

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES
2003 TURKISH DEMOGRAPHIC AND HEALTH SURVEY
EVER-MARRIED WOMEN'S QUESTIONNAIRE

| IDENTIFICATION | |
|--|--|
| CLUSTER NO | PROVINCE |
| HOUSEHOLD NO | DISTRICT |
| 5 REGION | SUB-DISTRICT |
| 12 REGION | VILLAGE |
| PLACE OF RESIDENCE URBAN (1) RURAL (2)..... | QUARTER |
| | STREET NO |

| | |
|---|---|
| NAME-SURNAME OF WOMAN | LINE NUMBER OF WOMAN |
| IF CURRENTLY MARRIED NAME-SURNAME OF HUSBAND | |
| | LINE NUMBER OF HUSBAND..... |

| INTERVIEWER VISITS | | | | |
|----------------------------|------------------|------------------|--------|--|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE (DAY-MONTH) | ___ __ | ___ __ | ___ __ | |
| INTERVIEWER'S NAME-SURNAME | _____ | _____ | _____ | |
| RESULT (*) | ___ | ___ | ___ | |
| NEXT DAY-MONTH VISIT HOUR | ___ __ ___ __ | ___ __ ___ __ | | TOTAL NO OF VISITS |

| (*) RESULT CODES | |
|---|---|
| 01 COMPLETED 02 WOMAN IS NOT AT HOME DURING VISITS 03 WOMAN IS NOT AT HOME DURING SURVEY DATE 04 POSTPONED | 05 REFUSED 09 PARTLY COMPLETED 96 OTHER <div style="text-align: center;">(SPECIFY)</div> |

| SUPERVISOR | FIELD EDITOR | KEYER |
|---|---|---|
| _____ | _____ | _____ |
| DAY-MONTH | DAY-MONTH | DAY-MONTH |

AGE - YEAR OF BIRTH TABLE

| 2003 | | |
|------|------------------------------------|--|
| AGE | YEAR OF BIRTH | |
| | HAS NOT HAD BIRTHDAY IN 2003 | HAS ALREADY HAD BIRTHDAY IN 2003 |
| | DOES NOT KNOW | |
| 0 | 2002 | -- |
| 1 | 2001 | 2002 |
| 2 | 2000 | 2001 |
| 3 | 1999 | 2000 |
| 4 | 1998 | 1999 |
| 5 | 1997 | 1998 |
| 6 | 1996 | 1997 |
| 7 | 1995 | 1996 |
| 8 | 1994 | 1995 |
| 9 | 1993 | 1994 |
| 10 | 1992 | 1993 |
| 11 | 1991 | 1992 |
| 12 | 1990 | 1991 |
| 13 | 1989 | 1990 |
| 14 | 1988 | 1989 |
| 15 | 1987 | 1988 |
| 16 | 1986 | 1987 |
| 17 | 1985 | 1986 |
| 18 | 1984 | 1985 |
| 19 | 1983 | 1984 |
| 20 | 1982 | 1983 |
| 21 | 1981 | 1982 |
| 22 | 1980 | 1981 |
| 23 | 1979 | 1980 |
| 24 | 1978 | 1979 |
| 25 | 1977 | 1978 |
| 26 | 1976 | 1977 |
| 27 | 1975 | 1976 |
| 28 | 1974 | 1975 |
| 29 | 1973 | 1974 |
| 30 | 1972 | 1973 |
| 31 | 1971 | 1972 |
| 32 | 1970 | 1971 |
| 33 | 1969 | 1970 |
| 34 | 1968 | 1969 |
| 35 | 1967 | 1968 |
| 36 | 1966 | 1967 |
| 37 | 1965 | 1966 |
| 38 | 1964 | 1965 |
| 39 | 1963 | 1964 |
| 40 | 1962 | 1963 |
| 41 | 1961 | 1962 |
| 42 | 1960 | 1961 |
| 43 | 1959 | 1960 |
| 44 | 1958 | 1959 |
| 45 | 1957 | 1958 |
| 46 | 1956 | 1957 |
| 47 | 1955 | 1956 |
| 48 | 1954 | 1955 |
| 49 | 1953 | 1954 |
| 50 | 1952 | 1953 |
| 51 | 1951 | 1952 |
| 52 | 1950 | 1951 |
| 53 | 1949 | 1950 |
| 54 | 1948 | 1949 |
| 55 | 1947 | 1948 |
| 56 | 1946 | 1947 |
| 57 | 1945 | 1946 |
| 58 | 1944 | 1945 |
| 59 | 1943 | 1944 |
| 60 | 1942 | 1943 |
| 61 | 1941 | 1942 |
| 62 | 1940 | 1941 |
| 63 | 1939 | 1940 |
| 64 | 1938 | 1939 |
| 65 | 1937 | 1938 |
| 66 | 1936 | 1937 |
| 67 | 1935 | 1936 |
| 68 | 1934 | 1935 |
| 69 | 1933 | 1934 |

| 2004 | | |
|------|------------------------------------|--|
| AGE | YEAR OF BIRTH | |
| | HAS NOT HAD BIRTHDAY IN 2004 | HAS ALREADY HAD BIRTHDAY IN 2004 |
| | DOES NOT KNOW | |
| 0 | 2003 | -- |
| 1 | 2002 | 2003 |
| 2 | 2001 | 2002 |
| 3 | 2000 | 2001 |
| 4 | 1999 | 2000 |
| 5 | 1998 | 1999 |
| 6 | 1997 | 1998 |
| 7 | 1996 | 1997 |
| 8 | 1995 | 1996 |
| 9 | 1994 | 1995 |
| 10 | 1993 | 1994 |
| 11 | 1992 | 1993 |
| 12 | 1991 | 1992 |
| 13 | 1990 | 1991 |
| 14 | 1989 | 1990 |
| 15 | 1988 | 1989 |
| 16 | 1987 | 1988 |
| 17 | 1986 | 1987 |
| 18 | 1985 | 1986 |
| 19 | 1984 | 1985 |
| 20 | 1983 | 1984 |
| 21 | 1982 | 1983 |
| 22 | 1981 | 1982 |
| 23 | 1980 | 1981 |
| 24 | 1979 | 1980 |
| 25 | 1978 | 1979 |
| 26 | 1977 | 1978 |
| 27 | 1976 | 1977 |
| 28 | 1975 | 1976 |
| 29 | 1974 | 1975 |
| 30 | 1973 | 1974 |
| 31 | 1972 | 1973 |
| 32 | 1971 | 1972 |
| 33 | 1970 | 1971 |
| 34 | 1969 | 1970 |
| 35 | 1968 | 1969 |
| 36 | 1967 | 1968 |
| 37 | 1966 | 1967 |
| 38 | 1965 | 1966 |
| 39 | 1964 | 1965 |
| 40 | 1963 | 1964 |
| 41 | 1962 | 1963 |
| 42 | 1961 | 1962 |
| 43 | 1960 | 1961 |
| 44 | 1959 | 1960 |
| 45 | 1958 | 1959 |
| 46 | 1957 | 1958 |
| 47 | 1956 | 1957 |
| 48 | 1955 | 1956 |
| 49 | 1954 | 1955 |
| 50 | 1953 | 1954 |
| 51 | 1952 | 1953 |
| 52 | 1951 | 1952 |
| 53 | 1950 | 1951 |
| 54 | 1949 | 1950 |
| 55 | 1948 | 1949 |
| 56 | 1947 | 1948 |
| 57 | 1946 | 1947 |
| 58 | 1945 | 1946 |
| 59 | 1944 | 1945 |
| 60 | 1943 | 1944 |
| 61 | 1942 | 1943 |
| 62 | 1941 | 1942 |
| 63 | 1940 | 1941 |
| 64 | 1939 | 1940 |
| 65 | 1938 | 1939 |
| 66 | 1937 | 1938 |
| 67 | 1936 | 1937 |
| 68 | 1935 | 1936 |
| 69 | 1934 | 1935 |

SECTION 1. RESPONDENT'S BACKGROUND

| | | | | |
|-------------|--|---|--------|--------|
| 101 | <i>RECORD THE TIME</i> | HOUR-MINUTE..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> | | |
| 105 | First I would like to ask some questions about you and the place you live in. In what year and month were you born? | MONTH..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DOESN'T KNOW MONTH.....98 YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">1</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">9</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DOESN'T KNOW YEAR.....9998 | | |
| 106 | How old are you exactly? What age have you completed? <i>CHECK ANSWERS TO 105 AND 106 USING AGE-BIRTH YEAR TABLE. IF INCONSISTENT PROBE AND CORRECT.</i> <i>AGE MUST BE DETERMINED!</i> | AGE IN COMPLETED YEARS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> | | |
| 107 | Have you ever attended school? | YES 1 NO 2 | → 114 | |
| 108 | What is the highest level you have attended? | PRIMARY SCHOOL 1 SECONDARY SCHOOL 2 PRIMARY EDUCATION 3 HIGH SCHOOL 4 UNIVERSITY 5 GRADUATE 6 | | |
| 109A | What is the highest grade you have completed at that level? <i>RECORD "0" IF THE RESPONDENT COMPLETED PREPARATORY CLASS OR SHE DID NOT COMPLETE ANY GRADE.</i> | GRADE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> | | |
| 109B | Did you graduate (receive diploma) from this school? | YES 1 NO 2 | | |
| 113 | <i>CHECK 108 AND 109A:</i> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ATTENDED SCHOOL FOR 5 OR LESS YEARS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> ATTENDED SCHOOL FOR 6 OR MORE YEARS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div> | | | → 115A |
| 114 | Can you read and understand a letter or newspaper easily, with difficulty, or not at all? | NOT AT ALL 0 WITH DIFFICULTY 1 EASILY 2 | → 115B | |
| 115A | How frequently do you read a newspaper? | NEVER 0 RARELY/SELDOM 1 ONCE-TWICE A WEEK 2 EVERY DAY/ALMOST EVERY DAY 3 | | |

| 115B | Except for formal education; Have you ever attended a literacy course? Have you ever attended Koran course? Have you taken any other religious education? Have you ever attended any foreign language course(s)? Have you ever attended computer course? Have you ever attended typewriting course? Have you ever attended any occupation/skill training course? | <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table> | YES | NO | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | | | | | | | |
|----------------|--|---|-----------|------|--------------|---|----------------|---|---|---|-----------|---|--------------|---|----------------|---|---|---|-----------|---|--------------|---|----------------|---|--|
| YES | NO | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 115D | Have you ever smoked cigarettes or do you currently smoke? (IF YES) How frequent? | NEVER SMOKED 1 <input type="checkbox"/> TRIED ONCE OR TWICE 2 <input type="checkbox"/> RARELY SMOKES 3 SMOKES REGULARLY/ADDICTED 4 SMOKED IN THE PAST/GAVE UP 5 | 115G | | | | | | | | | | | | | | | | | | | | | | |
| 115E | When did you begin smoking cigarettes? | AGE OF BEGINNING TO SMOKE <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 115F | What is the average number of cigarettes do (did) you smoke in a day? | AVERAGE NUMBER OF CIGARETTES <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 115G | Is there anybody smoking cigarettes at home (except for you)? | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> | 115I | | | | | | | | | | | | | | | | | | | | | | |
| 115H | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>CHECK 115D:</i></p> <p>THE WOMAN INTERVIEWED SMOKES RARELY OR REGULARLY (115D=3 OR 4) <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>THE WOMAN INTERVIEWED HAS NEVER SMOKED, TRIED ONCE OR TWICE OR GIVEN UP (115D=1,2 OR 5) <input type="checkbox"/></p> </div> </div> | | | 116A | | | | | | | | | | | | | | | | | | | | | |
| 115I | Are cigarettes smoked in your house in the following situations? In the living room when watching TV (IF YES): Sometimes or usually? Around the table after meal? (IF YES): Sometimes or usually? In the room(s) used for sleeping? (IF YES): Sometimes or usually? | <table border="1"> <tbody> <tr> <td>NO, NEVER</td> <td>0</td> </tr> <tr> <td>YES, USUALLY</td> <td>1</td> </tr> <tr> <td>YES, SOMETIMES</td> <td>2</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>NO, NEVER</td> <td>0</td> </tr> <tr> <td>YES, USUALLY</td> <td>1</td> </tr> <tr> <td>YES, SOMETIMES</td> <td>2</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>NO, NEVER</td> <td>0</td> </tr> <tr> <td>YES, USUALLY</td> <td>1</td> </tr> <tr> <td>YES, SOMETIMES</td> <td>2</td> </tr> </tbody> </table> | NO, NEVER | 0 | YES, USUALLY | 1 | YES, SOMETIMES | 2 | | | NO, NEVER | 0 | YES, USUALLY | 1 | YES, SOMETIMES | 2 | | | NO, NEVER | 0 | YES, USUALLY | 1 | YES, SOMETIMES | 2 | |
| NO, NEVER | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES, USUALLY | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES, SOMETIMES | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO, NEVER | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES, USUALLY | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES, SOMETIMES | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO, NEVER | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES, USUALLY | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| YES, SOMETIMES | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 116A | What is your mother tongue? <i>RECORD ONLY ONE RESPONSE.</i> | TURKISH 01 KURDISH 02 ARABIC 03 GREEK, ARMANIAN, HEBREW (LADINO) 04 CIRCASSIAN, GEORGIAN, LAZ LANGUAGE 05 RUSSIAN, BULGARIAN, RUMANIAN, SERBIAN 06 ENGLISH, GERMAN, FRENCH 07 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|-------------|---|---|------|--|--|--|--|--|--|
| 116B | In addition to your mother tongue, which language(s) can you speak? <i>RECORD ALL MENTIONED.</i> | TURKISH A KURDISH B ARABIC C GREEK, ARMANIAN, HEBREW (LADINO) D CIRCASSIAN, GEORGIAN, LAZ LANGUAGE E RUSSIAN, BULGARIAN, RUMANIAN, SERBIAN F ENGLISH, GERMAN, FRENCH G OTHER U (SPECIFY) KNOWS NO OTHER LANGUAGE Y | | | | | | | |
| 116C | What is (was) your mother's mother tongue? What is (was) your father's mother tongue? <i>USE THE CODES IN 116A.</i> | MOTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> FATHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 117A | Is (was) your mother literate? | YES 1 NO 2 | | | | | | | |
| 117B | Did your mother ever attend to school? (IF YES) Which school did she complete? | DID NOT ATTEND TO SCHOOL 0 ATTENDED TO PRIMARY SCHOOL, DID NOT FINISH 1 PRIMARY SCHOOL GRADUATE 2 SECONDARY SCHOOL GRADUATE 3 HIGH SCHOOL GRADUATE 4 UNIVERSITY GRADUATE/GRADUATE EDUCATION 5 DON'T KNOW 8 | | | | | | | |
| 117C | How many children born to your mother are alive today, including yourself? How many of them are male, how many of them are female? | NUMBER OF MALE CHILDREN ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NUMBER OF FEMALE CHILDREN ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> TOTAL NUMBER OF LIVING CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 117D | Did she have any other male or female births, who died later? (IF NO) He/she could die just after the birth or when he/she was a young baby. | YES 1 NO 2 | 117F | | | | | | |
| 117E | How many of them were male, how many of them were female? | DON'T KNOW 98 NUMBER OF DECEASED MALE CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NUMBER OF DECEASEDAD FEMALE CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> SEX UNKNOWN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 117F | Is (was) your father literate? | NO 1 YES 2 | | | | | | | |
| 117G | Did your father ever attend school? (IF YES) Which school did he complete? | DID NOT ATTEND SCHOOL 0 ATTENDED PRIMARY SCHOOL, DID NOT FINISH 1 PRIMARY SCHOOL GRADUATE 2 SECONDARY SCHOOL GRADUATE 3 HIGH SCHOOL GRADUATE 4 UNIVERSITY GRADUATE/GRADUATE EDUCATION 5 DON'T KNOW 8 | | | | | | | |

| | | | |
|-------------|---|--|--------|
| 119A | For most of the time until you were 12 years old, where did you live? _____ (NAME OF PLACE) Was it a province centre, district centre, a subdistrict or village ? Or did you live abroad? | CURRENT RESIDENCE0 PROVINCE CENTRE1 DISTRICT CENTRE.....2 SUBDISTRICT OR VILLAGE3 ABROAD4 | → 119C |
| 119B | In which province is this place now? <i>RECORD THE NAME AND CODE OF THE PROVINCE.</i> | NAME OF PROVINCE _____ PROVINCE CODE <div><div></div><div></div></div> | |
| 119C | How long have you been living continuously in (NAME OF CURRENT PLACE OF INTERVIEW OR USUAL RESIDENCE)? | YEAR <div><div></div><div></div></div> SINCE I WAS BORN95 | → 119G |
| 119D | Where did you live before you moved here (there)? _____ (NAME OF THE PLACE) Was that a province centre, district centre, a subdistrict or village ? Or did you live abroad? | PROVINCE CENTRE1 DISTRICT CENTRE.....2 SUBDISTRICT OR VILLAGE3 ABROAD4 | → 119F |
| 119E | In which province is this place now? <i>RECORD THE NAME AND CODE OF THE PROVINCE.</i> | NAME OF PROVINCE _____ PROVINCE CODE <div><div></div><div></div></div> | |
| 119F | What was the main reason for you to move to (PLACE OF INTERVIEW OR USUAL RESIDENCE)? | PERSONAL REASONS MARRIAGE.....11 EDUCATION.....12 LOOKING FOR JOB.....13 CHANGE OF JOB/APPOINTMENT.....14 RETURN TO HOMELAND.....15 SPOUSAL REASONS TO ACCOMPANY HUSBAND.....21 CHANGE OF JOB/APPOINTMENT.....22 LOOKING FOR JOB.....23 HUSBAND DIED/DIVORCED.....24 FAMILIAL REASONS TO JOIN PARENTS.....31 CHANGE OF JOB/APPOINTMENT.....32 LOOKING FOR JOB.....33 HEALTH REASONS.....41 SECURITY REASONS.....51 OTHER96 (SPECIFY) | |
| 119G | <i>CHECK 04 IN THE HOUSEHOLD QUESTIONNAIRE:</i> <div> THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> </div> <div> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> → 200S </div> | | |
| 120A | What is the number of usual members living in your house? | NUMBER OF RESIDENTS <div><div></div><div></div></div> | |

