p>NO.....2</p>				
711	<p>Have you worked in any job in the last 12 months ?</p>	<p>YES.....1</p> <p>NO.....2 → 740</p>				
712	<p>What type of work are/were you doing ? What kind of job are/were you in ?</p>	<div data-bbox="1214 911 1312 968"> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> <p>_____</p> <p>_____</p>				
712A	<p>Do/did you pay social security when doing this job ?</p> <p>IF YES: According to which schedule ?</p>	<p>NO.....0</p> <p>SSK.....1</p> <p>EMEKLİ SANDIĞI.....2</p> <p>BAĞ-KUR.....3</p> <p>OTHER _____ 7</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....8</p>				

712B	CHECK 712, CIRCLE THE APPROPRIATE WORK CODE.	AGRICULTURE.....01 ANIMAL HUSBANDRY.....02 AGRICULTURE AND A.HUSBANDRY...03 FORESTRY.....04 FISHERY.....05 MINING.....06 MANUFACTURE INDUSTRY (FOOD)...07 MANUFACTURE INDUSTRY (TEXTILE).08 MANUFACTURE INDUSTRY (METAL)...09 MANUFACTURE INDUSTRY (OTHER)...10 ELECTRICITY/GAS/WATER.....11 CONSTRUCTION.....12 WHOLESALE/RETAIL TRADE.....13 HOTEL AND RESTAURANT.....14 COMMUNICATION/TRANSPORTATION...15 HEALTH.....16 EDUCATION/CULTURE.....17 PUBLIC ADMINISTRATION.....18 TOURISM.....19 BANKING/INSURANCE.....20 OTHER SOCIAL SERVICES.....21 PERSONAL SERVICES.....22 OTHER _____ 96 (SPECIFY)
712C	CHECK 712, CIRCLE THE APPROPRIATE CODE FOR THE POSITION AT WORK	EMPLOYER EMPLOYING TEN OR MORE THAN TEN PERSONS.....01 SMALL EMPLOYER EMPLOYING LESS THAN TEN PERSONS.....02 SALARIED (GOVERNMENT OFFICIAL).03 WAGED (PUBLIC SECTOR).....04 WAGED (PRIVATE SECTOR).....05 FOR HIS OWN.....06 UNPAID FAMILY LABOURER.....07 OTHER _____ 96 (SPECIFY)
713	CHECK 712 : <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AGRICULTURE (01) OR AGRICULTURE AND ANIMAL HUSBANDRY (03) <input type="checkbox"/> </div> <div style="width: 45%;"> OTHER WORK CODES <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 10px;">→716</div>	
714	Whom does the land you work on belong to ?	HER LAND.....01 FAMILY LAND.....02 RENTED LAND.....03 SOMEONE ELSE'S LAND.....04 STATE LAND.....05 OTHER _____ 96 (SPECIFY)

716	Do you usually work throughout the year, or do you work seasonally, or only once in a while ?	THROUGHOUT THE YEAR.....1 → 718 SEASONALLY/PART OF THE YEAR....2 ONCE IN A WHILE.....3 → 719
717	During the last 12 months, how many months did you work ?	NUMBER OF MONTHS..... <input type="text"/>
718	How many days a week do (did) you usually work (in the months that you worked) ?	NUMBER OF DAYS..... <input type="text"/> → 720
719	During the last 12 months, approximately, how many days did you work ?	NUMBER OF DAYS..... <input type="text"/>
720	Do/did you earn cash for your work ? PROBE: Do/did you make money for your work ?	YES.....1 NO.....2 → 723
721A	How much do/did you usually earn for this work ? PROBE: Is this by the day, by the week, or by the month ?	PER HOUR.....1 <input type="text"/> PER DAY.....2 <input type="text"/> PER WEEK.....3 <input type="text"/> PER MONTH.....4 <input type="text"/> PER YEAR.....5 <input type="text"/> OTHER _____ 999996 → 722 (SPECIFY)
721B	CIRCLE THE APPROPRIATE CODE FOR THE GIVEN AMOUNT IN 721A .	MILLION.....1 THOUSAND.....2
721C	(In the times that you work) Generally what amount of the family expenses is met by your earnings? The whole, more than the half, the half, less than the half, or does your earning have no contribution to the family expenses ?	THE WHOLE.....1 MORE THAN THE HALF.....2 THE HALF.....3 LESS THAN THE HALF.....4 NO CONTRIBUTION.....5 DON'T KNOW.....8