HOUSING CHARACTERISTICS

| | | |
|-------------|---|--|
| 123 | 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? | <p>OWNED BY A HOUSEHOLD MEMBER1 → 125</p> <p>RENTED2 </p> <p>LODGING3 → 125</p> <p>NO RENT PAID4 } → 124</p> <p>OTHER7 } → 124</p> <p style="text-align: center;">(SPECIFY)</p> |
| 123A | Do you have a tenancy agreement? | <p>YES.....1</p> <p>NO2</p> |
| 124 | To whom does your house belong to? | <p>OTHER FAMILY MEMBER, RELATIVE1</p> <p>(NON-FAMILY MEMBER/NON-KIN) HOUSE OWNER.....2</p> <p>GOVERNMENT3</p> <p>PRIVATE ORGANISATION/FIRM.....4</p> <p>OTHER7</p> <p style="text-align: center;">(SPECIFY)</p> |
| 125 | Does anyone from your household own any other house elsewhere? (<i>IF YES</i>) How many? | <p>NO00</p> <p>NO. OF OWNED HOUSES <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></p> |
| 129 | What is the source of drinking water for members of your household? | <p>PIPED WATER</p> <p style="padding-left: 20px;">PIPED WATER IN HOUSE/GARDEN11 → 131</p> <p style="padding-left: 20px;">PUB. PIPED WATER OUTSIDE HOUSE/GARDEN12 </p> <p>WELL WATER</p> <p style="padding-left: 20px;">WELL IN HOUSE/GARDEN21 → 131</p> <p style="padding-left: 20px;">PUBLIC WELL.....22 </p> <p>SURFACE WATER</p> <p style="padding-left: 20px;">PIPED SURFACE WATER IN HOUSE/GARDEN.....31 → 131</p> <p style="padding-left: 20px;">SPRING/PUBLIC FOUNTAIN.....32 </p> <p style="padding-left: 20px;">RIVER/STREAM/POND/LAKE/DAM.....33 </p> <p>RAINWATER41 → 131</p> <p>TANKER TRUCK51 </p> <p>BOTTLED WATER/DEMI JOHN/PET WATER.....61 → 133</p> <p>WATER STATION.....71 </p> <p>OTHER96</p> <p style="text-align: center;">(SPECIFY)</p> |
| 130 | How long does it take you go there, get water, and come back? | <p>MINUTE..... <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> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>ON PREMISES996</p> |
| 131 | Is water always available at this source? How frequently is it available | <p>USUALLY/ALWAYS1</p> <p>SEVERAL HOURS IN A DAY2</p> <p>EVERY OTHER DAY3</p> <p>A FEW TIMES IN A WEEK.....4</p> <p>RARELY5</p> <p>DON'T KNOW8</p> |

| | | | |
|-----|--|--|------|
| 132 | Do you do anything before using drinking water? Such as boiling, filtering, etc... | NO0 WATER IS BOILED.....1 WATER IS CHLORINATED.....2 WATER IS FILTERED3 OTHER7 (SPECIFY) DON'T KNOW8 | |
| 133 | What is the source of daily use water for hand washing, dishwashing, and laundry in the house you usually live? | PIPED WATER PIPED WATER IN HOUSE/GARDEN11 PUBLIC PIPED WATER OUTSIDE HOUSE/GARDEN..12 WELL WATER WELL IN HOUSE/GARDEN21 PUBLIC WELL.....22 SURFACE WATER PIPED SURFACE WATER IN HOUSE/GARDEN.....31 SPRING/WATER FOUNTAIN.....32 RIVER/STREAM/POND/LAKE/DAM33 RAINWATER41 TANKER TRUCK51 BOTTLED WATER/DEMI JOHN/PET WATER61 WATER STATION.....71 OTHER96 (SPECIFY) | |
| 137 | Is the toilet inside the house or outside? | NO FACILITY/BUSH/FIELD/PUBLIC TOILET0 INSIDE1 OUTSIDE2 INSIDE AND OUTSIDE3 OTHER7 (SPECIFY) | 142A |
| 138 | What type of toilet system do you have in your household? <i>IF MORE THAN ONE TOILETS ARE USED, RECORD ACCORDING TO THE ONE INSIDE OR CLOSEST TO THE HOUSE.</i> | FLUSH TOILET1 OPEN PIT.....2 CLOSED PIT.....3 OTHER7 (SPECIFY) | |
| 139 | Is the toilet used by only the members of your household or is it shared with other household(s)? | ONLY HOUSEHOLD MEMBERS.....1 WITH OTHER HOSEHOLD(S).....2 | |

| | | | | | |
|-------------|---|--|--|--|--|
| 142A | How many rooms are there in your house? Would you please include bedrooms, living rooms, sitting rooms and studying rooms? | NO OF ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | |
| | | | | | |
| 142B | Is there a separate kitchen? | NO 0 YES..... 1 | | | |
| 142C | Is there a separate bathroom? | NO 0 YES..... 1 | | | |
| 142D | Except the rooms listed above, is there any other place such as pantry and attic? (IF YES) What are they? <i>RECORD THE TOTAL NUMBER OF SUCH PLACES.</i> | NO 00 HOW MANY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | |
| | | | | | |
| 142E | From all you listed, how many rooms in your house are generally used for sleeping? | ROOMS USED FOR SLEEPING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | |
| | | | | | |
| 143 | What is the main material of the floor? | NATURAL FLOOR EARTH..... 11 RUDIMENTARY WOOD BLANKS 21 FINISHED FLOOR PARQUET/POLISHED WOOD 31 KARO..... 32 CEMENT..... 34 CARPET..... 35 MARLEY 36 MOZAIC 37 OTHER 96 (SPECIFY) | | | |

| 144 | Do you have the following in the household? Refrigerator Gas or electric oven Microwave oven Dishwasher Blender/Mixer DVD/VCD Player Washing Machine Video Camera Iron Digiturk, CINE 5, Satellite Antenna etc. Vacuum Cleaner Air Conditioner Television (IF YES) How many? Video Cable TV Camera CD Player Telephone Cellular phone (IF YES) How many members have cellular phone? Computer Internet Private Car (IF YES) How many? Taxi/Minibus/Bus/commercial vehicles Tractor Motorcycle Bicycle | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>REFRIGERATOR.....</td><td>0</td><td>1</td></tr> <tr><td>GAS OR ELECTRIC OVEN.....</td><td>0</td><td>1</td></tr> <tr><td>MICROWAVE OVEN.....</td><td>0</td><td>1</td></tr> <tr><td>DISHWASHER.....</td><td>0</td><td>1</td></tr> <tr><td>BLENDER/MIXER.....</td><td>0</td><td>1</td></tr> <tr><td>DVD/VCD PLAYER.....</td><td>0</td><td>1</td></tr> <tr><td>WASHING MACHINE.....</td><td>0</td><td>1</td></tr> <tr><td>VIDEO CAMERA.....</td><td>0</td><td>1</td></tr> <tr><td>IRON.....</td><td>0</td><td>1</td></tr> <tr><td>DIGITURK, CINE5, SATELLITE ANTENNA.....</td><td>0</td><td>1</td></tr> <tr><td>VACUUM CLEANER.....</td><td>0</td><td>1</td></tr> <tr><td>AIR CONDITIONER.....</td><td>0</td><td>1</td></tr> <tr><td>TELEVISION.....</td><td>0</td><td><input type="text"/></td></tr> <tr><td>VIDEO.....</td><td>0</td><td>1</td></tr> <tr><td>CABLE TV.....</td><td>0</td><td>1</td></tr> <tr><td>CAMERA.....</td><td>0</td><td>1</td></tr> <tr><td>CD PLAYER.....</td><td>0</td><td>1</td></tr> <tr><td>TELEPHONE.....</td><td>0</td><td>1</td></tr> <tr><td>CELLULAR PHONE.....</td><td>0</td><td><input type="text"/></td></tr> <tr><td>COMPUTER.....</td><td>0</td><td>1</td></tr> <tr><td>INTERNET.....</td><td>0</td><td>1</td></tr> <tr><td>PRIVATE CAR.....</td><td>0</td><td><input type="text"/></td></tr> <tr><td>TAXI/MINIBUS/BUS.....</td><td>0</td><td>1</td></tr> <tr><td>TRACTOR.....</td><td>0</td><td>1</td></tr> <tr><td>MOTORCYCLE.....</td><td>0</td><td>1</td></tr> <tr><td>BICYCLE.....</td><td>0</td><td>1</td></tr> </tbody> </table> | | YES | NO | REFRIGERATOR..... | 0 | 1 | GAS OR ELECTRIC OVEN..... | 0 | 1 | MICROWAVE OVEN..... | 0 | 1 | DISHWASHER..... | 0 | 1 | BLENDER/MIXER..... | 0 | 1 | DVD/VCD PLAYER..... | 0 | 1 | WASHING MACHINE..... | 0 | 1 | VIDEO CAMERA..... | 0 | 1 | IRON..... | 0 | 1 | DIGITURK, CINE5, SATELLITE ANTENNA..... | 0 | 1 | VACUUM CLEANER..... | 0 | 1 | AIR CONDITIONER..... | 0 | 1 | TELEVISION..... | 0 | <input type="text"/> | VIDEO..... | 0 | 1 | CABLE TV..... | 0 | 1 | CAMERA..... | 0 | 1 | CD PLAYER..... | 0 | 1 | TELEPHONE..... | 0 | 1 | CELLULAR PHONE..... | 0 | <input type="text"/> | COMPUTER..... | 0 | 1 | INTERNET..... | 0 | 1 | PRIVATE CAR..... | 0 | <input type="text"/> | TAXI/MINIBUS/BUS..... | 0 | 1 | TRACTOR..... | 0 | 1 | MOTORCYCLE..... | 0 | 1 | BICYCLE..... | 0 | 1 | |
|---|---|---|----------|-----|--------|-------------------|---|----------|---------------------------|--------|---------|---------------------|----------|---|-----------------|---------|---|--------------------|---|--------|---------------------|---|----------|----------------------|--------|---------|-------------------|----------|---|-----------|---------|---|---|---|---|---------------------|---|---|----------------------|---|---|-----------------|---|----------------------|------------|---|---|---------------|---|---|-------------|---|---|----------------|---|---|----------------|---|---|---------------------|---|----------------------|---------------|---|---|---------------|---|---|------------------|---|----------------------|-----------------------|---|---|--------------|---|---|-----------------|---|---|--------------|---|---|--|
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFRIGERATOR..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GAS OR ELECTRIC OVEN..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MICROWAVE OVEN..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISHWASHER..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLENDER/MIXER..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DVD/VCD PLAYER..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WASHING MACHINE..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIDEO CAMERA..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IRON..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIGITURK, CINE5, SATELLITE ANTENNA..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VACUUM CLEANER..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AIR CONDITIONER..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 0 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIDEO..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CABLE TV..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAMERA..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CD PLAYER..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CELLULAR PHONE..... | 0 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPUTER..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERNET..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE CAR..... | 0 | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAXI/MINIBUS/BUS..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRACTOR..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BICYCLE..... | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 145 | Does any member of this household have a credit card? (IF YES) How many members have credit cards? | NONE.....0 NUMBER OF PERSONS HAVING CARDS..... <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146 | I would like to get an estimate of the total income earned by the members of this household. Approximately, do the household members earn per month totally: 146A More than 450 million? 146B More than 600 million? 146C More than 750 million? 146D More than 1 billion? 146E More than 3 billion? 146F Less than 300 million? 146G Less than 150 million? | <table> <tbody> <tr> <td>YES.....</td><td>1</td><td rowspan="2">→ 146F</td></tr> <tr> <td>NO.....</td><td>2</td></tr> <tr> <td>YES.....</td><td>1</td><td rowspan="2">→ 200S</td></tr> <tr> <td>NO.....</td><td>2</td></tr> <tr> <td>YES.....</td><td>1</td><td rowspan="2">→ 200S</td></tr> <tr> <td>NO.....</td><td>2</td></tr> <tr> <td>YES.....</td><td>1</td><td rowspan="2">→ 200S</td></tr> <tr> <td>NO.....</td><td>2</td></tr> <tr> <td>YES.....</td><td>1</td><td rowspan="2">→ 200S</td></tr> <tr> <td>NO.....</td><td>2</td></tr> <tr> <td>YES.....</td><td>1</td><td rowspan="2">→ 147</td></tr> <tr> <td>NO.....</td><td>2</td></tr> <tr> <td>YES.....</td><td>1</td><td rowspan="2"></td></tr> <tr> <td>NO.....</td><td>2</td></tr> </tbody> </table> | YES..... | 1 | → 146F | NO..... | 2 | YES..... | 1 | → 200S | NO..... | 2 | YES..... | 1 | → 200S | NO..... | 2 | YES..... | 1 | → 200S | NO..... | 2 | YES..... | 1 | → 200S | NO..... | 2 | YES..... | 1 | → 147 | NO..... | 2 | YES..... | 1 | | NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | → 146F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | → 200S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | → 200S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | → 200S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | → 200S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | → 147 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 2A. REPRODUCTION

| | | |
|-------------|--|---|
| 200S | RECORD TIME | HOUR – MINUTE..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> |
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | YES..... 1 NO..... 2 → 206 |
| 202 | Do you have any sons or daughters to whom you have given birth who are living with you? | YES 1 NO 2 → 204 |
| 203 | How many sons live with you? And how many daughters live with you? <i>IF NONE, RECORD "00".</i> | SONS AT HOME <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DAUGHTERS AT HOME <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES 1 NO 2 → 206 |
| 205 | How many sons are alive but do not live with you? How many daughters are alive but do not live with you? <i>IF NONE, RECORD "00".</i> | SONS ELSEWHERE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DAUGHTERS ELSEWHERE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> |
| 206 | Have you ever given birth to a boy or a girl who was born alive but died later? <i>IF NO, PROBE BEFORE RECORDING:</i> Any baby who cried or showed signs of life but only survived a few hours or days? | YES 1 NO 2 → 208 |
| 207 | In all, how many boys have died? And how many girls have died? <i>IF NONE, RECORD "00".</i> | BOYS DEAD..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> GIRLS DEAD..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL <i>IF NONE, RECORD "00".</i> | TOTAL..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> |
| 209 | CHECK 208: Just to make sure that I have this right: you have had. in TOTAL _____ live births during your life. Is this true? <div style="display: flex; justify-content: space-around; align-items: center;"> <div> YES <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div> NO <input style="width: 30px; height: 20px;" type="checkbox"/> → <i>PROBE AND CORRECT 201-208</i> </div> </div> | |
| 210 | CHECK 208: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> HAS AT LEAST ONE LIVE BIRTH <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> HAS NO LIVE LIVE BIRTHS <input style="width: 30px; height: 20px;" type="checkbox"/> </div> </div> | |