722	CHECK 250 :	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else ?</p> </div> <div style="text-align: center;"> <p>CURRENTLY NOT MARRIED <input type="checkbox"/></p> <p>Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly ?</p> </div> </div>	HERSELF DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5
723	Do you usually work at home or away from home ?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING WITH HER WHOSE AGE IS 5 OR LESS ? <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="text-align: right; margin-top: 10px;">→740</div>		
725	Who usually takes care of (NAME OF THE YOUNGEST CHILD AT HOME) while you are working ?	WOMAN.....01 HUSBAND.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBOURS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER _____ 96 (SPECIFY)	
740	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CURRENTLY NOT WORKING (709=2 AND 710=2)</p> <p style="text-align: center;"><input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>CURRENTLY WORKING (709=1 OR 710=1) OR WORKED DURING THE LAST 12 MONTHS (711=1)</p> <p style="text-align: center;"><input type="checkbox"/></p> </div> </div> <div style="text-align: right; margin-top: 10px;">→742</div>		
741	You told that currently you are not working. What is the main reason that you are not working ?	HOLIDAY/ON VACATION.....01 LOOKS AFTER CHILD(REN).....02 HOUSEWORK.....03 SICK/HANDICAPPED.....04 CAN'T FIND/LOOKING FOR JOB.....05 HUSBAND/ELDERS DON'T WANT.....06 NO NEED FOR WORKING.....07 DOES NOT WANT WORKING ANYMORE..08 NO TALENT/EDUCATION.....09 DISCHARGED.....10 OTHER _____ 96 (SPECIFY)	

741B	CHECK 711: WORKED DURING THE LAST 12 MONTHS <input type="checkbox"/>	NOT WORKED DURING THE LAST 12 MONTHS <input type="checkbox"/>	→746
742	How long have/had you been working in your current/last job ?	YEAR.....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
746	Have you ever worked before you got married ?	YES.....1 NO.....2	→757
747	What was the last job you worked before you got married ? What type of work were you doing ?	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	
748	Did you pay social security when doing this job ? IF YES: According to which schedule ?	NO.....0 SSK.....1 EMEKLİ SANDIĞI.....2 BAĞ-KUR.....3 OTHER 7 (SPECIFY) DON'T KNOW.....8	
749	CHECK 747 , CIRCLE THE APPROPRIATE WORK CODE	AGRICULTURE.....01 ANIMAL HUSBANDRY.....02 AGRICULTURE AND A.HUSBANDRY...03 FORESTRY.....04 FISHERY.....05 MINING.....06 MANUFACTURE INDUSTRY (FOOD)...07 MANUFACTURE INDUSTRY (TEXTILE).08 MANUFACTURE INDUSTRY (METAL)...09 MANUFACTURE INDUSTRY (OTHER)...10 ELECTRICITY/GAS/WATER.....11 CONSTRUCTION.....12 WHOLESALE/RETAIL TRADE.....13 HOTEL AND RESTAURANT.....14 COMMUNICATION/TRANSPORTATION..15 HEALTH.....16 EDUCATION/CULTURE.....17 PUBLIC ADMINISTRATION.....18 TOURISM.....19 BANKING/INSURANCE.....20 OTHER SOCIAL SERVICES.....21 PERSONAL SERVICES.....22 OTHER 96 (SPECIFY)	

750	CHECK 747. CIRCLE THE APPROPRIATE CODE FOR THE POSITION AT WORK	EMPLOYER EMPLOYING TEN OR MORE THAN TEN PERSONS.....01 SMALL EMPLOYER EMPLOYING LESS THAN TEN PERSONS.....02 SALARIED (GOVERNMENT OFFICIAL).03 WAGED (PUBLIC SECTOR).....04 WAGED (PRIVATE SECTOR).....05 FOR HIS OWN.....06 UNPAID FAMILY LABOURER.....07 OTHER _____ 96 (SPECIFY)
751	Were you working at the time you got married ?	YES.....1 NO.....2 → 757
752	After you got married, did you go on working in the same job, or start to work in another job, or did you stop working ?	YES, THE SAME JOB.....1 YES, DIFFERENT JOB.....2 → 757 STOPPED WORKING.....3
753	What was the main reason that you stop working ?	GOT PREGNANT/CHILD CARE.....01 HOUSEWORK.....02 SICK/HANDICAPPED.....03 COULDN'T FIND JOB.....04 MOVED/MIGRATED.....05 HUSBAND/ELDERS DIDN'T WANT.....06 NO NEED FOR WORKING.....07 DIDN'T WANT TO WORK.....08 WORKED UNPAID.....09 DISCHARGED.....10 OTHER _____ 96 (SPECIFY)
757	What is the main source of income providing your and your family's subsistence?	HUSBAND'S EARNINGS.....01 HER AND HER HUSBAND'S JOINTLY..02 HER EARNINGS.....03 HUSBAND'S FAMILY'S INCOME.....04 HER FAMILY'S INCOME.....05 ALIMONY/SUPPORT FOR CHILD.....06 HER PENSION.....07 HUSBAND'S PENSION.....08 OTHER _____ 96 (SPECIFY)

758	Are you covered by any health insurance ?	NO.....0
	IF YES : According to which schedule ?	SSK.....1 EMEKLİ SANDIĞI.....2 BAĞ-KUR.....3 PRIVATE INSURANCE.....4 GREEN CARD.....5 OTHER _____ 7 (SPECIFY) DON'T KNOW.....8
766	Woman can sometimes make things that may annoy or make angry her husband. Now I will talk about some situations. Can you please tell me if the husband can have the right for beating his wife in those situations?	YES NO DK
	If she burns the food ?	BURN FOOD.....1 2 8
	If she neglects the care of children ?	NEGLECT CHILD CARE....1 2 8
	If she argues with her husband ?	ARGUE WITH HUSBAND....1 2 8
	If she talks with other men ?	TALK OTHER MEN.....1 2 8
	If she spends the money needlessly ?	SPEND NEEDLESSLY.....1 2 8
	If she refuses to have sexual intercourse ?	REFUSE INTERCOURSE....1 2 8
767	Now I will read you a few sentences. I would like to learn what you think about the ideas in these sentences. Do you agree or disagree with the following:	AGREES DISAGREES HAS NO IDEA
	The important decisions in the family should be made by the male members of the family.	1 2 8
	Men are usually wiser than women.	1 2 8
	A woman should not argue with her husband even if she does not share the same views with him.	1 2 8
	It is always better for the male child to have education than the female child.	1 2 8

SECTION 8. SEXUALLY TRANSMITTED DISEASES AND AIDS

801A	<p>Now I would like to talk you about sexually transmitted diseases.</p> <p>Have you ever heard of sexually transmitted diseases ?</p>	<p>YES.....1</p> <p>NO.....2 → 801L</p>
801B	<p>Which diseases have you heard ?</p> <p>RECORD ALL MENTIONED.</p>	<p>SYPHILIS.....A</p> <p>BEL SOGUKLUGU.....B</p> <p>AIDS.....C</p> <p>WART/SORE IN GENITAL ORGANS.....D</p> <p>FUNGUS.....E</p> <p>OTHER _____ U</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ V</p> <p style="text-align: center;">(SPECIFY)</p> <p>DOESN'T KNOW THE NAMES.....X</p>
801K	<p>CHECK 801B :</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>NOT MENTIONED AIDS</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>MENTIONED AIDS</p> <input type="checkbox"/> → 802A </div> </div>	
801L	<p>Have you ever heard of an illness called AIDS ?</p>	<p>YES.....1</p> <p>NO.....2 → 812</p>
802A	<p>From which sources of information have you learned most about AIDS ?</p> <p>Any other sources ?</p> <p>RECORD ALL MENTIONED.</p>	<p>RADIO.....A</p> <p>TV.....B</p> <p>NEWSPAPERS/MAGAZINES.....C</p> <p>PAMPHLETS/POSTERS.....D</p> <p>HEALTH WORKERS.....E</p> <p>MOSQUES.....F</p> <p>SCHOOLS/TEACHERS.....G</p> <p>FRIENDS/RELATIVES.....I</p> <p>WORK PLACE.....J</p> <p>OTHER _____ U</p> <p style="text-align: center;">(SPECIFY)</p>
802B	<p>Through what ways a person is transmitted AIDS ?</p> <p>Any other ways ?</p> <p>RECORD ALL MENTIONED.</p>	<p>SEXUAL RELATION.....A</p> <p>SEXUAL RELATION WITH MORE THAN ONE PARTNER.....B</p> <p>SEXUAL RELATION WITH A PROSTITUTE.....C</p> <p>NOT USING CONDOM.....D</p> <p>HOMOSEXUAL RELATION.....E</p> <p>BLOOD TRANSFUSION.....F</p> <p>INJECTION.....G</p> <p>KISSING.....H</p> <p>MOSQUITO BITE.....I</p> <p>OTHER _____ U</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ V</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW.....X</p>