227

| | |
|------------|--|
| 211 | <p>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</p> <p><i>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.</i></p> |
|------------|--|

| | 212 What name was given to your (first/next) baby? <i>WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.</i> | 213 <i>RECORD SINGLE OR MULTIPLE BIRTH STATUS.</i> | 214 Is a boy or a girl? | 215 In what month and year..... born? <i>PROBE:</i> In what season was s/he born? <i>NOTE: FOR ALL CHILDREN, THE YEAR OF BIRTH; FOR CHILDREN BORN AFTER 1998, THE MONTH OF THE YEAR OF BIRTH MUST BE DETERMINED.</i> | 216 Is still alive? |
|-----------|--|---|--------------------------------------|---|--|
| 01 | | SINGLE1 | BOY.....1 | 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> | YES.....1 |
| | (NAME) | MULTIPLE2 | GIRL2 | YEAR..... <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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | NO.....2 <div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> 219 ← |
| 02 | | SINGLE1 | BOY.....1 | 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> | YES.....1 |
| | (NAME) | MULTIPLE2 | GIRL2 | YEAR..... <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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | NO.....2 <div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> 219 ← |
| 03 | | SINGLE1 | BOY.....1 | 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> | YES.....1 |
| | (NAME) | MULTIPLE2 | GIRL2 | YEAR..... <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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | NO.....2 <div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> 219 ← |
| 04 | | SINGLE1 | BOY.....1 | 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> | YES.....1 |
| | (NAME) | MULTIPLE2 | GIRL2 | YEAR..... <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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | NO.....2 <div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> 219 ← |
| 05 | | SINGLE1 | BOY.....1 | 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> | YES.....1 |
| | (NAME) | MULTIPLE2 | GIRL2 | YEAR..... <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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | NO.....2 <div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> 219 ← |

| 217 | How old was at his/her last birthday? <i>RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.</i> | 218 | Is..... living with you? | 218A | <i>RECORD THE LINE NUMBER OF CHILD IN THE HH LIST. IF S/HE WASN'T RECORDED IN HH LIST, RECORD "00".</i> | 219 | <i>IF DEAD:</i> How old was when he/she died? <i>IF "1" YR., PROBE: How many months old was? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS OR YEARS OTHERWISE.</i> | 221 | Were there any other live births between (NAME OF PREVIOUS BIRTH) and? |
|-----|--|-------------------------|---|------|---|---|--|---|--|
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>NEXT BIRTH</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | | | | | | | | <i>IF THE ANSWER IS YES GO AND MAKE THE CHANGES</i> | |

| 212 What name was given to your (first/next) baby? <i>WRITE "BABY IF THE BABY DIED BEFORE A NAME GIVEN.</i> | 213 <i>RECORD SINGLE OR MULTIPLE BIRTH STATUS.</i> | 214 Is a boy or a girl? | 215 In what month and year..... born? <i>PROBE:</i> In what season was s/he born? <i>NOTE: FOR ALL CHILDREN, THE YEAR OF BIRTH; FOR CHILDREN BORN AFTER 1998, THE MONTH OF THE YEAR OF BIRTH MUST BE DETERMINED.</i> | 216 Is still alive? |
|---|---|--------------------------------------|--|---|
| 06 _____ (NAME) | SINGLE1 MULTIPLE2 | BOY.....1 GIRL2 | MONTH <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES.....1 NO.....2 <input type="checkbox"/> 219 ← |
| 07 _____ (NAME) | SINGLE1 MULTIPLE2 | BOY.....1 GIRL2 | MONTH <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES.....1 NO.....2 <input type="checkbox"/> 219 ← |
| 08 _____ (NAME) | SINGLE1 MULTIPLE2 | BOY.....1 GIRL2 | MONTH <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES.....1 NO.....2 <input type="checkbox"/> 219 ← |
| 09 _____ (NAME) | SINGLE1 MULTIPLE2 | BOY.....1 GIRL2 | MONTH <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES.....1 NO.....2 <input type="checkbox"/> 219 ← |
| 10 _____ (NAME) | SINGLE1 MULTIPLE2 | BOY.....1 GIRL2 | MONTH <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES.....1 NO.....2 <input type="checkbox"/> 219 ← |
| TICK HERE IF NUMBER OF LIVE BIRTHS IS MORE THAN 10 AND CONTINUE IN ANOTHER QUESTIONNAIRE FORM <input type="checkbox"/> | | | | |

| 217 | How old was at his/her last birthday? <i>RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.</i> | 218 | Is..... living with you? | 218A | <i>RECORD THE LINE NUMBER OF CHILD IN THE HH LIST. IF S/HE WASN'T RECORDED IN HH LIST, RECORD "00".</i> | 219 | <i>IF DEAD:</i> How old was when he/she died? <i>IF "1" YR., PROBE: How many months old was? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS OR YEARS OTHERWISE.</i> | 221 | Were there any other live births between (NAME OF PREVIOUS BIRTH) and? |
|-----|--|-------------------------|---|------|---|---|---|---|--|
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>NEXT BIRTH</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | AGE (IN YEARS) <div><div></div><div></div></div> | YES1 NO2 | <div><div></div><div></div></div> <i>SKIP TO 221</i> | | DAY 1 MONTH 2 YEAR 3 | <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> | YES..... 1 NO..... 2 | | |
| | | | | | | | | <i>IF THE ANSWER IS YES GO AND MAKE THE CHANGES</i> | |

| | | | |
|------|--|---|--------|
| 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 | <p>COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY ABOVE: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE, RECONCILE AND MAKE NECESSARY CORRECTIONS)</p> <p>↓ CHECK AND TICK:</p> <p>FOR EACH BIRTH: YEAR OF BIRTH (215) IS RECORDED <input type="checkbox"/></p> <p>FOR EACH BIRTH AFTER 1998: MONTH OF BIRTH (215) IS RECORDED <input type="checkbox"/></p> <p>(IF ANY) FOR EACH LIVING CHILD: CURRENT AGE (217) IS RECORDED <input type="checkbox"/></p> <p>(IF ANY) FOR EACH DEAD CHILD: AGE AT DEATH (219) IS RECORDED <input type="checkbox"/></p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBED TO DETERMINE EXACT NUMBER OF MONTHS (219) <input type="checkbox"/></p> | | |
| 225 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1998 | <input type="checkbox"/> | |
| | IF NONE, RECORD "0". | | |
| 226 | <p>C FOR EACH BIRTH SINCE JANUARY 1998 ENTER "D" IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. LEARN THE MONTHS IN PREGNANCIES FOR EACH BIRTHS AND RECORD "H" IN EACH OF THE PRECEDING MONTHS.(NUMBER OF "H" MUST BE LESS THAN PREGNANCY MONTHS) WRITE NAME OF CHILD TO THE LEFT OF THE "D" CODE.</p> | | |
| 227 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | → 230A |
| 228 | How many months pregnant are you? | MONTH <input type="text"/> | |
| | <p>C 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.</p> | | |

| | | | |
|------|--|--|--------|
| 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 type="text"/> <input 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 ABORTION ... <input type="text"/> <input type="text"/> | |
| 230E | Have you ever had a pregnancy that ended in a stillbirth? | YES 1 NO 2 | → 230G |
| 230F | In all, how many still births have you had? | NUMBER OF STILL BIRTHS <input type="text"/> <input type="text"/> | |
| 230G | <p>CALCULATE THE TOTAL NUMBER OF COMPLETED PREGNANCIES.</p> <p>TOTAL NUMBER OF PREGNANCIES ENDING IN MISCARRIAGES, INDUCED ABORTIONS OR STILL BIRTHS: SUM THE ANSWERS TO 230B, 230D AND 230F _____</p> <p>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 + _____</p> <p>TOTAL NUMBER OF COMPLETED PREGNANCIES: = _____</p> | TOTAL NUMBER OF COMPLETED PREGNANCIES..... <input type="text"/> <input type="text"/> | |

| | | |
|------|---|---|
| 230H | <p>CHECK 230G: Just to make sure that I have this right. You have had in TOTAL _____ completed pregnancies. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → <i>PROBE AND CORRECT 201-230G AS NECESSARY.</i></p> | |
| 230I | <p>CHECK 230B, 230D AND 230F:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAD AT LEAST ONE INDUCED ABORTION, MISCARRIAGE OR STILLBIRTH</p> <p><input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAD NO INDUCED ABORTIONS, MISCARRIAGES OR STILLBIRTHS</p> <p><input type="checkbox"/> → 234</p> </div> </div> | |
| 231A | <p>Now I would like to ask about any recent induced abortions, miscarriages or stillbirths, which you have had. When did the last such pregnancy ended?</p> | <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> |
| 231B | <p>Was this an induced abortion, a miscarriage or a stillbirth?</p> | <p>INDUCED ABORTION..... 1</p> <p>MISCARRIAGE..... 2</p> <p>STILLBIRTH..... 3 → 232</p> |
| 231C | <p>Whose decision was to end your pregnancy with an induced abortion?</p> | <p>DOCTOR 01</p> <p>HERSELF..... 02</p> <p>HUSBAND..... 03</p> <p>WOMAN AND HUSBAND TOGETHER... 04</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> |
| 231D | <p>What was the main reason that your pregnancy to end with an induced abortion?</p> | <p>_____</p> <p>_____</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p> |

| | | | | | | | |
|------|---|---|--|--|--|--|--|
| 234 | <p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p> <p><i>RECORD THE ANSWER AS GIVEN. IF EXACT DATE IS GIVEN RECORD AND DO NOT MAKE ANY OTHER CALCULATIONS.</i></p> | <p>DAYS AGO.....1</p> <p>WEEKS AGO.....2</p> <p>MONTHS AGO.....3</p> <p>YEARS AGO.....4</p> <p>CURRENTLY PREGNANT.....993</p> <p>IN MENOPAUSE/ HYSTERECTOMY994</p> <p>BEFORE LAST BIRTH.....995</p> <p>NEVER MENSTRUATED.....996</p> | | | | | |
| 235 | <p>Think about the time between the beginning of a menstruation period and the beginning of the next menstruation period.</p> <p>Are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p> | <p>YES 1</p> <p>NO2</p> <p>DON'T KNOW8</p> | <p>→ 237S</p> | | | | |
| 236 | <p>Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?</p> | <p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALF WAY BETWEEN TWO PERIODS 4</p> <p>OTHER 7</p> <p>(SPECIFY) 8</p> <p>DON'T KNOW</p> | | | | | |
| 237S | <p><i>RECORD TIME</i></p> | <p>HOOR – MINUTE.....</p> | <table border="1"> <tr> <td></td><td></td> <td></td><td></td> </tr> </table> | | | | |
| | | | | | | | |

SECTION 2B. MARRIAGE

| | | |
|------------|---|--|
| 250 | Are you currently married? <i>ACCEPT THOSE LIVING TOGETHER AS BEING MARRIED.</i> | YES, CURRENTLY MARRIED..... 1 NO, CURRENTLY NOT MARRIED 2 |
| 255 | Did you marry only once or more than once? <i>(IF MORE THAN ONCE) How many times?</i> | NUMBER OF MARRIAGES..... <input style="width: 40px; height: 25px;" type="text"/> |
| 257 | <p><i>CHECK 255:</i></p> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 20px;"> <div style="text-align: center;"> <p>MARRIED ONCE <input style="width: 40px; height: 25px;" type="checkbox"/></p> <p>↓</p> <p>In what month and year did you marry (start living with) your husband?</p> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE <input style="width: 40px; height: 25px;" type="checkbox"/></p> <p>↓</p> <p>Now, let's talk about your first husband In what month and year did you marry (start living with) your husband?</p> </div> </div> | <div style="margin-top: 20px;"> MONTH..... <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> </div> <div style="margin-top: 5px;"> DON'T KNOW MONTH.....98 </div> <div style="margin-top: 10px;"> YEAR..... <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> </div> <div style="margin-top: 5px;"> DON'T KNOW YEAR9998 </div> |
| 258 | How old were you when you started living with your (first) husband? | AGE..... <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> |
| 259 | How old was your (first) husband when you started living with him? <i>IF THE WOMAN DOES NOT KNOW HER (FIRST) HUSBAND'S AGE AT MARRIAGE, ASK THE AGE DIFFERENCE IS THERE BETWEEN HER AND HER (FIRST) HUSBAND AND ESTIMATE HER (FIRST) HUSBAND'S MARRIAGE AGE.</i> | AGE..... <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> |

| | | | |
|------|---|--|--|
| 263 | Now I want to ask some questions about your marriage(s). <i>CHECK 255: IF MARRIED ONLY ONCE, USE COLUMN 1.</i> <i>IF MARRIED MORE THAN ONCE, USE COLUMN 1 FOR THE FIRST HUSBAND, USE COLUMN 2 FOR LAST/CURRENT HUSBAND.</i> | | |
| | | COLUMN 1 FIRST HUSBAND NAME _____ | COLUMN 2 LAST HUSBAND NAME _____ |
| 264 | In which month and year did you start living with ? | | MONTH <input type="text"/> <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 |
| 265A | Did you have a civil marriage ceremony with? | YES 1 NO 2 | YES 1 NO 2 |
| 265B | Did you have a religious ceremony with? | YES 1 NO 2 | YES 1 NO 2 |
| 265C | <i>CHECK 265A AND 265B:</i> | CIVIL AND RELIGIOUS 1 ONLY CIVIL 2 ONLY RELIGIOUS 3 268 ← NO CEREMONY 4 | CIVIL AND RELIGIOUS 1 ONLY CIVIL 2 ONLY RELIGIOUS 3 268 ← NO CEREMONY 4 |
| 266 | Which marriage ceremony took place earlier? | CIVIL CEREMONY 1 RELIGIOUS CEREMONY 2 | CIVIL CEREMONY 1 RELIGIOUS CEREMONY 2 |
| 267 | How much time elapsed between two ceremonies? <i>RECORD "00" DAYS IF BOTH TOOK PLACE ON THE SAME DAY.</i> <i>IF LESS THAN ONE MONTH RECORD AS DAY, IF LESS THAN TWO YEARS RECORD AS MONTH, OTHERWISE RECORD AS YEAR.</i> | YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/> | YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/> |
| 268 | How was your marriage with arranged? Did you decide together or was it arranged by your families? | BY OURSELVES 1 BY FAMILIES 2 ESCAPED/ABDUCTED 3 OTHER 7 | BY OURSELVES 1 BY FAMILIES 2 ESCAPED/ABDUCTED 3 OTHER 7 |
| 269 | Did or his family pay bridesmoney? <i>(IF YES)</i> Was it given in cash or in kind? | NO 1 YES, IN CASH/GOLD 2 YES, IN KIND 3 YES, BOTH 4 OTHER 7 (SPECIFY) | NO 1 YES, IN CASH/GOLD 2 YES, IN KIND 3 YES, BOTH 4 OTHER 7 (SPECIFY) |

[illegible]

C

*IF CURRENTLY MARRIED ENTER "X" IN THE MONTH OF INTERVIEW IN COLUMN 3 OF CALENDAR.
THEN, DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1998. ENTER "X" IN COLUMN 3 OF CALENDAR
FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED/NOT IN UNION.
NOTE: AFTER YOU HAVE COMPLETED THESE, ALL THE BOXES IN COLUMN 3 FROM JANUARY 1998 TO
INTERVIEW MONTH SHOULD BE FILLED .*