803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS ?	YES.....1 NO.....2 DON'T KNOW.....8 → 807
804	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K OTHER _____ U (SPECIFY) OTHER _____ V (SPECIFY) DON'T KNOW.....X
807	Is it possible for a healthy-looking person to have the AIDS virus ?	YES.....1 NO.....2 DON'T KNOW.....8
808A	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease ?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DON'T KNOW.....8
808B	Is there a medical treatment for AIDS ?	YES.....1 NO.....2 DON'T KNOW.....8
808C	Is AIDS transmitted from mother to child ?	YES.....1 NO.....2 DON'T KNOW.....8

812	RECORD THE TIME.	HOUR..... MINUTES.....	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>
813	PRESENCE OF OTHERS DURING THE INTERVIEW : CIRCLE ALL APPROPRIATE ALTERNATIVES.	NO ONE.....A CHILDREN UNDER 10.....B HUSBAND.....C MOTHER-IN-LAW.....D HER MOTHER.....E OTHER MEN.....F OTHER WOMEN.....G	
814	WAS THE INTERVIEW INTERRUPTED ? IF YES, FOR HOW MANY MINUTES APPROXIMATELY ?	NO.....000 YES.....1	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>
815	WHAT IS THE RELIABILITY OF THE RESPONSES, IN YOUR OPINION ?	POOR.....1 FAIR.....2 GOOD.....3 VERY GOOD.....4	
816	WHAT LANGUAGE WAS USED DURING THE INTERVIEW ?	TURKISH.....1 KURDISH.....2 ARABIC.....3 OTHER7 (SPECIFY)	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>
817	WAS AN INTERPRETER USED DURING THE INTERVIEW ?	YES.....1 NO.....2	