SECTION 3. CONTRACEPTION

| | | | |
|------------|--|--|--|
| 301 | <p>Now I would like to talk about family planning. There are various methods that a married couple can use to avoid pregnancy.</p> <ul style="list-style-type: none"> CIRCLE CODE '1' IN Q. 301A 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. IN Q 302, CIRCLE CODE '2' IF METHOD IS RECOGNIZED AND CODE '3' IF NOT RECOGNIZED. THEN FOR EACH METHOD WITH CODE '1' OR '2' CIRCLED IN 301A OR 302, ASK 303. AFTER ASKING ABOUT ALL METHODS PROCEED TO 304. | | |
|------------|--|--|--|

| | 301A Which ways or methods have you heard? | SPON- TANEOUS | YES | NO | 302 Have you ever heard this method? PROBED YES NO | 303 Have you ever used this method? |
|-----------|---|------------------|--------------------|----|---|---|
| 01 | 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 |
| 02 | MALE STERILIZATION Men can have an operation called vasectomy so that their wives would not get pregnant. | | 1 | 2 | 3 | Has (had) your (former) husband ever had such an operation? YES 1 NO 2 |
| 03 | PILL Women can avoid a pregnancy by taking a pill every day. | | 1 | 2 | 3 | YES 1 NO 2 |
| 04 | 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 |
| 05 | INJECTABLES Women can have an injection by a doctor or a nurse, which stops them from becoming pregnant for certain period of time. | | 1 | 2 | 3 | YES 1 NO 2 |
| 06 | IMPLANT/NORPLANT Women can have small rods placed in their arm and this can prevent pregnancy for several years. | | 1 | 2 | 3 | YES 1 NO 2 |
| 07 | CONDOM Men can put a rubber sheath on their penis during sexual intercourse. | | 1 | 2 | 3 | YES 1 NO 2 |
| 08 | FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. | | 1 | 2 | 3 | YES 1 NO 2 |
| 09 | DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside themselves before intercourse. | | 1 | 2 | 3 | YES 1 NO 2 |
| 11 | LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently and that her menstrual period has not returned. | | 1 | 2 | 3 | YES 1 NO 2 |
| 12 | 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 |
| 13 | WITHDRAWAL Some men pull out during sexual intercourse before climax. | | 1 | 2 | 3 | YES 1 NO 2 |
| 14 | EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant. | | 1 | 2 | 3 | YES 1 NO 2 |
| 15 | Have you heard of any other method that women or men can use to avoid pregnancy? | | 1 | | 3 | YES 1 NO 2 |
| | | | _____ (SPECIFY) | | | YES 1 NO 2 |
| | | | _____ (SPECIFY) | | | YES 1 NO 2 |

| | | | | |
|-----|---|--|--|------|
| 304 | CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> | | AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> | 308 |
| 305 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | | YES 1 NO 2 | 307 |
| 306 | C ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. <input type="checkbox"/> | | | 331 |
| 307 | What have you used or done? CORRECT 303 AND 304. IF NECESSARY CORRECT 301A AND 302. | | | |
| 308 | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used? | | TUBAL LIGATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANT/NORPLANT 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 LACTATIONAL AMEN. METHOD 11 RHYTHM 12 WITHDRAWAL 13 EMERGENCY CONTRACEPTION 14 OTHER 96 (SPECIFY) | |
| 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 <input type="text"/> <input type="text"/> | |
| 310 | CHECK 303: NOT HAD TUBAL LIGATION <input type="checkbox"/> | | HAD TUBAL LIGATION <input type="checkbox"/> | 314A |
| 311 | CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> | | PREGNANT <input type="checkbox"/> | 324C |
| 312 | CHECK 250: CURRENTLY MARRIED <input type="checkbox"/> | | NOT MARRIED <input type="checkbox"/> | 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? | TUBAL LIGATIONA MALE STERILIZATIONB PILLC IUDD INJECTABLESE IMPLANT/NORPLANTF CONDOMG FEMALE CONDOMH DIAPHRAGM/FOAM/JELLYI LACTATIONAL AMEN. METHODK RHYTHML WITHDRAWALM OTHER _____ U (SPECIFY) | |
| 314A | CIRCLE "A" FOR TUBAL LIGATION. | | |
| 314B | CHECK 314 AND 314A: HAD TUBAL LIGATION <input type="checkbox"/> NOT HAD TUBAL LIGATION <input type="checkbox"/> | 315 | |
| 314E | In what month and year was this operation performed? | MONTH YEAR | |
| 314F | CHECK 314E: HAD TUBAL LIGATION OPERATION BEFORE JANUARY 1998 <input type="checkbox"/> ENTER (1) IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1998. | HAD TUBAL LIGATION OPERATION AFTER JANUARY 1998 <input type="checkbox"/> ENTER (1) IN MONTH OF THE INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. | |
| 315 | CHECK 314 AND 314A: ENTER CODE FOR CURRENTLY USED METHOD. IF MORE THAN ONE METHOD IS CIRCLED IN 314 CIRCLE CODE FOR HIGHEST METHOD IN LIST. | NOT ASKED00 → 331 TUBAL LIGATION01 MALE STERILIZATION02 → 324A PILL03 IUD04 INJECTABLES05 IMPLANT/NORPLANT06 CONDOM07 FEMALE CONDOM08 DIAPHRAGM/FOAM/JELLY09 LACTATIONAL AMEN. METHOD11 → 324A RHYTHM12 WITHDRAWAL13 OTHER METHOD96 | |
| 316 | When you applied to the health personnel (DOCTOR/NURSE/MIDWIFE) were you told about side effects or problems you might have with the method? | YES1 NO2 → 324A | |
| 319 | Were you ever told about side effects or problems you might have with the method when you were informed about the method? | YES1 NO2 → 321 | |
| 320 | Were you told what to do if you experienced side effects or problems of the method you are currently using? | YES1 NO2 | |

| | | | |
|------|---|---------------------------|--|
| 321 | When you were told on the current method you are using, were you also told about other methods of family planning? | YES 1 NO 2 | |
| 324A | <p>C 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 AND THEN SKIP TO 324C.</p> <p>ILLUSTRATIVE QUESTIONS: <i>When did you start using this method continuously?</i> <i>How long have you been using this method continuously?</i></p> | | |
| 324B | <p>C CHECK COLUMN 3 OF CALENDAR:</p> <p>IN COLUMN 1 OF CALENDAR ENTER "N" FOR MONTHS WOMAN NOT MARRIED.</p> | | |
| 324C | <p>C CHECK COLUMN 1 OF CALENDAR:</p> <p>THERE ARE EMPTY BOXES <input type="checkbox"/></p> <p>ALL BOXES ARE FILLED <input type="checkbox"/></p> <p>→ 326A</p> | | |
| 325 | <p>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.</p> <p>C START WITH THE MOST RECENT USE. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE BACK TO JANUARY 1998. USE NAMES OF CHILDREN, DATES OF BIRTH, AND STARTING AND ENDING DATES OF PREGNANCIES AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR "0" FOR NONUSE.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 1:</p> <ul style="list-style-type: none"> • 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? <p>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 .</p> <p>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.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2:</p> <ul style="list-style-type: none"> • 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? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>"How many months did it take you to get pregnant after you stopped using (METHOD)?"</p> <p>AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p> <p>NOTE: PAY PARTICULAR ATTENTION FOR LONG PERIODS OF NONUSE. THERE MAY BE SOME PERIODS OF METHOD USE OR A PREGNANCY DURING THESE PERIODS</p> <p>NOTE: AFTER COMPLETING THIS SECTION, ALL THE BOXES IN COLUMN 1 OF CALENDAR MUST BE FILLED. .</p> | | |

| | | | |
|------|--|---|--|
| 326A | <p>CHECK 315:</p> <p>CIRCLE THE CODE OF CURRENTLY USED METHOD.</p> | <p>NOT ASKED00 → 331</p> <p>TUBAL LIGATION01 → 328A</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANT/NORPLANT06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>RHYTHM12</p> <p>WITHDRAWAL13</p> <p>OTHER METHOD96</p> | |
| 326B | <p>Would you like to use a different method of family planning than the one you are currently using?</p> | <p>YES1</p> <p>NO2 → 327</p> | |
| 326C | <p>Which method would you prefer to use?</p> | <p>TUBAL LIGATION01</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANT/NORPLANT06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>RHYTHM12</p> <p>WITHDRAWAL13</p> <p>EMERGENCY PILL14</p> <p>ANY METHOD77</p> <p>NOT SURE88</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 326E | <p>What is the reason that you do not use (METHOD MENTIONED IN 326C)?</p> | <p>DOCTOR DOES NOT ADVISE01</p> <p>EXPENSIVE02</p> <p>NOT AVAILABLE/ACCESS PROBLEMS03</p> <p>HARD TO FIND HERE04</p> <p>DON'T KNOW HOW TO OBTAIN05</p> <p>DON'T KNOW HOW TO USE IT06</p> <p>HUSBAND OBJECTS07</p> <p>RELIGIOUS REASONS08</p> <p>HEALTH CONCERNS09</p> <p>SIDE EFFECTS10</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p> | |

| | | | |
|------|--|---|--|
| 327 | <p>CHECK 315:</p> <p>CIRCLE THE CODE OF CURRENTLY USED METHOD.</p> | <p>NOT ASKED00 → 331</p> <p>TUBAL LIGATION01 → 328A</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANT/NORPLANT06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11 → 332</p> <p>RHYTHM12 → 332</p> <p>WITHDRAWAL13</p> <p>OTHER METHOD96 → 332</p> | |
| 328 | <p>Where did you obtain (METHOD)?</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT/SAMPLE HOSPITAL11</p> <p>MATERNITY HOUSE12</p> <p>MCHFP CENTRE.....13</p> <p>HEALTH CENTRE14</p> <p>HEALTH HOUSE15</p> <p>SSK HOSPITAL/DISPENSARY16</p> <p>OTHER19</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL21</p> <p>PRIVATE POLYCLINIC22</p> <p>PRIVATE DOCTOR23</p> <p>PRIVATE MIDWIFE/NURSE24</p> <p>PHARMACY/MEDICAL STORE25</p> <p>OTHER29</p> <p>(SPECIFY)</p> | |
| 328A | <p>Where did tubal ligation (or vasectomy) take place?</p> | <p>UNIVERSITY HOSPITAL31</p> <p>VOLUNTARY ORGANIZATION/ ASSOCIATION/FOUNDATION41</p> <p>MARKET/SHOP52</p> <p>RELATIVE/FRIEND/NEIGHBOUR53</p> <p>TRAD. MIDWIFE/MIDWIFE GRAN54</p> <p>OTHER96</p> <p>(SPECIFY)</p> | |
| 329 | <p>Do you know another place where you could have obtained (METHOD)?</p> | <p>YES1</p> <p>NO2 → 351</p> | |
| 329A | <p>At the time of tubal ligation operation, did you know another place where you could have the operation?</p> | | |
| 330A | <p>SKIP TO 351.</p> | | |

| | | |
|------|---|---|
| 331 | <p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>CURRENTLY PREGNANT <input type="checkbox"/></p> | 332 |
| 331A | <p>CHECK 250:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>CURRENTLY NOT MARRIED <input type="checkbox"/></p> | 332 |
| 331B | <p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p> | <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX11</p> <p>INFREQUENT SEX12</p> <p>MENOPAUSAL/HYSTERECTOMY13</p> <p>SUBFECUND/INFECUND14</p> <p>HUSBAND IS INFECUND15</p> <p>POSTPARTUM/BREASTFEEDING16</p> <p>WANTS (MORE) CHILDREN17</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD21</p> <p>KNOWS NO SOURCE22</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS31</p> <p>SIDE EFFECTS32</p> <p>LACK OF ACCESS/TOO FAR33</p> <p>COST TOO MUCH34</p> <p>INCONVENIENT TO USE35</p> <p>HUSBAND OPPOSED41</p> <p>RELIGIOUS REASONS51</p> <p>FATALISTIC.....61</p> <p>EMBARRASSED71</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p> |
| 332 | <p>Do you know of a place where you can obtain a method of family planning?</p> | <p>YES1</p> <p>NO2</p> |
| | | 351A |

| | | | |
|------|---|--|-----|
| 333 | Where is that? Any other place? <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">(NAME OF PLACE)</div> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">(NAME OF PLACE)</div> | PUBLIC SECTOR GOVERNMENT/SAMPLE HOSPITALA MATERNITY HOUSEB MCHFP CENTRE.....C HEALTH CENTRED HEALTH HOUSEE SSK HOSPITAL/DISPENSARYF OTHER G (SPECIFY) | |
| | | PRIVATE SECTOR PRIVATE HOSPITALH PRIVATE POLYCLINICI PRIVATE DOCTORJ PRIVATE MIDWIFE/NURSEK PHARMACY/MEDICAL STOREL OTHER M (SPECIFY) | |
| | | UNIVERSITY HOSPITALN VOLUNTARY ORGANIZATION/ ASSOCIATION/FOUNDATION O MARKET/SHOPP RELATIVE/FRIEND/NEIGHBOURR TRAD. MIDWIFE/MIDWIFE GRANS OTHER U (SPECIFY) | |
| 351 | CHECK 250: CURRENTLY MARRIED <input type="checkbox"/> | CURRENTLY NOT MARRIED <input type="checkbox"/> | 353 |
| 351A | CHECK 314 AND 314A: CURRENTLY USING A METHOD <input type="checkbox"/> | CURRENTLY NOT USING A METHOD <input type="checkbox"/> | 356 |
| 352 | Are you planning to use any family planning method to postpone or avoid pregnancy in the following 12 months? | YES1 NO2 DON'T KNOW8 | 354 |
| 353 | Are you planning to use any family planning method to postpone or avoid pregnancy anytime in the future? | YES 1 NO..... 2 DON'T KNOW8 | 355 |
| 354 | Which method do you prefer? | TUBAL LIGATION01 MALE STERILIZATION02 PILL03 IUD04 INJECTABLES05 IMPLANT/NORPLANT06 CONDOM07 FEMALE CONDOM08 DIAPHRAGM/FOAM/JELLY09 LACTATIONAL AMEN. METHOD11 RHYTHM12 WITHDRAWAL13 OTHER 96 (SPECIFY) | 98 |
| 354A | SKIP TO 356. | | |

| | | | |
|-----|---|---|----------------|
| 368 | In your opinion, is it all right or not for religion to use contraceptive methods? | YES, APPROPRIATE TO RELIGION1 SOME METHODS ARE INAPPROPRIATE2 NO, INAPPROPRIATE TO RELIGION3 NOT BELIEVE IN REL., HAS NO REL.4 DON'T KNOW8 | → 370 → 370 |
| 369 | Which contraceptive method(s) do you think that are inappropriate to religion? What else? <i>RECORD ALL MENTIONED.</i> | TUBAL LIGATIONA MALE STERILIZATIONB PILLC IUDD INJECTABLESE IMPLANT/NORPLANTF CONDOMG FEMALE CONDOMH DIAPHRAGM/FOAM/JELLYI LACTATIONAL AMEN. METHODJ RHYTHMK WITHDRAWALL EMERGENCY PILLM OTHER _____ U (SPECIFY) INDUCED ABORTIONO | |
| 370 | <i>CHECK 250:</i> CURRENTLY MARRIED <input type="checkbox"/> CURRENTLY NOT MARRIED <input type="checkbox"/> | | → 372 |
| 371 | Does your husband thinks that any of the contraceptive methods or family planning in general is appropriate to religion or inappropriate? | YES, APPROPRIATE1 THINKS SOME METHODS ARE INAPPROPRIATE TO RELIGION2 NO, INAPPROPRIATE3 HUSBAND HAS NO RELIGION.....4 DON'T KNOW8 | |
| 372 | Do you approve of induced abortion or not? | APPROVE1 DISAPPROVE2 DEPENDS ON SITUATION3 DON'T KNOW8 | |
| 373 | Think that you are having an unwanted pregnancy in the future. Do you prefer to have induced abortion? | YES1 NO2 DON'T KNOW8 | |

SECTION 4A. PREGNANCY AND BREASTFEEDING

| | | |
|-------------|---|--|
| 400 | <p><i>CHECK 225:</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>ONE OR MORE LIVE BIRTHS SINCE JAN. 1998 <input style="width: 20px; height: 20px;" type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NO LIVE BIRTHS SINCE JAN. 1998 <input style="width: 20px; height: 20px;" type="checkbox"/></p> </div> </div> <div style="text-align: right; margin-top: 10px;"> → 601 </div> | |
| 401S | <p><i>RECORD TIME</i></p> <p style="text-align: right;"> HOUR – MINUTE..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> </p> | |

| | | LAST BIRTH NAME _____ | NEXT LAST BIRTH NAME _____ | | | | |
|------|--|--|--|--|---|--|--|
| 407B | Where did you go for antenatal care? <i>RECORD ALL MENTIONED.</i> _____ (NAME OF PLACE: LAST BIRTH) _____ (NAME OF PLACE: NEXT TO LAST BIRTH) | PUBLIC SECTOR GOVT./SAMPLE HOSPITAL..... A MATERNITY HOUSE..... B MCHFP CENTER..... C HEALTH CENTER..... D HEALTH HOUSE..... E SSK HOSPITAL/DISPANSERY F OTHER _____ G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP..... H PRIVATE POLYCLINIC..... I PRIVATE DOCTOR J PRIVATE NURSE/MIDWIFE..... K OTHER _____ M (SPECIFY) UNIVERSITY HOSPITAL..... N VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC... O OTHER _____ U (SPECIFY) | PUBLIC SECTOR GOVT./SAMPLE HOSPITAL..... A MATERNITY HOUSE..... B MCHFP CENTER..... C HEALTH CENTER..... D HEALTH HOUSE..... E SSK HOSPITAL/DISPANSERY F OTHER _____ G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP..... H PRIVATE POLYCLINIC..... I PRIVATE DOCTOR J PRIVATE NURSE/MIDWIFE..... K OTHER _____ M (SPECIFY) UNIVERSITY HOSPITAL..... N VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC... O OTHER _____ U (SPECIFY) | | | | |
| | | SKIP TO 408. | SKIP TO 408. | | | | |
| 407C | During your pregnancy withwhy did you not receive antenatal care? <i>RECORD ALL MENTIONED.</i> | NO NEED A ACCESSIBILITY PROBLEMS B DISTRUST OF INSTITUTIONS OR PERSONNEL C PROBLEMS IN USING HEALTH INSTITUTIONS D TRADITIONS 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 E MONETARY REASONS F POOR SERVICE..... G DON'T KNOW WHERE H OTHER _____ U (SPECIFY) DON'T KNOW X | | | | |
| | | SKIP TO 409F. | SKIP TO 409F. | | | | |
| 408 | How many months pregnant were you with when you first received antenatal care? | MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW98 | | | MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW98 | | |
| | | | | | | | |
| | | | | | | | |

| | | LAST BIRTH NAME _____ | NEXT LAST BIRTH NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|---|--|-----|----|--------------|---|---|---------------|---|---|---------------------|---|---|-----------------|---|---|-----------------|---|---|-----------------------|---|---|-------------------------------|---|---|-----------------|---|---|--------------------|---|---|--|--|-----|----|--------------|---|---|---------------|---|---|--------------------|---|---|-----------------|---|---|-----------------|---|---|-----------------------|---|---|-----------------------|---|---|-----------------|---|---|--------------------|---|---|
| 409A | During your pregnancy with when you went for the first time for antenatal care did you go because there was a problem or was it an ordinary check-up? | THERE WAS A PROBLEM..... 1 ORDINARY CONTROL..... 2 OTHER _____ 7 (SPECIFY) DON'T KNOW..... 8 | THERE WAS A PROBLEM..... 1 ORDINARY CONTROL..... 2 OTHER _____ 7 (SPECIFY) DON'T KNOW..... 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 409B | How many times did you receive antenatal care during your pregnancy with? | NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98 | NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 409C | How many months pregnant were you with when you received antenatal care for the last time? | MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 409D | In any of your antenatal checks, were you: | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEASURED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD TEST.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE TEST.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ABDOMEN MEASURED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LISTENED TO BABY'S heartbeat?</td> <td>1</td> <td>2</td> </tr> <tr> <td>ULTRASOUND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTERNAL EXAM.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | WEIGHED..... | 1 | 2 | MEASURED..... | 1 | 2 | BLOOD PRESSURE..... | 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 EXAM..... | 1 | 2 | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEASURED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESURE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD TEST.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE TEST.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ABDOMEN MEASURED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LISTENED TO BABY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ULTRASOUND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTERNAL EXAM.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | WEIGHED..... | 1 | 2 | MEASURED..... | 1 | 2 | BLOOD PRESURE..... | 1 | 2 | BLOOD TEST..... | 1 | 2 | URINE TEST..... | 1 | 2 | ABDOMEN MEASURED..... | 1 | 2 | LISTENED TO BABY..... | 1 | 2 | ULTRASOUND..... | 1 | 2 | INTERNAL EXAM..... | 1 | 2 |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEIGHED..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEASURED..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOOD PRESSURE..... | 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 EXAM..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEIGHED..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEASURED..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOOD PRESURE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOOD TEST..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE TEST..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABDOMEN MEASURED..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LISTENED TO BABY..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ULTRASOUND..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERNAL EXAM..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 409F | Have you taken any of the following during 's pregnancy? | Iron tablets? YES..... 1 NO..... 2 Vitamins? YES..... 1 NO..... 2 Folic acid? YES..... 1 NO..... 2 | YES..... 1 NO..... 2 YES..... 1 NO..... 2 YES..... 1 NO..... 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 410 | How did 's birth occur? Was it vaginal birth or caesarean section? | CAESAREAN 1 NORMAL (VAGINAL) BIRTH..... 2 <div style="text-align: right;">411 ←</div> | CAESAREAN 1 NORMAL (VAGINAL) BIRTH..... 2 <div style="text-align: right;">411 ←</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | LAST BIRTH NAME _____ | NEXT LAST BIRTH NAME _____ |
|------|--|---|---|
| 410A | Who decided to be’s caesarean section birth? | HERSELF 1 DOCTOR 2 HERSELF AND DOCTOR..... 3 | HERSELF 1 DOCTOR 2 HERSELF AND DOCTOR..... 3 |
| 410B | What was the main reason for having a caesarean birth? | MOTHER HEALTH 01 CHILD HEALTH 02 MOTHER AND CHILD HEALTH 03 PREVIOUS BIRTH WAS CAESAREAN 04 TWIN/PLURAL BIRTH 05 CHILD TOO BIG..... 06 MOTHER’S CHOICE 07 VAGINAL BIRTH FEAR..... 08 OTHER _____ 96 (SPECIFY) | MOTHER HEALTH 01 CHILD HEALTH 02 MOTHER AND CHILD HEALTH 03 PREVIOUS BIRTH WAS CAESAREAN 04 TWIN/PLURAL BIRTH 05 CHILD TOO BIG..... 06 MOTHER’S CHOICE 07 VAGINAL BIRTH FEAR..... 08 OTHER _____ 96 (SPECIFY) |
| | | SKIP TO 412. | SKIP TO 412. |
| 411 | Was’s birth performed with an episiotomy through? | YES..... 1 NO..... 2 | YES..... 1 NO..... 2 |
| 412 | Where did you give birth to? _____ (NAME OF PLACE: LAST BIRTH) _____ (NAME OF PLACE: NEXT TO LAST BIRTH) | HOME WOMAN’S HOME..... 01 OTHER HOME..... 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL..... 11 MATERNITY HOUSE..... 12 MCHFP CENTER..... 13 HEALTH CENTER..... 14 HEALTH HOUSE..... 15 SSK HOSPITAL/DISPANSERY..... 16 OTHER _____ 19 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE POLYCLINIC..... 22 PRIVATE DOCTOR..... 23 PRIVATE NURSE/MIDWIFE..... 24 OTHER _____ 29 (SPECIFY) UNIVERSITY HOSPITAL..... 31 VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC.... 41 OTHER _____ 96 (SPECIFY) | HOME WOMAN’S HOME..... 01 OTHER HOME..... 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL..... 11 MATERNITY HOUSE..... 12 MCHFP CENTER..... 13 HEALTH CENTER..... 14 HEALTH HOUSE..... 15 SSK HOSPITAL/DISPANSERY..... 16 OTHER _____ 19 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE POLYCLINIC..... 22 PRIVATE DOCTOR..... 23 PRIVATE NURSE/MIDWIFE..... 24 OTHER _____ 29 (SPECIFY) UNIVERSITY HOSPITAL..... 31 VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC.... 41 OTHER _____ 96 (SPECIFY) |

| | | LAST BIRTH NAME_____ | NEXT LAST BIRTH NAME_____ | | | | | | | | | | | | | | | | |
|------|---|---|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| 413 | Who assisted with the delivery of? Anyone else? <i>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSON AND RELATIVE/FRIENDS.</i> | 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 | | | | | | | | | | | | | | | | |
| 413B | CHECK 412: BIRTH IN A HEALTH INSTITUTION? | YES <input type="checkbox"/> → 416 NO <input type="checkbox"/> ↓ | YES <input type="checkbox"/> → 416 NO <input type="checkbox"/> ↓ | | | | | | | | | | | | | | | | |
| 413C | What was the main reason for not having done’s birth in a health institution? | NO REASON..... 00 ACCESSIBILITY PROBLEMS..... 01 DISTRUST OF HEALTH FACILITY/PERSONNEL..... 02 HAPPENED SUDDENLY..... 03 PROBLEMS IN USING HEALTH INSTUTION..... 04 EXPENSIVE..... 05 TRADITIONS..... 06 NO PROBLEM..... 07 OTHER _____ 96 (SPECIFY) DON’T KNOW..... 98 | NO REASON..... 00 ACCESSIBILITY PROBLEMS..... 01 DISTRUST OF HEALTH FACILITY/PERSONNEL..... 02 HAPPENED SUDDENLY..... 03 PROBLEMS IN USING HEALTH INSTUTION..... 04 EXPENSIVE..... 05 TRADITIONS..... 06 NO PROBLEM..... 07 OTHER _____ 96 (SPECIFY) DON’T KNOW..... 98 | | | | | | | | | | | | | | | | |
| 416 | When was born, was he/she very large, larger than average, average, smaller than average or very small? | VERY LARGE..... 1 LARGER THAN AVERAGE..... 2 AVERAGE..... 3 SMALLER THAN AVERAGE..... 4 VERY SMALL..... 5 DON’T KNOW..... 8 | VERY LARGE..... 1 LARGER THAN AVERAGE..... 2 AVERAGE..... 3 SMALLER THAN AVERAGE..... 4 VERY SMALL..... 5 DON’T KNOW..... 8 | | | | | | | | | | | | | | | | |
| 417 | Wasweighed at birth? | YES..... 1 NO..... 2 419 ← | YES..... 1 NO..... 2 419 ← | | | | | | | | | | | | | | | | |
| 418 | How much did weigh? <i>RECORD WEIGHT FROM HEALTH CARD, IF AVAILABE.</i> | GRAMS FROM CARD.....1 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> FROM RECALL.....2 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON’T KNOW.....99998 | | | | | | | | | GRAMS FROM CARD.....1 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> FROM RECALL.....2 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON’T KNOW.....99998 | | | | | | | | |
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| | | LAST BIRTH NAME _____ | NEXT LAST BIRTH NAME _____ |
|------|--|--|--|
| 419 | Has your period returned since the birth of? | YES.....1 421 ← NO.....2 422 ← | |
| 420 | Did your period return between the birth of and your next pregnancy? | | YES.....1 NO.....2 424 ← |
| 421 | For how many months after birth of did you not have a period? | MONTH..... DON'T KNOW98 | MONTH..... DON'T KNOW98 |
| 422 | CHECK 227: RESPONDENT CURRENTLY PREGNANT? | NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> 424 | |
| 423 | Have you resumed sexual relations since the birth of? | YES.....1 NO.....2 425 ← | |
| 424 | For how many months after the birth of did you not have sexual relations? | MONTH..... DON'T KNOW 98 | MONTH..... DON'T KNOW 98 |
| 425 | Did you ever breastfeed? | YES.....1 NO.....2 431 ← | YES.....1 NO.....2 431 ← |
| 426 | How long after birth did you first put to breast? <i>IF LESS THAN 1 HOUR, RECORD '00'. IF LESS THAN 24 HOURS, RECORD HOURS, OTHERWISE, RECORD DAYS.</i> | IMMEDIATELY.....000 HOUR.....1 DAYS.....2 | IMMEDIATELY.....000 HOUR.....1 DAYS.....2 |
| 426A | In the first three days after delivery, before your milk began flowing regularly, was given anything to drink other than breast milk? | YES.....1 NO.....2 427 ← | YES.....1 NO.....2 427 ← |
| 426B | What was given to? Anything else? <i>RECORD ALL MENTIONED.</i> | MILK (OTHER THAN BREAST MILK)...A WATERB SUGAR WATERC SALT-SUGAR-WATER SOLUTIOND FRUIT JUICE.....E BABY FORMULAF TEAG JUICE OF COOKED MEALH HONEYI OTHERU (SPECIFY). | MILK (OTHER THAN BREAST MILK)...A WATERB SUGAR WATERC SALT-SUGAR-WATER SOLUTIOND FRUIT JUICE.....E BABY FORMULAF TEAG JUICE OF COOKED MEALH HONEYI OTHERU (SPECIFY). |

| | | LAST BIRTH NAME_____ | NEXT LAST BIRTH NAME_____ |
|-----|---|---|---|
| 427 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ 429 | ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ 429 |
| 428 | Are you still breastfeeding? | YES.....1 NO.....2 432 ← | YES.....1 NO.....2 432 ← |
| 429 | For how many months did you breastfeed? | MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW98 | MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW98 |
| 431 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> ↓ 434 DEAD <input type="checkbox"/> ↓ GO BACK TO 405 IN NEXT COLUMN IF THERE IS ANOTHER BIRTH IF NO MORE BIRTHS GO TO 440. | ALIVE <input type="checkbox"/> ↓ 434 DEAD <input type="checkbox"/> ↓ GO BACK TO 405 IN ADDITIONAL QUESTIONNAIRE IF THERE IS ANOTHER BIRTH IF NO MORE BIRTHS GO TO 440. |
| 432 | How many times did you breastfeed 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"/> |
| 433 | How many times did you breastfeed 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 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 NAME_____ | NEXT LAST BIRTH NAME_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|---|--|---|---|----|------------------|---|---|---|------------------|---|---|---|------------|---|---|---|----------|---|---|---|-------------------|---|---|---|-------------|---|---|---|--------------|---|---|---|---------------------------|---|---|---|----------------------|---|---|---|-------------------------|---|---|---|-----------------|---|---|---|-----------|---|---|---|-------------------|---|---|---|----------------------------|---|---|---|---|--|---|---|----|------------------|---|---|---|------------------|---|---|---|------------|---|---|---|----------|---|---|---|-------------------|---|---|---|-------------|---|---|---|--------------|---|---|---|---------------------------|---|---|---|----------------------|---|---|---|-------------------------|---|---|---|-----------------|---|---|---|-----------|---|---|---|-------------------|---|---|---|----------------------------|---|---|---|
| 435 | At any time in last 24 hours was given any of the following? | <table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SUGAR WATER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>YOGURT.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PUDDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE OF COOKED MEAL.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TURKISH DELIGHT.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BOTTLED/BOXED MILK.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRESH MILK.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SOUP.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUID.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SOLID/SEMI SOLID FOODS....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Y | N | DK | PLAIN WATER..... | 1 | 2 | 8 | SUGAR WATER..... | 1 | 2 | 8 | JUICE..... | 1 | 2 | 8 | TEA..... | 1 | 2 | 8 | BABY FORMULA..... | 1 | 2 | 8 | YOGURT..... | 1 | 2 | 8 | PUDDING..... | 1 | 2 | 8 | JUICE OF COOKED MEAL..... | 1 | 2 | 8 | TURKISH DELIGHT..... | 1 | 2 | 8 | BOTTLED/BOXED MILK..... | 1 | 2 | 8 | FRESH MILK..... | 1 | 2 | 8 | SOUP..... | 1 | 2 | 8 | OTHER LIQUID..... | 1 | 2 | 8 | SOLID/SEMI SOLID FOODS.... | 1 | 2 | 8 | <table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SUGAR WATER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>YOGURT.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PUDDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE OF COOKED MEAL.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TURKISH DELIGHT.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BOTTLED/BOXED MILK.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRESH MILK.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SOUP.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUID.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SOLID/SEMI SOLID FOODS....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Y | N | DK | PLAIN WATER..... | 1 | 2 | 8 | SUGAR WATER..... | 1 | 2 | 8 | JUICE..... | 1 | 2 | 8 | TEA..... | 1 | 2 | 8 | BABY FORMULA..... | 1 | 2 | 8 | YOGURT..... | 1 | 2 | 8 | PUDDING..... | 1 | 2 | 8 | JUICE OF COOKED MEAL..... | 1 | 2 | 8 | TURKISH DELIGHT..... | 1 | 2 | 8 | BOTTLED/BOXED MILK..... | 1 | 2 | 8 | FRESH MILK..... | 1 | 2 | 8 | SOUP..... | 1 | 2 | 8 | OTHER LIQUID..... | 1 | 2 | 8 | SOLID/SEMI SOLID FOODS.... | 1 | 2 | 8 |
| | Y | N | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAIN WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUGAR WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUICE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEA..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BABY FORMULA..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YOGURT..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUDDING..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUICE OF COOKED MEAL..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TURKISH DELIGHT..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOTTLED/BOXED MILK..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRESH MILK..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOUP..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER LIQUID..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOLID/SEMI SOLID FOODS.... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Y | N | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAIN WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUGAR WATER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUICE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEA..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BABY FORMULA..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YOGURT..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PUDDING..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUICE OF COOKED MEAL..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TURKISH DELIGHT..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOTTLED/BOXED MILK..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRESH MILK..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOUP..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER LIQUID..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOLID/SEMI SOLID FOODS.... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | GO BACK TO 405 IN NEXT CLOUMN: OR, IF NO MORE BIRTHS, GO TO 440. | GO BACK TO 405 IN AN ADDITIONAL QUESTIONNAIRE; OR IF NO MORE BIRTH, GO TO 440. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 4B. IMMUNIZATION AND HEALTH