SECTION 9. HEIGHT AND WEIGHT

921	<p>■ WRITE THE NAME OF WOMEN IN 923. RECORD HER HEIGHT AND WEIGHT IN 926 AND 928.</p> <p>■ IN COLUMNS 2 AND 3, RECORD THE CHILDREN BORN SINCE JANUARY 1993 AND STILL ALIVE. IN 922, RECORD THE LINE NUMBERS OF THE CHILDREN IN THE BIRTH HISTORY. IN 923, RECORD THEIR NAMES AND IN 924, RECORD THEIR DATES OF BIRTH. IF THERE ARE MORE THAN 2 CHILDREN THEN USE AN ADDITIONAL QUESTIONNAIRE.</p> <p>■ ASK WHETHER THE CHILDREN HAVE IDENTITY CERTIFICATES AND SAY YOU WOULD LIKE TO SEE THEM. (924B) RECORD THE DATES OF BIRTH IN THE IDENTITY CERTIFICATES (924C), COMPARE IT WITH THE INFORMATION IN 215 AND DETERMINE THE ONE THAT IS TRUE. (924D AND 924E). WHATEVER THE RESULT OF THE COMPARISON DO NOT MAKE ANY CORRECTIONS ON THE QUESTIONNAIRE PAPER ANYWAY.</p> <p>■ MEASURE THE HEIGHT AND WEIGHT OF THE LIVING CHILDREN BORN SINCE JANUARY 1993 AND RECORD THE FINDINGS IN THE RELATED QUESTIONS. WHILE DOING THE MEASUREMENTS, CHECK FOR BCG SCAR (TUBERCULOSIS INJECTION SCAR) ON TOP OF LEFT SHOULDER AND RECORD IT TO 925.</p>			
	1	2	3	
	WOMAN	YOUNGEST LIVING CHILD	NEXT-TO-YOUNGEST LIVING CHILD	
922	LINE NO FROM Q.212		LINE NO.....	LINE NO.....
923	NAME	(NAME)	(NAME)	(NAME)
	FROM Q.212 FOR CHILDREN			
924A	DATE OF BIRTH		DAY.....	DAY.....
	CHECK FROM Q.215 AND ASK FOR DAY OF BIRTH.		MONTH.....	MONTH.....
			YEAR.. 1 9	YEAR.. 1 9
924B	ASK IF THE CHILD HAVE IDENTITY CERTIFICATE.		YES, SEEN.....1 YES, NOT SEEN...2 925← NO.....3 DOESN'T KNOW....8	YES, SEEN.....1 YES, NOT SEEN...2 925← NO.....3 DOESN'T KNOW....8
	IF YES, THEN SAY YOU'D LIKE TO SEE IT.			
924C	RECORD THE DATE OF BIRTH IN THE IDENTITY CERTIFICATE.		DAY.....	DAY.....
			MONTH.....	MONTH.....
			YEAR.. 1 9	YEAR.. 1 9
924D	CHECK Q.215 AND COMPARE IT WITH THE DATE OF BIRTH IN Q.924C.		SAME.....1 925← DIFFERENT.....2	SAME.....1 925← DIFFERENT.....2
924E	DETERMINE THE TRUE INFORMATION FOR DATE OF BIRTH. DO NOT MAKE ANY CORRECTION.		ANSWER IN Q.215...1 ID. CERTIFICATE...2	ANSWER IN Q.215...1 ID. CERTIFICATE...2

		1 WOMAN	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD
925	BCG (TUBERCULOSIS INJECTION) SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
926	HEIGHT (in centimetres)			
927	WAS HEIGHT/LENGTH OF THE CHILD MEASURED LYING DOWN OR STANDING UP ?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
928	WEIGHT (in kilograms)			
929	DATE WEIGHED AND MEASURED	DAY..... MONTH..... YEAR.. 1 9	DAY..... MONTH..... YEAR.. 1 9	DAY..... MONTH..... YEAR.. 1 9
930	RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER _____ 7 (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER _____ 7 (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER _____ 7 (SPECIFY)
931	NAME OF MEASURER			

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

COMMENTS ABOUT WOMAN

COMMENTS ON SPECIFIC QUESTIONS

ANY OTHER COMMENTS

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR:
DATE:

EDITOR'S OBSERVATIONS

NAME OF THE EDITOR:
DATE:

CALENDAR

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1, 3, 4, AND 5a-5b, ALL MONTHS
SHOULD BE FILLED IN.

COLUMN 1:

BIRTHS AND PREGNANCIES

- D BIRTHS
- H PREGNANCIES
- K INDUCED ABORTION
- F SPONTANEOUS ABORTION
- J STILL BIRTH

CONTRACEPTIVE USE

- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTABLE
- 4 NORPLANT
- 5 DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 TUBAL LIGATION
- 8 MALE STERILIZATION
- 9 RHYTHM
- G WITHDRAWAL
- U OTHER _____

(SPECIFY)

N MONTHS OUT OF WEDLOCK

COLUMN 2:

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- Y FATALISTIC
- M DIFFICULT TO GET PREGNANT/MENOPAUSE
- B MARITAL DISSOLUTION/SEPARATION/WIDOWHOOD
- U OTHER _____

(SPECIFY)