| | | | | | | | | | | | | | | | | |
|------------|---|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|
| 440 | <p>ENTER LINE NUMBER, NAME SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1998 IN THE TABLE. ASK QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.</p> <p>(IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES – DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL QUESTIONNAIRE, USE "NEXT TO LAST BIRTH" CLOUMN' AND WRITE "SECOND ONE BEFORE THE LAST BIRTH"</p> | | | | | | | | | | | | | | | |
| 441 | LINE NUMBER FROM Q212. | LAST BIRTH | | | | NEXT TO LAST BIRTH | | | | | | | | | | |
| | | LINE NO..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> | | | | LINE NO..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> | | | | | | | | | | |
| 442 | <p>CHECK 212:</p> <p>CHECK 216:</p> | <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <div style="text-align: center;"> <p>↓</p> <p>(IF IF NO MORE BIRTHS GO TO 465S IF THERE IS MORE BIRTHS GO TO 442 IN NEXT COLUMN),</p> <p>↓</p> </div> | | | | <p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <div style="text-align: center;"> <p>↓</p> <p>IF NO MORE BIRTHS, GO TO 465S IF THERE IS MORE BIRTHS GO TO 442 IN ADDITIONAL QUESTIONNAIRE.</p> <p>↓</p> </div> | | | | | | | | | | |
| 443 | <p>Do you have a card where’s vaccination are written down?</p> <p>(IF YES) May I see it please?</p> | <p>YES, SEEN1</p> <p>YES, NOT SEEN2</p> <p style="text-align: right;">447 ←</p> <p>NO CARD3</p> | | | | <p>YES, SEEN1</p> <p>YES, NOT SEEN2</p> <p style="text-align: right;">447 ←</p> <p>NO CARD3</p> | | | | | | | | | | |
| 445 | <p>(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. PAY ATTENTION TO APPOINTMENT DAYS AND THE CONSISTENCY OF VACCINATION DATES.</p> <p>(2) WRITE ‘44’ IN THE DAY CLOUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE IS RECORDED.</p> | | | | | | | | | | | | | | | |
| | | DAY MO YEAR | | | | DAY MO YEAR | | | | | | | | | | |
| | BCG | BCG | | | | | | | BCG | | | | | | | |
| | Polio 1 | P1. | | | | | | | P1. | | | | | | | |
| | Polio 2 | P2. | | | | | | | P2. | | | | | | | |
| | Polio 3 | P3. | | | | | | | P3. | | | | | | | |
| | DPT 1 | D1. | | | | | | | D1. | | | | | | | |
| | DPT 2 | D2. | | | | | | | D2. | | | | | | | |
| | DPT 3 | D3. | | | | | | | D3. | | | | | | | |
| | MEASLES | KIZ | | | | | | | KIZ | | | | | | | |
| | Hepatitis B 1 | H1. | | | | | | | H1. | | | | | | | |
| | Hepatitis B 2 | H2. | | | | | | | H2. | | | | | | | |
| | Hepatitis B 3 | H3. | | | | | | | H3. | | | | | | | |

| | | <p>LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> | <p>NEXT TO LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> |
|------|---|--|---|
| 446 | <p>Has received any vaccination that are not recorded on this card?</p> <p><i>RECORD 'YES' IF ONLY RESPONDENT MENTIONS BCG, POLIO 1 – 3, DPT 1 – 3, MEASLES AND/OR HEPATITUES B 1 – 3 .</i></p> | <p>YES..... 1</p> <p>NO 2</p> <p>454 ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>454 ←</p> <p>DON'T KNOW 8</p> |
| 446A | | <p><i>PROBE VACCINATIONS AT 445, RECORD '66' TO DAY SECTION OF THAT VACCINATION.</i></p> <p><i>SKIP TO 454</i></p> | <p><i>PROBE VACCINATIONS AT 445, RECORD '66' TO DAY SECTION OF THAT VACCINATION.</i></p> <p><i>SKIPTO 454</i></p> |
| 447 | <p>Did..... ever receive any vaccinations to prevent him/her from getting infectious diseases?</p> | <p>YES 1</p> <p>NO 2</p> <p>454 ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>454 ←</p> <p>DON'T KNOW 8</p> |
| 448 | <p>Please tell me if received any of the following vaccinations?</p> | | |
| 448A | <p>BCG: A vaccination against tuberculosis, that is an injection in the left arm or shoulder that caused a scar?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> |
| 448B | <p>Polio vaccination: That is drops in the mouth?</p> | <p>YES 1</p> <p>NO 2</p> <p>448E ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>448E ←</p> <p>DON'T KNOW 8</p> |
| 448C | <p>How many times?</p> | <p>NUMBER OF TIMES..... <input type="text"/></p> | <p>NUMBER OF TIMES..... <input type="text"/></p> |
| 448E | <p>DPT vaccination: This vaccination includes diphtheria, whooping-cough and tetanus. And it is usually given at the same time as polio drops.</p> | <p>YES 1</p> <p>NO 2</p> <p>448G ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>448G ←</p> <p>DON'T KNOW 8</p> |
| 448F | <p>How many times?</p> | <p>NUMBER OF TIMES..... <input type="text"/></p> | <p>NUMBER OF TIMES..... <input type="text"/></p> |
| 448G | <p>Measles vaccination?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> |
| 448I | <p>Hepatitis B vaccination?</p> | <p>YES 1</p> <p>NO 2</p> <p>454 ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>454 ←</p> <p>DON'T KNOW 8</p> |
| 448J | <p>How many times?</p> | <p>NUMBER OF TIMES..... <input type="text"/></p> | <p>NUMBER OF TIMES..... <input type="text"/></p> |

| | | LAST BIRTH NAME _____ | LAST BIRTH NAME _____ |
|-----|---|--|--|
| 454 | Didhave an illness with fever in last 15 days? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 455 | Didhave illness with cough in last 15 days? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 456 | When had illness with cough, did he/she breathe faster than usual with short, rapid breathe or did he/she have problems in breathing? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 457 | CHECK 454 AND 455 HAD FEVER OR COUGH? | HAD ONE OR BOTH <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 464 | HAD ONE OR BOTH <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 464 |
| 458 | Did you seek advice or treatment for fever/cough? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 459 | Where did you seek advice/treatment? Else? <i>RECORD ALL MENTIONED.</i> | PUBLIC SECTOR GOVT./SAMPLE HOSP A MATERNITY HOUSE B MCHFP CENTER C HEALTH CENTER D HEALTH HOUSE E SSK HOSP/DISPANSERY F OTHER G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP H PRIVATE CLINIC I PRIVATE DOCTOR J PRIVATE NURSE/MIDWIFE K PHARMACY/MEDICAL STORE L OTHER M (SPECIFY) UNIVERSITY HOSPITAL N VOLUNTEER ORGANIZATION/ ASSOC./FOUNDATIONS O MARKET/SHOP..... P RELATIVE/FRIENDS/NEIGHBOUR R TRAD. MIDWIFE/MIDWIFEGRAN..... S 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 G (SPECIFY) PRIVATE SECTOR PRIVATE HOSP H PRIVATE CLINIC I PRIVATE DOCTOR J PRIVATE NURSE/MIDWIFE K PHARMACY/MEDICAL STORE L OTHER M (SPECIFY) UNIVERSITY HOSPITAL N VOLUNTEER ORGANIZATION/ ASSOC./FOUNDATIONS O MARKET/SHOP..... P RELATIVE/FRIENDS/NEIGHBOUR R TRAD. MIDWIFE/MIDWIFEGRAN..... S OTHER U (SPECIFY) |

| | | | | | | | |
|------|--|--|--|--|--|--|--|
| | | LAST BIRTH NAME _____ | LAST BIRTH NAME _____ | | | | |
| 460 | Did you give anything to for the treatment of cough/fever? | YES..... 1 NO..... 2 DON'T KNOW..... 8 464 ← | YES..... 1 NO..... 2 DON'T KNOW..... 8 464 ← | | | | |
| 461 | What did you give? Else? RECORD ALL MENTIONED. | INJECTABLES A ANTIBIOTICS (PILLS/SYRUP) B FEVER KILLER (ASPRİN, PARACETAMOL, VS.).... C COUGH SYRUP D OTHER PILL OR SYRUP E HOME-MADE TRADITIONAL DRINKS AND MEDICINE (SUCH AS TEA OR AYRAN) G OTHER H (SPECIFY) | INJECTABLES A ANTIBIOTICS (PILLS/SYRUP) B FEVER KILLER (ASPRİN, PARACETAMOL, VS.).... C COUGH SYRUP D OTHER PILL OR SYRUP E HOME-MADE TRADITIONAL DRINKS AND MEDICINE (SUCH AS TEA OR AYRAN) G OTHER H (SPECIFY) | | | | |
| 464 | | IF THERE IS OTHER LIVE BIRTHS RETURN 442 IN NEXT COLUMN | IF THERE IS OTHER LIVE BIRTHS SKIP TO 442 IN THE SECOND COLUMN OF ADDITIONAL QUESTIONNAIRE | | | | |
| 465S | RECORD TIME | HOUR – MINUTE..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | |
| | | | | | | | |
| | | | | | | | |

SECTION 6. FERTILITY PREFERENCES

| | | | |
|-------------|----------------------------|--|---|
| 601 | <i>CHECK COVER PAGE</i> | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CLUSTER NO EVEN AND HH NO. EVEN <input type="checkbox"/></p> <p>CLUSTER NO ODD AND HH NO. ODD <input type="checkbox"/></p> </div> <div style="width: 45%; text-align: right;"> <p>CLUSTER NO EVEN, AND HH NO. ODD OR CLUSTER NO ODD, AND HH NO. EVEN</p> <p><input type="checkbox"/> →</p> </div> </div> | 701 |
| 601A | <i>CHECK 250:</i> | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CURRENTLY MARRIED <input type="checkbox"/></p> </div> <div style="width: 45%; text-align: right;"> <p>CURRENTLY NOT MARRIED <input type="checkbox"/> →</p> </div> </div> | 612 |
| 601A | <i>CHECK 314 AND 314A:</i> | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WOMAN NOT HAD TUBAL LIGATION OR HUSBAND NOT STERILIZED <input type="checkbox"/></p> </div> <div style="width: 45%; text-align: right;"> <p>WOMAN HAD TUBAL LIGATION OR HUSBAND STERILIZED <input type="checkbox"/> →</p> </div> </div> | 612 |
| 602 | <i>CHECK 227:</i> | <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/NONE2</p> <p>SAYS SHE CAN'T GET PREGNANT3</p> <p>UNDECIDED/DON'T KNOW.....8</p> <p style="text-align: right;">→ 612</p> |
| 602A | <i>CHECK 227:</i> | <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"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER ANSWERS _____ 96 (SPECIFY)</p> |
| 603 | <i>CHECK 227:</i> | <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>MONTHS1 <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>YEARS2 <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>SOON/NOW..... 993</p> <p>SAYS SHE CAN'T GET PREGNANT.....994</p> <p>OTHER..... 996 (SPECIFY)</p> <p>DON'T KNOW998</p> <p style="text-align: right;">→ 612</p> |

| | | |
|-----|--|---|
| 612 | <p>CHECK 216:</p> <div><div>HAS LIVING CHILDREN <input type="checkbox"/></div><div>NO LIVING CHILDREN <input type="checkbox"/></div></div> <div><div>↓</div><div>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?</div><div>↓</div><div>If you could choose exactly the number of children to have in your whole life, how many would that be?</div></div> | <div>NUMBER <input type="text"/></div> <div>OTHER _____ 96 (SPECIFY)</div> <div>701</div> |
| 613 | <p>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?</p> | <div>BOYS</div> <div>NUMBER <input type="text"/></div> <div>OTHER _____ 96 (SPECIFY)</div> <div>GIRLS</div> <div>NUMBER <input type="text"/></div> <div>OTHER _____ 96 (SPECIFY)</div> <div>EITHER</div> <div>NUMBER <input type="text"/></div> <div>OTHER _____ 96 (SPECIFY)</div> |

SECTION 7A. HUSBAND'S BACKGROUND

| | | | |
|-------------|--|---|------|
| 701 | <i>CHECK 250:</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CURRENTLY MARRIED <input type="checkbox"/> </div> <div style="width: 45%;"> CURRENTLY NOT MARRIED <input type="checkbox"/> </div> </div> | | 703 |
| 702 | How old is your husband? | COMPLETED AGE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> | |
| 703 | Did your (last) husband ever attend school? | YES1 NO2 DON'T KNOW8 | 706A |
| 704 | What was the highest level of school he attended? | PRIMARY SCHOOL1 SECONDARY SCHOOL2 PRIMARY EDUCATION3 HIGH SCHOOL4 UNIVERSITY5 GRADUATE6 DON'T KNOW8 | 706A |
| 705 | What is the highest grade he completed at that level? | GRADE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> DON'T KNOW96 | |
| 705A | Did he graduate from that school (Did he received diploma)? | YES1 NO2 DON'T KNOW8 | |
| 706A | <i>CHECK 250:</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CURRENTLY MARRIED <input type="checkbox"/> </div> <div style="width: 45%;"> CURRENTLY NOT MARRIED <input type="checkbox"/> </div> </div> | | 706R |
| 706B | <i>CHECK COVER PAGE:</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HUSBAND NOT IN HH LIST <input type="checkbox"/> </div> <div style="width: 45%;"> HUSBAND WAS RECORDED IN HH LIST <input type="checkbox"/> </div> </div> | | 706R |
| 706C | Did your husband work in a job in last week whether paid or unpaid? | YES1 NO2 | 706G |
| 706D | As you know, some people do temporary jobs, they work in family farm or business paid or unpaid. Did your husband work in such job? | YES1 NO2 | 706G |
| 706E | Does he have a job that he usually work? | YES1 NO2 | 706N |

| | | | |
|------|---|--|--|
| 706F | Why did not your husband work in last week? | HOLIDAY/ON VACATION.....01 SICK/UNABLE TO WORK.....03 BUSINESS TRAVEL/IN CHARGE/ EDUCATION/TRAINING.....04 UNPAID VOCATION.....05 IT IS NOT WORKING SEASON.....06 WORKPLACE IS CLOSED/INACTIVE.....07 OTHER96 (SPECIFY) DON'T KNOW98 | |
| 706G | What is your husband's occupation? <i>RECORD TYPE OF WORK, PLACE OF WORK AND POSITION AT WORK OPENLY.</i> | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> | |
| 706H | GOING TO BE RECODED BY SUPERVISOR/FIELD EDITOR | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> | |
| 706I | RECORD POSITION AT WORK. | EMPLOYER (10+ EMPLOYEES)01 EMPLOYER (1-9 EMPLOYEES)02 WAGED, WORKER (REGULAR)03 SALARIED, GOVERNMENT OFFICAL (REGULAR)04 DAILY WAGED (SEASONAL/TEMPORAL)05 FOR HIS/HER OWN (REGULAR)06 FOR HIS/HER OWN (IRREGULAR)07 UNPAID FAMILY WORKER08 OTHER96 (SPECIFY) DON'T KNOW98 | |
| 706J | RECORD TYPE OF WORK. | GOVERNMENT.....01 VOLUNTEER ORGANIZATIN02 PRIVATE03 OTHER96 (SPECIFY) DON'T KNOW98 | |
| 706K | RECORD PLACE OF WORK. | FIELD/GARDEN.....01 HOUSE (OWN).....02 HOUSE (SOMEONE ELSE)03 REGULAR WORK PLACE04 MOBILE05 UNFIXED WORKPLACE06 MARKETPLACE07 OTHER96 (SPECIFY) DON'T KNOW98 | |
| 706L | Does he pay social security when doing this job? (IF YES) According to which schedule? | NO00 SSK01 EMEKLİ SANDIĞI02 BAĞ-KUR03 PRIVATE04 OTHER96 (SPECIFY) DON'T KNOW98 | |

| | | | |
|-------------|--|--|--------|
| 706M | <i>SKIP TO 706R.</i> | | |
| 706N | What is the reason of your husband for not working? (What is your husband's occupation? Why doesn't he work?) | WILL START NEW JOB..... 01 STUDENT 02 RETIRED 04 INCOME RECIPIENT 05 FAMILY WORKER 06 HANDICAPPED/SICK..... 07 LOOKS AFTER ELDERLY 08 LOOKS AFTER CHILD 09 WILL BE CONSCRIPTED/IN MILITARY SERVICE..... 11 LOOKS FOR JOB/UNEMPLOYED..... 12 JUST GRADUATED..... 14 JUST MIGRATED..... 16 NO NEED TO WORK..... 17 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | |
| 706O | Is your husband looking for a job nowadays? | YES 1 NO 2 DON'T KNOW 8 | → 706R |
| 706P | When was your husband's last attempt to find job? | NEVER..... 0 IN LAST MONTH..... 1 BEFORE 2-3 MONTHS..... 2 BEFORE 4-6 MONTHS..... 3 MORE THAN 7 MONTHS..... 4 DON'T KNOW..... 8 | |
| 706R | Is/was your (last) husband covered by a health insurance? Does/did he have a health insurance? (IF YES) According to which schedule? | NO 0 SSK 1 EMEKLİ SANDIĞI 2 BAĞ-KUR 3 PRIVATE 4 YEŞİL KART 5 OTHER _____ 7 (SPECIFY) DON'T KNOW 8 | |
| 708A | What is/was your (last) husband's mother tongue? <i>RECORD ONLY ONE RESPONSE.</i> | TURKISH..... 01 KURDISH..... 02 ARABIC..... 03 GREEK, ARMANIAN, HEBREW (LADINO)..... 04 CIRCASSIAN, GEORGIAN, LAZ LANGUAGE..... 05 RUSSIAN, BULGARIAN, RUMANIAN, SERBIAN..... 06 ENGLISH, GERMAN, FRENCH..... 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | |
| 708B | In addition to his mother tongue, which language(s) can/could your (last) husband speak? <i>RECORD ALL MENTIONED.</i> | TURKISH..... A KURDISH..... B ARABIC..... C GREEK, ARMANIAN, HEBREW (LADINO)..... D CIRCASSIAN, GEORGIAN, LAZ LANGUAGE..... E RUSSIAN, BULGARIAN, RUMANIAN, SERBIAN..... F ENGLISH, GERMAN, FRENCH..... G OTHER _____ U (SPECIFY) KNOWS NO OTHER LANGUAGE Y | |

| | | | |
|-------------|---|--|--|
| 708C | <p>What is/was your (last) husband's mother's and father's mother tongues?</p> <p><i>USE CODES IN 708A.</i></p> | <p>HUSBAND'S MOTHER<div><div></div><div></div></div></p> <p>HUSBAND'S FATHER.....<div><div></div><div></div></div></p> | |
| 708D | <p>Which language do/did you usually use when talking with your (last) husband?</p> <p><i>RECORD ALL MENTIONED.</i></p> | <p>TURKISH.....A KURDISH.....B ARABIC.....C GREEK, ARMANIAN, HEBREW (LADINO).....D CIRCASSIAN, GEORGIAN, LAZ LANGUAGE.....E RUSSIAN, BULGARIAN, RUMANIAN, SERBIAN.....F ENGLISH, GERMAN, FRENCH.....G</p> <p>OTHER _____ U (SPECIFY)</p> | |

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, did you work in a job whether paid or unpaid in last one week?</p> | <p>YES1 → 712</p> <p>NO2</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 housemaids etc. Are you doing any of these at the present or any other work of similar nature?</p> | <p>YES1 → 712</p> <p>NO2</p> | |
| 710A | <p>You told that you did not work last week. Do you have a job that you usually work?</p> | <p>YES1</p> <p>NO2 → 711</p> | |
| 710B | <p>Why did not you work last week?</p> | <p>HOLIDAY/ON VOCATION01</p> <p>PREGNANCY/BIRTH VOCATION.....02</p> <p>SICK/UNABLE TO WORK.....03</p> <p>BUSINESS TRAVEL/IN CHARGE/ EDUCATION/TRAINING.....04</p> <p>UNPAID VOCATION.....05</p> <p>IT IS NOT WORKING SEASON.....06</p> <p>WORKPLACE IS CLOSED/INACTIVE.....07</p> <p>OTHER96 (SPECIFY)</p> | |
| 711 | <p>Have you worked in any job in the last 12 months?</p> | <p>YES1</p> <p>NO2 → 740</p> | |
| 712 | <p>What type of work are/were you doing? What kind of job are/were you in?</p> | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto;"></div> | |
| 713 | <p><i>GOING TO BE RECODED BY SUPERVISOR/FIELD EDITOR</i></p> | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto;"></div> | |
| 713A | <p><i>RECORD POSITION AT WORK.</i></p> | <p>EMPLOYER (10+ EMPLOYEES)01</p> <p>EMPLOYER (1-9 EMPLOYEES)02</p> <p>WAGED, WORKER (REGULAR)03</p> <p>SALARIED, GOVERNMENT OFFICAL (REGULAR)04</p> <p>DAILY WAGED (SEASONAL/TEMPORAL)05</p> <p>FOR HIS/HER OWN (REGULAR)06</p> <p>FOR HIS/HER OWN (IRREGULAR)07</p> <p>UNPAID FAMILY WORKER.....08</p> <p>PAID HOUSEHOLD WORKER09</p> <p>OTHER96 (SPECIFY)</p> | |
| 714 | <p><i>RECORD THE TYPE OF WORK.</i></p> | <p>GOVERNMENT.....01</p> <p>VOLUNTEER ORGANIZATION02</p> <p>PRIVATE03</p> <p>OTHER96 (SPECIFY)</p> | |

| | | | |
|------|--|---|-------|
| 714A | RECORD THE PLACE OF WORK. | FIELD/GARDEN.....01 HOUSE (OWN).....02 HOUSE (SOMEONE ELSE)03 REGULAR WORKPLACE04 MOBILE05 UNFIXED WORKPLACE06 MARKETPLACE07 OTHER _____ 96 (SPECIFY) | |
| 715 | Do/did you pay social security when doing this job? (If YES) According to which schedule? | NO00 SSK01 EMEKLİ SANDIĞI02 BAĞ-KUR03 PRIVATE04 OTHER _____ 96 (SPECIFY) | |
| 716 | In this job, do/did you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3 | |
| 720 | Do/did you earn cash for your work? PROBE: Do/did you make money for your work? | YES1 NO2 | → 724 |
| 721 | (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 KNOW8 | |
| 722 | CHECK 250: CURRENTLY MARRIED: <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else? CURRENTLY NOT MARRIED: <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly? | HERSELF DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5 | |

| | | | |
|------|---|---|------|
| 724 | <p>CHECK 217 AND 218:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS A CHILD LIVING WITH HER WHOSE AGE IS 5 OR LESS</p> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> </div> <div style="width: 45%;"> <p>DOES NOT HAVE A CHILD LIVING WITH HER WHOSE AGE IS 5 OR LESS</p> <div style="text-align: center;"> <input type="checkbox"/> → </div> </div> </div> | | 740 |
| 725 | <p>Who usually takes care of (NAME OF THE YOUNGEST CHILD AT HOME) while you are working?</p> | <p> WOMAN01 HUSBAND02 FEMALE CHILD03 WOMAN'S MOTHER05 HUSBAND'S MOTHER06 MALE CHILD07 OTHER RELATIVES08 SERVANTS/HIRED HELP09 INSTITUTIONAL CHILDCARE10 HAS NOT WORKED SINCE LAST BIRTH95 OTHER 96 (SPECIFY) </p> | |
| 740 | <p>CHECK 709, 710 AND 710A:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CURRENTLY NOT WORKING</p> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> </div> <div style="width: 45%;"> <p>CURRENTLY WORKING</p> <div style="text-align: center;"> <input type="checkbox"/> → </div> </div> </div> | | 742 |
| 741 | <p>You told that currently you are not working. What is the main reason that you are not working?</p> | <p> WILL START NEW JOB01 STUDENT02 HOUSEWIFE03 RETIRED04 INCOME RECIPIENT05 FAMILY WORKER06 HANDICAPPED/SICK07 LOOKS AFTER ELDERLY08 LOOKS AFTER CHILD09 WILL MARRY10 LOOKS FOR JOB/UNEMPLOYED12 YOUNG TO WORK13 JUST GRADUATED14 HUSBAND/FAMILY DOESN'T ALLOW15 JUST MIGRATED16 NO NEED TO WORK17 OTHER 96 (SPECIFY) </p> | |
| 741A | <p>Are you looking for a job nowadays?</p> | <p> YES1 NO2 </p> | 741C |
| 741B | <p>When was your last attempt to find job?</p> | <p> NEVER 0 IN LAST MONTH 1 BEFORE 2-3 MONTHS2 BEFORE 4-6 MONTHS3 MORE THAN 7 MONTHS4 </p> | |

| | | | |
|------|---|---|-----|
| 741C | CHECK 711: WORKED DURING LAST 12 MONTHS <input type="checkbox"/> DID NOT WORKED DURING LAST 12 MONTHS <input type="checkbox"/> | | 746 |
| 742 | How long have/had you been working in your current/last job? <i>IF IT IS LESS THAN A YEAR RECORD AS MONTHS.</i> | MONTHS1 <input type="text"/> <input type="text"/> YEARS2 <input type="text"/> <input type="text"/> | |
| 746 | Have you ever worked before your (first) marriage? | YES1 NO2 | 757 |
| 747 | What was the last job you worked before your (first) marriage? What type of work were you doing? | CURRENT JOB000 <div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 10px;"></div> | 751 |
| 748 | GOING TO BE RECORDED BY SUPERVISOR/FIELD EDITOR | <div style="border: 1px solid black; width: 60px; height: 30px; margin-top: 10px;"></div> | |
| 748A | RECORD THE POSITION AT WORK. | EMPLOYER (10+ EMPLOYEES)01 EMPLOYER (1-9 EMPLOYEES)02 WAGED, WORKER (REGULAR)03 SALARIED, GOVERNMENT OFFICAL (REGULAR)04 DAILY WAGED (SEASONAL/TEMPORAL)05 FOR HER OWN (REGULAR)06 FOR HER OWN (IRREGULAR)07 UNPAID FAMILY WORKER.....08 OTHER96 (SPECIFY) | |
| 749 | RECORD THE TYPE OF WORK. | GOVERNMENT.....01 VOLUNTEER ORGANIZATION02 PRIVATE03 OTHER96 (SPECIFY) | |
| 749A | RECORD THE PLACE OF WORK. | FIELD/GARDEN.....01 HOUSE (OWN).....02 HOUSE (SOMEONE ELSE)03 REGULAR WORKPLACE04 MOBILE05 UNFIXED WORKPLACE06 MARKETPLACE07 OTHER96 (SPECIFY) | |

| | | | |
|-----|--|--|-------|
| 750 | Do/did you pay social security when doing this job? (IF YES) According to which schedule? | NO.....00 SSK01 EMEKLİ SANDIĞI02 BAĞ-KUR03 PRIVATE04 OTHER 96 (BELİRTİN) | |
| 751 | Were you working just before your (first) marriage? | YES1 NO2 | → 757 |
| 752 | After your (first) marriage, did you continue to work 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 STOPPED WORKING.....3 | → 757 |
| 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 WANT06 NO NEED FOR WORKING.....07 DIDN'T WANT TO WORK.....08 WORKED UNPAID.....09 DISCHARGED.....10 ELDERLY/SICK CARE IN FAMILY.....11 WORKPLACE CLOSED12 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 JOINTLY02 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? (IF YES) According to which schedule? | NO0 SSK1 EMEKLİ SANDIĞI2 BAĞ-KUR3 PRIVATE4 YEŞİL KART5 OTHER 7 (SPECIFY) | |

| <p>759</p> | <p>Now I will ask some questions about housework.</p> <p>Who do/does the jobs that I will list now?</p> <p><i>CODE AT MOST THREE CHOICES ACCORDING TO THE ORDER IN WOMAN'S ANSWER.</i></p> | <p>HER OWNA</p> <p>HUSBANDB</p> <p>FEMALE CHILDRENC</p> <p>MALE CHILDREN.....D</p> <p>MOTHER/MOTHER-IN-LAWE</p> <p>FATHER/FATHER-IN-LAWF</p> <p>OTHER FEMALES IN HOUSEHOLDG</p> <p>OTHER MALES IN HOUSEHOLDH</p> <p>PAID SERVANT/MAIDI</p> <p>NOBODY DOES THE JOBT</p> <p>OTHERU</p> <table border="0"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Cooking?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Setting and cleaning the dining table?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cleaning like wiping and sweeping?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Washing the dishes/putting the dishes in dishwasher?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Washing the clothes?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ironing?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shopping for the kitchen?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Preparing the household budget, accounting?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Jobs in the governmental offices, paying the bills?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | 1 | 2 | 3 | Cooking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Setting and cleaning the dining table? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleaning like wiping and sweeping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing the dishes/putting the dishes in dishwasher? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing the clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ironing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shopping for the kitchen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparing the household budget, accounting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jobs in the governmental offices, paying the bills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|--|---|--------------------------|----|------------|---|----------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cooking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting and cleaning the dining table? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cleaning like wiping and sweeping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Washing the dishes/putting the dishes in dishwasher? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Washing the clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ironing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shopping for the kitchen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preparing the household budget, accounting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jobs in the governmental offices, paying the bills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>766</p> | <p>Would you please tell me if a husband is justified in beating his wife for each of the following situations?</p> | <table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | YES | NO | DON'T KNOW | 1 | 2 | 8 | 1 | 2 | 8 | 1 | 2 | 8 | 1 | 2 | 8 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | DON'T KNOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|------------|--|--|--|--|--|
| 767 | Now I will read you a few sentences. I would like to get your opinion on these sentences. Tell me if you agree or disagree with each sentence? The important decisions in the family should be made by the men of the family. Men are usually wiser than women. If a woman disagrees with her husband, she should not argue with him, keep quite. It is always better for the male child to have education than the female child. | AGREE 1 1 1 1 | DISAGREE 2 2 2 2 | DK/HAS NO IDEA 8 8 8 8 | |
| 768 | Have you ever gone to the cinema? | YES 1 NO 2 | | → 770 | |
| 769 | When did you last go to a cinema? | IN 1 WEEK 1 IN 1 MONTH 2 IN THIS YEAR 3 IN LAST 5 YEARS 4 BEFORE 5 YEARS 5 | | | |
| 770 | Have you ever gone to a theatre? | YES 1 NO 2 | | → 772 | |
| 771 | When did you last go to the theatre? | IN 1 WEEK 1 IN 1 MONTH 2 IN THIS YEAR 3 IN LAST 5 YEARS 4 BEFORE 5 YEARS 5 | | | |
| 772 | Now I want to ask some questions about your daily life. Do you make a branch of sports regularly? Do you participate the activities of any society/club/association regularly? Do you go to holiday other than your homeland/town? Do you go outside for meal with your family? Do you go to picnic? Do you put on make up? Do you wear head scarf when you go outside the street? | YES 1 1 1 1 1 1 | NO 2 2 2 2 2 2 | | |