X DON'T KNOW

PLACE OF INDUCED ABORTION

- C GOVERNMENT/SAMPLE HOSPITAL
- D MATERNITY HOUSE
- E MCHFP CENTRE
- F SSK HOSPITAL/DISPENSARY
- G OTHER PUBLIC SECTOR
- H PRIVATE HOSPITAL
- J PRIVATE POLYCLINIC
- K PRIVATE DOCTOR
- L OTHER PRIVATE SECTOR
- N UNIVERSITY HOSPITAL

COLUMN 3: MARRIAGE/UNION

- X MARRIED
- O NOT MARRIED

COLUMN 4: MOVES AND TYPES OF COMMUNITIES

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

COLUMN 5a AND 5b: MOVES AND PROVINCES

- X CHANGE OF COMMUNITY
- 01-80 PROVINCE CODES
- 90 ABROAD

	1	2	3	4	5a	5b
12 DEC 01						01 DEC
11 NOV 02						02 NOV
10 OCT 03						03 OCT
09 SEP 04						04 SEP
1 09 AUG 05						05 AUG 1
9 07 JUL 06						06 JUL 9
9 06 JUN 07						07 JUN 9
8 05 MAY 08						08 MAY 8
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
1 08 AUG 17						17 AUG 1
9 07 JUL 18						18 JUL 9
9 06 JUN 19						19 JUN 9
7 05 MAY 20						20 MAY 7
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
1 08 AUG 29						29 AUG 1
9 07 JUL 30						30 JUL 9
9 06 JUN 31						31 JUN 9
6 05 MAY 32						32 MAY 6
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
1 08 AUG 41						41 AUG 1
9 07 JUL 42						42 JUL 9
9 06 JUN 43						43 JUN 9
5 05 MAY 44						44 MAY 5
4 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
1 08 AUG 53						53 AUG 1
9 07 JUL 54						54 JUL 9
9 06 JUN 55						55 JUN 9
4 05 MAY 56						56 MAY 4
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
1 08 AUG 65						65 AUG 1
9 07 JUL 66						66 JUL 9
9 06 JUN 67						67 JUN 9
3 05 MAY 68						68 MAY 3
04 APR 69						69 APR
03 MAR 70						70 MAR
02 FEB 71						71 FEB
01 JAN 72						72 JAN

PROVINCE CODES			
01 ADANA	21 DIYARBAKIR	41 KOCAELI	61 TRABZON
02 ADIYAMAN	22 EDİRNE	42 KONYA	62 TUNCELİ
03 AFYON	23 ELAZIĞ	43 KÜTAHYA	63 ŞANLIURFA
04 AĞRI	24 ERZİNCAN	44 MALATYA	64 UŞAK
05 AMASYA	25 ERZURUM	45 MANİSA	65 VAN
06 ANKARA	26 ESKİŞEHİR	46 K.MARAŞ	66 YOZGAT
07 ANTALYA	27 GAZİANTEP	47 MARDİN	67 ZONGULDAK
08 ARTVİN	28 GİRESUN	48 MUĞLA	68 AKSARAY
09 AYDIN	29 GÜMÜŞHANE	49 MUŞ	69 BAYBURT
10 BALIKESİR	30 HAKKARİ	50 NEVŞEHİR	70 KARAMAN
11 BİLECİK	31 HATAY	51 NİĞDE	71 KIRIKKALE
12 BİNGÖL	32 İSPARTA	52 ORDU	72 BATMAN
13 BİTLİS	33 İÇEL	53 RİZE	73 ŞIRNAK
14 BOLU	34 İSTANBUL	54 SAKARYA	74 BARTIN
15 BURDUR	35 İZMİR	55 SAMSUN	75 ARDAHAN
16 BURSA	36 KARS	56 SİİRT	76 İĞDIR
17 ÇANAKKALE	37 KASTAMONU	57 SİNOP	77 YALOVA
18 ÇANKIRI	38 KAYSERİ	58 SİVAS	78 KARABÜK
19 ÇORUM	39 KIRKLARELİ	59 TEKİRDAĞ	79 KİLİS
20 DENİZLİ	40 KIRŞEHİR	60 TOKAT	80 OSMANİYE
90 OTHER COUNTRY			

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

$$\text{RUMİ YEAR} + 584 = \text{MILADI YEAR}$$