SECTION 8. SEXUALLY TRANSMITTED DISEASES AND AIDS

| | | | |
|-------------|---|--|------|
| 801 | <p><i>CHECK COVER PAGE:</i></p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>CLUSTER NO. IS EVEN AND HH. NO. EVEN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>CLUSTER NO. IS ODD AND HH. NO. IS ODD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>CLUSTER NO. IS EVEN, HH. NO IS ODD OR CLUSTER NO. IS ODD, HH. NO IS EVEN</p> <input type="checkbox"/> </div> </div> | | 812S |
| 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>YES1</p> <p>NO2</p> | 801L |
| 801B | <p>Which diseases have you heard?</p> <p><i>RECORD ALL MENTIONED.</i></p> | <p>SYPHILISA</p> <p>GONOREB</p> <p>AIDSC</p> <p>WART/SORE IN GENITAL ORGANSD</p> <p>FUNGUSE</p> <p>OTHERU (SPECIFY)</p> <p>OTHERV (SPECIFY)</p> <p>DOESN'T KNOW THE NAMESX</p> | |
| 801K | <p><i>CHECK 801B:</i></p> <div style="display: flex; justify-content: space-between; align-items: center;"> <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"/> </div> </div> | | 802A |
| 801L | <p>Have you ever heard of an illness called AIDS?</p> | <p>YES1</p> <p>NO2</p> | 812S |
| 802A | <p>From which sources of information have you learned most about AIDS?</p> <p>Any other sources?</p> <p><i>RECORD ALL MENTIONED.</i></p> | <p>RADIOA</p> <p>TVB</p> <p>NEWSPAPERS/MAGAZINESC</p> <p>PAMPHLETS/POSTERSD</p> <p>HEALTH WORKERSE</p> <p>MOSQUESF</p> <p>SCHOOLS/TEACHERSG</p> <p>FRIENDS/RELATIVESI</p> <p>HUSBANDJ</p> <p>WORKPLACEK</p> <p>OTHERU (SPECIFY)</p> | |
| 802B | <p>Through what ways a person is transmitted AIDS?</p> <p>Any other ways?</p> <p><i>RECORD ALL MENTIONED.</i></p> | <p>SEXUAL RELATIONA</p> <p>SEXUAL RELATION WITH MORE THAN ONE PARTNERB</p> <p>SEXUAL RELATION WITH A PROSTITUTEC</p> <p>NOT USING CONDOMD</p> <p>HOMOSEXUAL RELATIONE</p> <p>BLOOD TRANSFUSIONF</p> <p>INJECTIONG</p> <p>KISSINGH</p> <p>OTHERU (SPECIFY)</p> <p>OTHERV (SPECIFY)</p> <p>DON'T KNOWX</p> | |

| | | | |
|-------------|---|---|-------|
| 803 | Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS? | YES1 NO2 DON'T KNOW8 | → 807 |
| 804 | What can a person do? Any other ways? RECORD ALL MENTIONED. | USE CONDOMS.....A HAVE ONLY ONE SEX PARTNERB AVOID SEX WITH PROSTITUTESC AVOID SEX WITH HOMOSEXUALSD AVOID BLOOD TRANSFUSIONSE CONTROL BEFORE BLOOD TRANSFUSIONS F USING STERILIZED INJECTIONSG AVOID KISSING H AVOID MOSQUITO BITESI SEEK PROTECTION FROM TRADITIONAL HEALERJ USING STERILIZED TOOLSK OTHER _____ U (SPECIFY) OTHER _____ V (SPECIFY) DON'T KNOWX | |
| 807 | Is it possible for a healthy-looking person to have the AIDS virus? | YES1 NO2 DON'T KNOW8 | |
| 808C | Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding? | YES NO DON'T KNOW 1 2 8 1 2 8 1 2 8 | |

| | | | | | | | | | | | |
|------|--|---|-------|--|--|--|--|--|--|--|--|
| 812S | RECORD THE TIME. | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 813 | PRESENCE OF OTHERS DURING THE INTERVIEW. CIRCLE ALL APPROPRIATE ALTERNATIVES. | NO ONEA CHILDREN UNDER 10B MOTHER IN LAWD HER MOTHERE OTHER MENF OTHER WOMENG | | | | | | | | | |
| 814 | WAS THE INTERVIEW INTERRUPTED? IF YES, FOR HOW MANY MINUTES APPROXIMATELY? | NO000 MINUTES1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 815 | IN YOUR OPINION, WHAT IS THE RELIABILITY OF THE RESPONSES? | POOR 1 FAIR2 GOOD3 VERY GOOD4 | | | | | | | | | |
| 816 | WHAT LANGUAGE WAS USED DURING THE INTERVIEW? | TURKISH 1 KURDISH2 ARABIC3 OTHER 7 (SPECIFY) | → 921 | | | | | | | | |
| 817 | WAS AN INTERPRETER USED DURING THE INTERVIEW? | YES1 NO2 | | | | | | | | | |

SECTION 9. HEIGHT AND WEIGHT

| | | | | | |
|------|--|---|---|---|--|
| 921 | <ul style="list-style-type: none">RECORD THE NAME OF THE WOMAN AND IF ANY, THE NAME(S) OF THE CHILDREN THAT WAS BORN AFTER JANUARY 1998 AND STILL ALIVE IN 922 BY BEGINNING FROM THE YOUNGEST CHILD. RECORD THE LINE NO. OF CHILDREN IN 923. IF THERE IS MORE THAN 2 LIVING CHILDREN THAT WAS BORN AFTER JANUARY 1998, USE ADDITIONAL QUESTIONNAIRE.MEAUSURE THE WEIGHT AND HEIGHT OF WOMAN'S LIVING CHILDREN THAT WAS BORN AFTER JANUARY 1998 AND RECORD IN THE CONCERNED QUESTION.. | | | | |
| | | <div>1</div> WOMAN | <div>2</div> YOUNGEST LIVING CHILD | <div>3</div> NEXT-TO-YOUNGEST LIVING CHILD | |
| 922 | NAME CHECK 212 FOR CHILDREN. | (NAME) _____ | (NAME) _____ | (NAME) _____ | |
| 923 | LINE NO. IN 212. | | LINE NO <div><div></div><div></div></div> | LINE NO <div><div></div><div></div></div> | |
| 924A | DATE OF BIRTH CHECK 105 FOR WOMAN, CHECK 215 FOR CHILDREN AND RECORD . | MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div> | MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div> | MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div> | |
| 924B | ASK IF WOMAN AND CHILDREN HAVE IDENTITY CERTIFICATES. IF YES, THEN SAY YOU'D LIKE TO SEE IT | YES, SEEN1 YES, NOT SEEN2 926 ← NO3 DON'T KNOW.....8 | YES, SEEN1 YES, NOT SEEN2 926 ← NO3 DON'T KNOW.....8 | YES, SEEN1 YES, NOT SEEN2 926 ← NO3 DON'T KNOW.....8 | |
| 924C | RECORD THE PROVINCE AND DISTRICT INFORMATION THAT REGISTER BELONGS TO IN IDENTITY CERTIFICATE. | PROVINCE <div><div></div><div></div></div> DISTRICT _____ | PROVINCE <div><div></div><div></div></div> DISTRICT _____ | PROVINCE <div><div></div><div></div></div> DISTRICT _____ | |
| 924D | RECORD THE DATE OF BIRTH IN THE IDENTITY CERIFICATE. | MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div> | MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div> | MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div> | |
| 924E | CHECK105 FOR WOMAN AND 215 FOR CHILDREN AND COMPARE IT WITH DATE OF BIRTH IN 924C. | SAME1 926 ← DIFFERENT2 | SAME1 926 ← DIFFERENT2 | SAME1 926 ← DIFFERENT 2 | |
| 924F | DETERMINE THE TRUE INFORMATION FOR DATE OF BIRTH AND DO NOT MAKE ANY CORRECTION. | ANSWER IN 1051 ID CERTIFICATE2 | ANSWER IN 2151 ID CERTIFICATE2 | ANSWER IN 2151 ID CERTIFICATE2 | |

| | | 1 WOMAN | 2 YOUNGEST LIVING CHILD | 3 NEXT-TO-YOUNGEST LIVING CHILD | |
|------------|---|--|--|--|--|
| 926 | HEIGHT (cm) | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | |
| 927 | WAS THE HEIGHT/LENGTH OF CHILD MEASURED BY LYING DOWN OR STANDING UP? | | LYING.....1 STANDING.....2 | LYING..... 1 STANDING..... 2 | |
| 928 | WEIGHT (Kilogram) | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | |
| 929 | DATE WEIGHTED AND MEASURED. | DAY MONTH <div><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></div> | DAY MONTH <div><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></div> | DAY MONTH <div><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></div> | |
| 930 | RESULT | MEASURED.....1 NOT PRESENT.....3 REFUSED4 OTHER 7 (SPECIFY) | MEASURED.....1 NOT PRESENT.....3 REFUSED4 OTHER 7 (SPECIFY) | MEASURED..... 1 NOT PRESENT..... 3 REFUSED 4 OTHER 7 (SPECIFY) | |
| 931 | NAME OF MEASURER | <div><input type="text"/><input type="text"/><input type="text"/></div> | | | |

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

COLUMN 1:

BIRTHS AND PREGNANCIES

D BIRTH
H PREGNANCY
K INDUCED ABORTION
F SPONTANEOUS ABORTION
J STILLBIRTH

CONTRACEPTIVE USE

0 NO METHOD
1 TUBAL LIGATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANT/NORPLANT
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAM/FOAM/JELLY
S LACTATIONAL AMEN. METHOD
T RHYTHM
G WITHDRAWL
U OTHER _____
SPECIFY
N MONTHS 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 EXPENSIVE
9 INCONVINENT TO USE
Y FATALISTIC
M DIFFICULT TO GET PREGNANT/MENOPAUSE
B MARITAL DISSOLUTION/SEPERATION/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
O VOLUNTEER ORGANIZATION/
ASSOCIATION/FOUNDATION
V OTHER

COLUMN 3:

MARRIAGE

X MARRIED
O NOT MARRIED

| | | 1 | 2 | 3 | | |
|---|---------|----|---|---|---------|----|
| | 06 JUNE | 01 | | | 01 JUNE | 06 |
| 2 | 05 MAY | 02 | | | 02 MAY | 05 |
| 0 | 04 APR | 03 | | | 03 APR | 04 |
| 0 | 03 MAR | 04 | | | 04 MAR | 03 |
| 4 | 02 FEB | 05 | | | 05 FEB | 02 |
| | 01 JAN | 06 | | | 06 JAN | 01 |
| | 12 DEC | 07 | | | 07 DEC | 12 |
| | 11 NOV | 08 | | | 08 NOV | 11 |
| | 10 OCT | 09 | | | 09 OCT | 10 |
| | 09 SEP | 10 | | | 10 SEP | 09 |
| 2 | 08 AUG | 11 | | | 11 AUG | 08 |
| 0 | 07 JULY | 12 | | | 12 JULY | 07 |
| 0 | 06 JUNE | 13 | | | 13 JUNE | 06 |
| 3 | 05 MAY | 14 | | | 14 MAY | 05 |
| | 04 APR | 15 | | | 15 APR | 04 |
| | 03 MAR | 16 | | | 16 MAR | 03 |
| | 02 FEB | 17 | | | 17 FEB | 02 |
| | 01 JAN | 18 | | | 18 JAN | 01 |
| | 12 DEC | 19 | | | 19 DEC | 12 |
| | 11 NOV | 20 | | | 20 NOV | 11 |
| | 10 OCT | 21 | | | 21 OCT | 10 |
| | 09 SEP | 22 | | | 22 SEP | 09 |
| 2 | 08 AUG | 23 | | | 23 AUG | 08 |
| 0 | 07 JULY | 24 | | | 24 JULY | 07 |
| 0 | 06 JUNE | 25 | | | 25 JUNE | 06 |
| 2 | 05 MAY | 26 | | | 26 MAY | 05 |
| | 04 APR | 27 | | | 27 APR | 04 |
| | 03 MAR | 28 | | | 28 MAR | 03 |
| | 02 FEB | 29 | | | 29 FEB | 02 |
| | 01 JAN | 30 | | | 30 JAN | 01 |
| | 12 DEC | 31 | | | 31 DEC | 12 |
| | 11 NOV | 32 | | | 32 NOV | 11 |
| | 10 OCT | 33 | | | 33 OCT | 10 |
| | 09 SEP | 34 | | | 34 SEP | 09 |
| 2 | 08 AUG | 35 | | | 35 AUG | 08 |
| 0 | 07 JULY | 36 | | | 36 JULY | 07 |
| 0 | 06 JUNE | 37 | | | 37 JUNE | 06 |
| 1 | 05 MAY | 38 | | | 38 MAY | 05 |
| | 04 APR | 39 | | | 39 APR | 04 |
| | 03 MAR | 40 | | | 40 MAR | 03 |
| | 02 FEB | 41 | | | 41 FEB | 02 |
| | 01 JAN | 42 | | | 42 JAN | 01 |
| | 12 DEC | 43 | | | 43 DEC | 12 |
| | 11 NOV | 44 | | | 44 NOV | 11 |
| | 10 OCT | 45 | | | 45 OCT | 10 |
| | 09 SEP | 46 | | | 46 SEP | 09 |
| 2 | 08 AUG | 47 | | | 47 AUG | 08 |
| 0 | 07 JULY | 48 | | | 48 JULY | 07 |
| 0 | 06 JUNE | 49 | | | 49 JUNE | 06 |
| 0 | 05 MAY | 50 | | | 50 MAY | 05 |
| | 04 APR | 51 | | | 51 APR | 04 |
| | 03 MAR | 52 | | | 52 MAR | 03 |
| | 02 FEB | 53 | | | 53 FEB | 02 |
| | 01 JAN | 54 | | | 54 JAN | 01 |
| | 12 DEC | 55 | | | 55 DEC | 12 |
| | 11 NOV | 56 | | | 56 NOV | 11 |
| | 10 OCT | 57 | | | 57 OCT | 10 |
| | 09 SEP | 58 | | | 58 SEP | 09 |
| 1 | 08 AUG | 59 | | | 59 AUG | 08 |
| 9 | 07 JULY | 60 | | | 60 JULY | 07 |
| 9 | 06 JUNE | 61 | | | 61 JUNE | 06 |
| 9 | 05 MAY | 62 | | | 62 MAY | 05 |
| | 04 APR | 63 | | | 63 APR | 04 |
| | 03 MAR | 64 | | | 64 MAR | 03 |
| | 02 FEB | 65 | | | 65 FEB | 02 |
| | 01 JAN | 66 | | | 66 JAN | 01 |
| | 12 DEC | 67 | | | 67 DEC | 12 |
| | 11 NOV | 68 | | | 68 NOV | 11 |
| | 10 OCT | 69 | | | 69 OCT | 10 |
| | 09 SEP | 70 | | | 70 SEP | 09 |
| 1 | 08 AUG | 71 | | | 71 AUG | 08 |
| 9 | 07 JULY | 72 | | | 72 JULY | 07 |
| 9 | 06 JUNE | 73 | | | 73 JUNE | 06 |
| 8 | 05 MAY | 74 | | | 74 MAY | 05 |
| | 04 APR | 75 | | | 75 APR | 04 |
| | 03 MAR | 76 | | | 76 MAR | 03 |
| | 02 FEB | 77 | | | 77 FEB | 02 |
| | 01 JAN | 78 | | | 78 JAN | 01 |

| PROVINCE TRAFFIC CODES | | | |
|------------------------|---------------|-------------|--------------|
| 01 ADANA | 21 DİYARBAKIR | 41 KOCAELİ | 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 ISPARTA | 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 IĞDIR |
| 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 ABROAD | | | 81 DÜZCE |

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

$$\text{RUMI YEARS} + 584 = \text{GREGORIAN YEAR}$$